**Title: Palliative care plan for COVID-19 pandemic in India: “quality care for all patients”**

Contributors

1. Sirohiya Prashant, MD, Assistant Professor

2. Ratre K Brajesh, MD, Assistant Professor

Department(s) and institution(s)

1. Department of Anaesthesia, ABVIMS & Dr RML Hospital, New Delhi
2. Department of Onco-Anaesthesia and Palliative medicine, Dr BRA IRCH, AIIMS, New Delhi

Corresponding Author:

Dr Prashant Sirohiya

Assistant Professor

Department of Anaesthesia,

ABVIMS &Dr RML Hospital

New Delhi

E-mail:sirohiyaprashant@gmail.com

Mobile No. 8824090277

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**Palliative care plan for COVID-19 pandemic in India: “quality care for all patients”**

**Abstract**

In the event of unprecedented coronavirus disease (COVID-19) pandemic, a triage system has been implemented by health care systems in India. Due to major outbreak of COVID-19, this triage system would deny intensive care treatment to some critically ill patients. Palliative care should have a central role in this pandemic that can contribute to symptom control, psychological support, support triage, and complex decision making. The authorities should make a specific program to meet the palliative care demand. We present an overview of key elements of the COVID-19 palliative care pandemic plan.

**Key words**

Pandemic, Palliative care, Public health

**Introduction**

Coronavirus disease (COVID-19) emerged in Wuhan, China at the end of 2019 has caused a major global outbreak. On 11th March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. The WHO estimates global mortality at 3.4% though mortality rates are higher among older people and those with comorbidities (1). Globally, the COVID-19 pandemic threatens to overwhelm the health care infrastructure. The authorities are working in the direction to develop a plan to allocate scarce health care resources (e.g., Intensive care units {ICU} beds) in the event of COVID-19 pandemic (2). India has 106737 active cases with 6075 deaths of COVID-19 as on 4th June (8:00 AM Indian standard time) (3). The Indian council of medical research says that India is still very far of the peak (4).

As the number of active cases is increasing in India, some or many patients who need critical care beds may 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 (2),(5). There should be a specific program to build an important role of palliative care in this COVID-19 pandemic. Palliative care services should fulfill their ethical obligation to provide quality of care (good symptom control) to all patients. It must be essential to provide maximum comfort care and help to manage scarce resources during the pandemic (6). Palliative care principles should be a key component in the triage process. Supportive 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. If palliative care principles are not followed, this pandemic would exacerbate the stress of the health care workers caring for these seriously ill patients. They would see many patients dying with uncontrolled symptoms which can lead to burnout and stress disorders (7).

In a recent report, 4 important additional elements (sedation, separation, communication, and equity) are added to the existing 4 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 (8). We consider adding two more important elements: Self-care and Planning (Table 1). More than 500 doctors in India are infected in India as of 6th May 2020 (9). So ‘self-care’ should be an important element in the pandemic plan and by ‘organize’, the management will be protocol-based, easily understood by physicians of the next team, and more patient-care oriented.

As India ramp up effort to contain the spread of COVID-19, we must prepare for the possibility that measures to prevent the spread of the virus might fail. By developing a palliative care pandemic plan that can address ‘stuff’, ‘staff’, ‘space’, ‘systems’, ‘sedation’, ‘separation’, ‘communication’, ‘equity’, ‘self-care’ and ‘organize’ needs, it’s a step forward to ensure 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.

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Table 1: New points added to Palliative care pandemic plan

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| 1. **Self-care**    1. Hand Hygiene &Respiratory Hygiene    2. Social Distancing    3. Staying active (exercise) & eating healthy    4. Staying well-hydrated    5. Promote psycho-social well being |
| 1. **Organize**    1. Protocol based management (putting all important points in order).    2. Help in building confidence in communication and clinical judgement    3. Discussion on goals of care |