

COVID-19, Suffering and Palliative Care: A Review

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Abstract

According to the WHO guideline, palliative care is an integral component of COVID-19 management. The relief of physical symptoms and the provision of psychosocial support should be practiced by all healthcare workers caring for COVID-19 patients. In this review, we aim to provide a simple outline on COVID-19, suffering in COVID-19, and the role of palliative care in COVID-19. We also introduce 3 principles of palliative care that can serve as a guide for all healthcare workers caring for COVID-19 patients, which are (1) good symptom control, (2) open and sensitive communication, and (3) caring for the whole team. The pandemic has brought immense suffering, fear and death to people everywhere. The knowledge, skills and experiences from palliative care could be used to relieve the suffering of COVID-19 patients.

Keywords

COVID-19, suffering, palliative care, symptom control, communication, team care

Introduction

Palliative care is the active holistic care of individuals with health-related suffering due to severe illness.¹ It aims to relieve suffering and improve quality of life.² The need of palliative care is not limited to cancer and chronic diseases, but also to those who are critically ill, including patients with severe COVID-19.³⁻⁶ In this review, we aim to provide a simple outline on COVID-19, suffering in COVID-19, and the role of palliative care in COVID-19. We also present 3 summaries: COVID-19 in Figure 1, COVID-19 patient information in Figure 2, and COVID-19 and palliative care in Table 1.

COVID-19

COVID-19 is a disease caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).⁷ The clinical spectrum of COVID-19 can be divided into 5 categories: asymptomatic, mild disease with flu-like symptoms, moderate disease with pneumonia, severe disease with pneumonia and hypoxia, and critical disease with multi-organ failure.⁸ The hallmarks of COVID-19 include a viral phase during the first week of symptoms, followed by a pro-thrombotic hyper-inflammatory phase during subsequent weeks.⁹ Theoretically, antivirals such as

remdesivir and favipiravir target the viral phase; while anti-inflammatory drugs such as dexamethasone, tocilizumab and baricitinib target the hyper-inflammatory phase.¹⁰ Nevertheless, only dexamethasone has been found to reduce mortality for severe and critical COVID-19 patients.¹¹ Since evidence-based antiviral therapies remain lacking, supportive care has been the mainstay of COVID-19 management.

Suffering

COVID-19 patients experience physical suffering such as fever (78%), dry cough (58%), fatigue (31%), productive cough (25%), hyposmia (25%), dyspnea (23%), myalgia (17%),

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