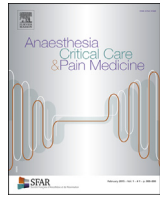




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Letter to the Editor

COVID-19 pandemic and limited palliative care response: "Lack of comfort care"



ARTICLE INFO

Keywords:

COVID-19
Palliative care
Supportive care
Public health

Dear Editor,

As the number of active cases of COVID-19 (coronavirus disease) is increasing in India, some or many patients who need critical care beds would be denied curative therapy based on a triage system. However, these patients who are denied life-sustaining therapy can still expect to receive palliative care [1]. Unfortunately, there is no minimal strategy for integrating COVID-19 care with palliative care in India. A large number of patients are deprived of comfort care due to a lack of palliative care strategy in the COVID-19 pandemic. If this pandemic continues in India in the next weeks or months, and if an increased number of elderly patients with multiple comorbidities and a decreased expectancy of survival are managed on ventilators, there may be no ventilators left for young patients with good survival expectancy. When physicians believe that aggressive treatment measures are likely to be futile and will not help in the well-being of patients, they should continue to deliver palliative care aiming not for the survival of patients but to provide physical, social, and mental comfort.

Palliative care services can fulfill their ethical obligation to provide quality of care (good symptom control) to all patients. It can be essential to provide maximum comfort care and help to manage scarce resources during the pandemic [2]. Palliative care should be provided to seriously ill patients if potential life-saving therapies denied so that the patients and their families would not feel abandoned by the health care system and remain comfortable. If palliative care principles are not followed, this pandemic would also exacerbate the stress of the health care workers caring for these seriously ill patients. They are seeing many patients dying with uncontrolled symptoms, which are leading to burnout and stress disorders [3].

Palliative care experts from Kerala developed guidelines for the integration of palliative care with COVID-19 care. They described the importance of palliative care in triage including decision-

making, symptom control, management of distress, end-of-life care, and also addressed burnout in health care workers [4]. Canadian palliative care physicians made a COVID-19 palliative care plan by adding four important additional elements (sedation, separation, communication, and equity) to the existing four elements (stuff, staff, space, and sedation) of the framework developed by the US Task Force on Mass Casualty Critical Care for events with large numbers of injuries and casualties [5]. These guidelines should be followed in all hospitals managing COVID-19 patients in India too and authorities should make a specific plan to take further steps in this direction.

As India is trying to contain the spread of COVID-19, we must be ready for the possibility that measures to prevent the spread of the virus might fail. Integrating palliative care to COVID-19 care is a step forward to ensure the palliative care needs of the patients and their family members. Palliative care can prevent health care workers from the physical burden and mental health issues that might be aggravated when ethically difficult decisions are needed in the rationing of intensive care.

Disclosure of interest

The authors declare that they have no competing interest.

References

- [1] Goyal M. Coronavirus: Faced with an unprecedented challenge, how is India faring? *The Economic Times* 2020 [<https://economictimes.indiatimes.com/news/politics-and-nation/coronavirus-faced-with-an-unprecedented-challenge-how-is-india-faring/articleshow/74986805.cms>. Accessed June 23, 2020].
- [2] Cmaj. A COVID-19 palliative care pandemic plan: An essential tool. *EurekAlert!* https://www.eurekalert.org/pub_releases/2020-03/cmaj-acp033120.php. Accessed June 23, 2020.
- [3] Downar J, Seccareccia D. Palliating a Pandemic: "All Patients Must Be Cared For." *Journal of Pain and Symptom Management* 2010;39(2):291-5. <http://dx.doi.org/10.1016/j.jpainsymman.2009.11.241>.
- [4] June 11 2020, June 10 2020, June 9 2020, May 30 2020. Palliative Care guidelines for COVID19 (Updated: May 27, 2020). Pallium India. <https://palliumindia.org/2020/05/e-book-on-palliative-care-guidelines-for-covid19>. Published June 23, 2020. Accessed June 23, 2020.
- [5] Arya A, Buchman S, Gagnon B, Downar J. Pandemic palliative care: beyond ventilators and saving lives. *Canadian Medical Association Journal* 2020;192(15). <http://dx.doi.org/10.1503/cmaj.200465>.

Prashant Sirohiya^{a,*}, Brajesh Kumar Ratre^b

^aDepartment of Anaesthesia, ABVIMS & Dr RML Hospital, New Delhi, India

^bDepartment of Onco-Anaesthesia and Palliative medicine, Dr. BRA IRCH, AIIMS, New Delhi, India

*Corresponding author

E-mail address: sirohiyaprashant@gmail.com (P. Sirohiya).

Available online 9 July 2020