

## LETTER

## Palliative psychodermatology care during COVID-19 pandemic

Dear Editor,

COVID-19 virus has grabbed total attention of the medical world due to its spread in pandemic proportion. It has exposed the unpreparedness and scarcity of resources throughout the world in dealing with such a situation. When even essential services are affected badly, we cannot expect services like palliative care to function effectively. Even though the Worldwide Palliative Care Alliance and the World Health Organization (WHO) had declared palliative care as a human right less than a decade ago, it has remained an under-resourced branch world over even in the best times.<sup>1</sup> COVID-19 pandemic has costed enormous problems in palliative and hospice care. In a study conducted among hospices in Italy, it was clearly understood that all of them had rapidly implemented changes in practice which was not customized to hospice services.<sup>2</sup> Many centers had changed their admission criteria and visitors were not allowed except for dying patients. Volunteers were not entertained in most centers while the remaining staffs were under emotional turmoil which was amplified by lack of enough resources like personal protective equipment, gloves and masks. It will have a serious negative impact on the quality of care to the terminally ill patients who got admitted primarily to increase the quality of life in the end-of-life. But unfortunately, the guidelines issued by WHO did not mention the area of palliative care, which was an oversight.<sup>3</sup>

Palliative dermatology is a relatively new branch of palliative care introduced by Hafi et al, in 2018 which covers dermatological disorders in palliative care patients as well as dermatological conditions requiring palliative care.<sup>4,5</sup> Based on a few studies in the past, it is clear that there are a wide variety of dermatological diagnoses prevalent among such patients ranging from xerosis to cutaneous malignancies. Skin infections and eczematous conditions are also common among them. Lack of dermatologists in palliative care team poses danger of misdiagnosis and improper management such as irrational use of steroid containing creams resulting in recalcitrant superficial mycoses and skin atrophy. Even though most of the conditions mentioned above are not of grave morbidity, it may affect patients' quality of life very badly. Most of the patients covered under this branch are vulnerable to psychological comorbidities aggravating many of the dermatological conditions, hence requiring a liaison approach by a well-trained psychodermatology team. Media discussions around COVID-19 may adversely impact mental health of such patients which worsen the situation again. Since resources of palliative dermatology are extremely scarce, judicious rationing is the need of the time. Teledermatology comes to the rescue in such context and this therapeutic help can be


extended beyond national boundaries. Teledermatology is particularly effective in non emergency medical consultations not involving serious situations.<sup>6</sup> This has gained much popularity among doctors and patients as well during the pandemic and consequent lockdown. It can be done in real time using available modes of texting, imaging, audio and video facility through computer, smartphone or telemedicine units. It can alleviate symptoms, if not cure the disease, and increase quality of life in end of the time. Hence, we suggest dermatologists interested in palliative care for global collaboration and join their hands in digital platforms for the cause.

## CONFLICT OF INTEREST

The authors declare no potential conflict of interests.

## AUTHOR CONTRIBUTIONS

All authors contributed equally in the production of this manuscript.

Bishurul Hafi<sup>1</sup>N. A. Uvais<sup>2</sup>Mohammad Jafferany<sup>3</sup> T. P. Afra<sup>1</sup>Razmi T. Muhammed<sup>1</sup> 

<sup>1</sup>Department of Dermatology, IQRAA International Hospital and Research Center, Kozhikkode, India

<sup>2</sup>Department of Psychiatry, IQRAA International Hospital and Research Center, Kozhikkode, India

<sup>3</sup>Department of Psychiatry, Central Michigan University, Saginaw, Michigan

## Correspondence

Mohammed Jafferany, Department of Psychiatry, Central Michigan University, Saginaw, MI.  
Email: mjafferany@yahoo.com

## ORCID

Mohammad Jafferany  <https://orcid.org/0000-0001-6358-9068>

Razmi T. Muhammed  <https://orcid.org/0000-0002-2532-1076>

## REFERENCES

1. Singh AG, Deodhar J, Chaturvedi P. Navigating the impact of COVID-19 on palliative care for head and neck cancer. *Head Neck*. 2020;42(6):1144-1146. <https://doi.org/10.1002/hed.26211>.
2. Costantini M, Sleeman KE, Peruselli C, Higginson IJ. Response and role of palliative care during the COVID-19 pandemic: a national telephone

- survey of hospices in Italy. *Palliat Med.* 2020 [Epub ahead of print]. <https://doi.org/10.1177/0269216320920780>.
3. The Lancet. Palliative care and the COVID-19 pandemic. *Lancet.* 2020; 395(10231):1168. [https://doi.org/10.1016/S0140-6736\(20\)30822-9](https://doi.org/10.1016/S0140-6736(20)30822-9).
  4. Hafi NAB, Uvais NA. Palliative dermatology. *Indian J Palliat Care.* 2018; 24(3):385-386. [https://doi.org/10.4103/IJPC.IJPC\\_202\\_17](https://doi.org/10.4103/IJPC.IJPC_202_17).
  5. Hafi NAB, Uvais NA. Palliative dermatology—an area of care yet to be explored. *Prog Palliative Care.* 2018;26(4):187-191. <https://doi.org/10.1080/09699260.2018.1492685>.
  6. Ashique KT, Kaliyadan F. Tele dermatology in the wake of COVID-19 scenario: an Indian perspective. *Indian Dermatol Online J.* 2020;11: 301-306. [https://doi.org/10.4103/idoj.IDOJ\\_260\\_20](https://doi.org/10.4103/idoj.IDOJ_260_20).