

# Importance of Palliative Care in Covid-19 Pandemic



**Mohammad H<sup>1,2</sup>, Chauhan A<sup>1,2</sup> and Tamara H<sup>3\*</sup>**

<sup>1</sup>Dnipro State medical University of Health Ministry of Ukraine, Ukraine

<sup>2</sup>Department of oncology and medical radiology, Dnipropetrovsk City Multi-field Clinical Hospital, Ukraine

<sup>3</sup>JMC Medical Clinic Dnipro of Ministry Health of Ukraine, Ukraine

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## Introduction

The novel corona virus (2019-nCoV or SARS-CoV-2) originated in Wuhan City of Hubei Province of China in 2019 affecting millions of lives socially, economically and mentally. According to worldometers, there are 235,955,154 total cases and 4,819,263 deaths reported till 4/10/2021. Most of patients suffering from COVID-19 are either asymptomatic or have mild symptoms, 5% require hospitalization and 1%-2% need Intensive Care Unit (ICU) admission and ventilator support [1]. Highest mortality rate was found in older adults and patients with chronic medical conditions and malignancies. As the virus is highly transmissible, many people were devoid of meeting or even performing traditional rituals on the death of their loved ones. During these hard times, palliative care workers had to push their limits for the betterment of humankind. They had to support patients as well as their families emotionally during ailment or bereavement.

## Role of Palliative Care

Palliative care is a way of thinking about and providing medical care that focuses on preventing and alleviating suffering. The goal is to help patients and their families achieve their best possible quality of life. Those who work within a palliative care team assist with decision making for patients with serious illness. As the number of COVID-19 cases started rising in the world, many palliative care and mental health professionals collaborated for providing some insights on the management of covid-19 through palliative care. They created algorithms which were published as an E-book. Various training programs were conducted over the ECHO platform with webinars by eminent faculties to train frontline health-care providers in palliative care [2]. With the increasing risk of Covid-19, social distancing and visiting restrictions have been implemented. These changes may easily trigger the chances of depression, anxiety, loneliness, distress and confusion [3] Therefore, palliative care comes to the rescue. Palliative care including psychological support and also relief of physical symptoms should be practiced for COVID-19 patients [4]. Caring for COVID-19 patient starts with controlling symptoms like dyspnea, fever, cough, Anxiety, depression, sleep disturbances and spiritual suffering.

## Dyspnea

According to WHO's management guidelines, the use of opioids for the relief of dyspnea that is refractory to treatment of the underlying cause, such as oxygen therapy, respiratory support and corticosteroids is recommended [5]. Parenteral and oral opioids have shown better reduction in dyspnea without any deleterious effect on oxygen saturation [6]. Whereas, For post-COVID chronic dyspnea, oral mirtazapine can be prescribed [7].

**\*Corresponding author:** Tamara H, JMC Medical Clinic Dnipro of Ministry Health of Ukraine, Ukraine

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## Cough

The guideline of NICE (The National Institute for Health and Care Excellence) 2020 recommended codeine phosphate tablets or codeine linctus as the first choice in the pharmacological management of distressing COVID-19 cough; and oral morphine as second choice [8] Whereas, for post-COVID cough, tiotropium could be useful [9].

## Fever

The use of NSAID drugs like ibuprofen was not associated with adverse outcomes [10]. Moreover, paracetamol or acetaminophen could also be taken when the fever is associated with body ache or headache if there is no contradiction.

## Anxiety, Depression and Sleep Disturbances

Muscle relaxation techniques, breathing exercises and psychological support could help patients to improve psychological outcomes of COVID-19 [11]. Treatment of geriatric anxiety involves more of non-pharmacological approaches like modification of lifestyle such as regular physical exercise, sleep, nutrition, behavior and cognitive therapy which are first recommended rather than pharmacological approaches [12]. As the palliative care also deals with improving the quality of life, communication skills play a major role. There should be honest and open communication between physician and the patient for better understanding of patients' suffering. WHO recommended exploring COVID-19 patients' needs and concerns around the diagnosis, prognosis, and other psychosocial issues via careful listening, and addressing them by giving accurate information on their condition and treatment plans, helping them with decision-making, and connecting them with their loved ones and social support [13,14].

