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Ebola virus disease and palliative care in humanitarian crises

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DR Congo is currently facing its tenth outbreak of Ebola virus disease (EVD) since the virus was discovered in 1976. As of March 3, 2019, there were 897 confirmed cases, with 563 deaths (including confirmed and probable deaths).[1] Although potentially effective ring vaccination trials have been integrated into the response against EVD, the risk of further propagation of the outbreak remains high. The virus has spread to densely populated urban areas, and parts of the country where optimal surveillance and health-care delivery are dangerous and sometimes interrupted due to the presence of armed groups.

Since the mortality in individuals with EVD is high (around 50%)[2,3] and no effective pharmacological treatments have been identified, many patients with EVD will die, even in the best circumstances. In October, 2017, the *Lancet* Commission on palliative care[4] pointed out that palliative care has been largely ignored, especially for the most vulnerable populations and those living in humanitarian crises. In *The Lancet*, François Lamontagne and colleagues[5] highlighted just how entrenched the problem is.

Although Lamontagne and colleagues' guidelines stress the importance of supportive and psychosocial care to alleviate the burden of suffering and severe distress associated with EVD, these guidelines do not acknowledge the value of this care for all patients regardless of outcome, even death. This is consistent with other published recommendations for EVD patient management.[5,6]

The value of these guidelines is clear: to facilitate faster and more standardised care informed by a synthesis of existing (albeit limited) evidence on what is most likely to help patients affected by EVD. Nevertheless, until curative treatments for the management of EVD are available, clinical guidelines and specific protocols for EVD must include clear recommendations and instructions on the integration of palliative care into the delivery of optimum care for patients with suspected and confirmed EVD.

Guidelines on palliative care for EVD need to be clearly defined so that its value and place in high-fatality humanitarian crises can begin to gain practical traction and acceptability. Clearly defined guidelines on palliative care would also legitimise training and dialogue on palliative care in contexts where staff have no previous experience treating patients with EVD.[6]

Palliative care and pain relief are essential elements of universal health coverage,[4] but much more should be done to make it part of any health intervention. A first step is to ensure that health professionals, patients, and families understand that palliative care can improve patient quality of life and prevent and alleviate suffering. Ensuring that palliative care gets explicitly integrated into guidelines for care of critically ill people, including but not limited to patients with EVD, is of equal importance.

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Cameron D, Piccart-Gebhart MJ, Gelber RD, et al. 11 years' follow-up of trastuzumab after adjuvant chemotherapy in HER2-positive early breast cancer: final analysis of the HERceptin Adjuvant (HERA) trial. Lancet *2017;* **389:** *1195-205*—In the Declaration of interests section of this Article, statements have been corrected for Jose Baselga, Mitch Dowsett, Christian Jackisch, Martine J Piccart-Gebhart, Luca Gianni, Michael Untch, and David Cameron. These corrections have been made to the online version as of March 14, 2019.

Lamb N. E-cigarettes. Lancet *2019;* **393:** *876*—In this Correspondence, the wording of the first sentence of the second paragraph has been corrected to: "The House of Commons Science and Technology Select Committee recommended that the UK Government take an evidence-based approach to reviewing the regulatory environment for e-cigarettes and snus oral tobacco." The third paragraph has been corrected to: "We also called on Public Health England to support a long-term, independent research programme to strengthen the e-cigarette research base and help ensure that health-related evidence is not dependent solely on the tobacco industry." These corrections have been made to the online version as of March 7, 2019.

Ovadia C, Seed PT, Sklavounos A, et al. Association of adverse perinatal outcomes of intrahepatic cholestasis of pregnancy with biochemical markers: results of aggregate and individual patient data meta-analyses. Lancet *2019;* **393:** *899–909*—In this Article, the correct author name is Chiara Di Ilio; Prof Laura Bull highest degree is PhD, not MD; and, in the Summary, under Results, stillbirth occurred in 0·91% of pregnancies, not in 0·83% of pregnancies. These corrections have been made as of March 14, 2019.

Molins L. Patient follow-up after tissue-engineered airway transplantation. Lancet *2019;* **393:** *1099*—In this Correspondence, the corresponding author's email address has been corrected to lmolins@clinic.ub.es. This correction has been made to the online version as of March 5, 2019, and the printed version is correct.