



Palliative Care Australia

Statement on Coronavirus Disease 2019 (COVID-19)

March 2020

Palliative Care Australia (PCA) has formed the **Australian Coronavirus Disease 2019 (COVID-19) Palliative Care Working Group (ACPCWG)** in partnership with the Australian and New Zealand Society of Palliative Medicine (ANZSPM), Palliative Care Nurses Australia (PCNA), Australasian Chapter of Palliative Medicine (AChPM) of the Royal College of Physicians (RACP) and the End of Life Directions for Aged Care (ELDAC) program.

The purpose of this Working Group (ACPCWG) is to:

- Provide expert advice to the PCA Board;
- Provide expert palliative care input into government decisions and policies about COVID-19;
- Communicate critical information to PCA Member Organisations and Affiliate Members;
- Support the ongoing provision of the best possible palliative care to the Australian community; and
- Help optimise palliative care services preparedness as part of whole of health response to the COVID-19 pandemic.

The Working Group (ACPCWG) is collaborating with, and acting on guidance from, the [Australian Department of Health Coronavirus Health Alert](#) while following the principles and advice of the World Health Organisation (WHO). Importantly, as professionals working in specialist palliative care, our leadership in the community provides professional expertise alongside the current advice of the Australian Department of Health, with particular attention to hand hygiene, social distancing and self-isolation.

The evidence so far is that elderly people and those with chronic and/or life-limiting illnesses are more susceptible, if infected, to becoming seriously ill from COVID-19. This is the core patient population for palliative care.

There are some immediate contributions that specialist palliative care services can make. We play an important role with expertise in planning clinical care for those with life-limiting illness across our community, and proactively considering future clinical issues or risks in these plans, which currently includes COVID-19. This includes understanding people's preferences and wishes, developing clear goals of care and helping patients undertake advance care planning. Palliative



care clinicians are skilled in providing adaptive and integrated care, and we will have much to contribute in the provision of support to the overall health response and to our colleagues.

The Working Group (ACPCWG) has highlighted some immediate issues that warrant consideration during the planning of the health response, which we will raise with through appropriate channels:

- Access to - and stock of - the appropriate prescription medicines, will allow palliative care services to continue to care for people outside hospital. We need to ensure palliative care patients are able to access health professionals who can prescribe necessary medications for symptom control and then have rapid access to these medications. We will continue to communicate with the Therapeutic Goods Administration (TGA) and relevant jurisdictions in relation to issues of supply and help facilitate planning for alternatives where clinically possible.
- It is likely that specialist palliative care services may need to reduce face-to-face consultations, and also meet new demands in the provision of advice and guidance to other practitioners who are caring for patients with COVID-19. Optimising telehealth capacity will support the provision of palliative care across the whole community, including improved access to smart phones to community palliative care nurses and increased use of telehealth MBS items by doctors and nurse practitioners seeing palliative care patients.
- We recognise that to continue the normal work of palliative care in the environment of the COVID-19 pandemic, those who are working in palliative care must also be confident that everything possible is being done to ensure their safety in the workplace, whether that be in a hospital, hospice, residential aged care facility or someone's home. Importantly we also need to use Personal Protective Equipment (PPE) according to directives, as this is critical for the personal safety of many health professionals delivering care for COVID-19 patients. Services need to ensure they keep up to date with current information through regular review of official sources such as <https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-pathology-providers-and-healthcare-managers>.
- Those in the Australian community who are deemed at high risk (and their carers) are advised to follow the recommended precautions and also ensure that their healthcare wishes, preferences and choices are known to their family, carers and/or health care providers. Further information about Advance Care Planning (ACP) can be found at <https://www.advancecareplanning.org.au/#/>
- Most importantly, in difficult times we need to care for one another, our vulnerable community members and the healthcare workers who care for them.



PalliativeCare
AUSTRALIA

This is a rapidly evolving situation, and we have already identified a range of additional issues that will need to be addressed as the COVID-19 pandemic evolves, for which we will communicate further as information comes to hand.

For further information please access the hyperlinks within this statement or contact:

- PCA National Policy Manager, Margaret Deerain: margaret.deerain@palliativecare.org.au
ph: 0406 377 834
- PCA Palliative Care Nurse Practitioner and National Clinical Advisor, Kate Reed:
pca@palliativecare.org.au.

Professor Meera Agar
Chair, PCA Board and ACPCWG