Accurate medical information should be communicated to the patients and their families to minimize the risk of disease transmission and psychological issues. This could be done through telemedicine or through PPE. Training in mindful communication based on an ABC mnemonic to improve communication through PPE could be used to overcome the challenge of communication [15]

The ABC mnemonic refers to

1. **Attend mindfully:** display of photo and name on the PPE for better interaction with the patients.
2. **Behaving calmly:** avoid body language that shows frustration, anger or impatience and stay calm.
3. **Communicating clearly:** giving good introduction of oneself Use short, simple sentences and underline your words with gestures.

Make your statement or ask your question and then pause. Keep your voice even, tone gentle, and speech slow.

## Conclusion

The world has rarely experienced a simultaneous, global shock as complex as COVID-19 which spared no country. Palliative care could be used to relieve sufferings of COVID-19 patients and people caring for them. It could help sufferers deal in a better way mentally, spiritually and physically.

## References

1. Mizumoto K, Kagaya K, Zarebski A, Chowell G (2020) Estimating the asymptomatic proportion of coronavirus disease 2019 (COVID-19) cases on board the diamond princess cruise ship, Yokohama, Japan, 2020. *Eurosurveillance* 25(10): 1-5.
2. E book on palliative care guidelines on covid 19 pandemic.
3. Velayudhan L, Aarsland D, Ballard C (2020) Mental health of people living with dementia in care homes during covid-19 pandemic *Int Psychogeriatr* 32(10): 1253-1254.
4. (2021) COVID-19 Clinical management, living guidance, World Health Organization, Geneva, Switzerland.
5. Jennings AL, Davies AN, Higgins JP, Gibbs JS, Broadley KE (2002) A systematic review of the use of opioids in the management of dyspnoea. *Thorax* 57(11): 939-944.
6. Lovell N, Bajwah S, Maddocks M, Wilcock A, Higginson IJ (2018) Use of mirtazapine in patients with chronic breathlessness: A case series. *Palliat Med* 32(9): 1518-1521.
7. National Institute for Health and Care Excellence (NICE) in collaboration with NHS England and NHS Improvement (2020) Managing covid-19 symptoms (including at the end of life) in the community: Summary of nice guidelines. *BMJ* 369: m1461.
8. Dicipinigaitis, PV, Spinner, L, Santhyadka, G, Negassa, A (2008) Effect of tiotropium on cough reflex sensitivity in acute viral cough. *Lung* 186(6): 369-374.
9. Abu Esba LC, Alqahtani RA, Thomas A, Shamas N, Alswaidan L, et al. (2021) Ibuprofen and NSAID use in covid-19 infected patients is not associated with worse outcomes: A prospective cohort study. *Infect Dis Ther* 10(1): 253-268.
10. Kragholm K, Torp-Pedersen C, Fosbol E (2021) Non-steroidal anti-inflammatory drug use in covid-19. *Lancet Rheum* 3(7): E465-E466.
11. Kong X, Kong F, Zheng K, Tang M, Chen Y, et al. (2020) Effect of psychological-behavioural intervention on the depression and anxiety of Covid-19 patients. *Front Psychiatry* 11: 586355.
12. Ding H, He F, Lu YG, Hao SW, Fan XJ (2021) Effects of non-drug interventions on depression, anxiety and sleep in Covid-19 patients: a systematic review and meta-analysis. *Eur Rev Med Pharmacol Sci* 25(2): 1087-1096.
13. Subramanyam AA, Kedare J, Singh OP, Pinto C (2018) Clinical practice guidelines for geriatric anxiety disorders. *Indian J Psychiatry*. 60(Suppl 3): S371-S382.
14. Schlögl M, Singler K, Martinez-Velilla N, Jan S, Bischoff-Ferrari HA, et al. (2021) Communication during the covid-19 pandemic: Evaluation study on self-perceived competences and views of health care professionals. *Eur Geriatr Med* 12(6): 1181-1190.
15. Nguyen LH, Drew DA, Graham MS, Joshi AD, Guo CG, et al. (2020) Risk of covid-19 among front-line health-care workers and the general community: A prospective cohort. *Lancet (Public Health)* 5(9): e475-e483.

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