



END-OF-LIFE CARE IN TIMES OF PANDEMIC

A Rapid Literature Review

15 April 2020



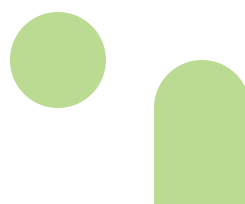


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BACKGROUND

This report is intended primarily for healthcare managers who wish to offer guidance to healthcare professionals and other stakeholders who are or will be caring for COVID-19 patients during their final moments. The current COVID-19 pandemic has caused a great deal of upheaval in the healthcare field; palliative and end-of-life care is not immune from these new challenges and disruptions. This document, which is the result of a collaboration between the Maritime SPOR SUPPORT Unit (MSSU) and the Vitalité Health Network, is meant to be used as both a resource and a guide. It provides a rapid overview of the different recommendations and guidelines that have been issued in the area of palliative care, specifically during times of pandemic. These recommendations and guidelines are either the result of lived experience, both here and abroad, during the ongoing COVID-19 pandemic, or based on lessons learned from previous pandemics. To produce this report, we consulted scientific articles, news articles, blog posts and various governmental publications. Please note that this literature review is by no means exhaustive; its purpose is to present only a general overview of best practices in palliative care during times of pandemic.

SUMMARY OF FINDINGS: NEWS ARTICLES/BLOG POSTS

(see Table 1)

Under the theme “Individual Advance Care Planning,” news articles and blog posts highlighted the importance of initiating, as soon as possible, a dialogue with patients of all ages around the question of advance care planning. Unwanted therapeutic interventions would be avoided and health care personnel would be spared from having to make very difficult decisions later on. Some resources can be useful guides in this area, such as the toolkits available online at www.advancecareplanning.ca. It is important that advance care decisions be known, not only to a member of the family or a lawyer, but to health care providers as well. Some experts point to the fact that intensive care treatments for COVID-19 are painful, that their success is far from guaranteed, and that the latter can produce side effects or even require a long period of rehabilitation. It is important, therefore, that people be cognizant of these risks when making decisions. Medical Assistance in Dying (MAiD) is generally not an option for COVID-19 patients who are terminally ill given the wait times inherent to the process, the requirement that health care providers maintain social distancing from patients and family members, and the lack of available personal protective equipment. To help facilitate this process, the Canadian Association of MAiD Assessors and Providers (CAMAP) has proposed that witnesses be allowed to provide their signatures online. Other experts recommend the use of palliative sedation as a means of easing the suffering of terminally ill COVID-19 patients and certain hospitals have temporarily suspended their MAiD services in order to concentrate their efforts on fighting the pandemic.

Under the theme “Relationship With Family Members,” the news articles and blog posts that were consulted in drafting this report provide numerous recommendations on how to deal with feelings of isolation among palliative care patients as well as with the frustration and helplessness felt by family members no longer able to visit their loved ones as a result of confinement measures put in place to fight the spread of COVID-19. Tablets (such as iPads), smartphones, laptops and the Internet are often promoted as effective tools in helping to bridge the emotional and psychological gap separating patients from their loved ones (through the use of videoconferencing, for example). Providing regular updates to family members on the condition of their loved one can also help manage anxiety brought on by continued separation. Some establishments and institutions have taken steps to allow for more safe and secure in-person meetings; these include, for example, installing protective windows separating both patients and family members. Generally speaking, health care institutions are allowing for exceptions to the strict “no visit” policy, notably when a patient is in her or his final moments; in such cases, however, the number of visitors is limited to one or two close relatives who are, in turn, subject to strict controls.



Under the theme “Material Planning,” palliative care units are urged to maintain sufficient stocks of various palliative care medications to avoid potential shortages.

Suggestions and recommendations under the theme “Staff Training and Support” include, among others, palliative care training sessions. Catering to health professionals from various backgrounds and fields of practice, these sessions seek to increase capacity in palliative care among health care workers. In addition, initiatives have been undertaken with the aim of encouraging and facilitating greater remote collaboration between the various types of professionals who work in the field of palliative care. This collaboration must necessarily include support services for both health care providers working in a palliative care setting and health care workers facing challenging times or living through times of great distress, such as employee burn-out.

Under the theme “Systems Planning,” the news articles and blog posts that were consulted for this report recommended, among other things, setting up new spaces or renovating existing ones (hotels, for example) so that they may receive palliative care patients. As a result, these patients would be cared for in a more serene environment and their needs would be better accommodated. The health care providers employed in these new spaces would be the same as those who worked in the hospitals, thus maintaining a certain level of continuity in terms of quality of care and the personal relationships previously established between the patient and their caregivers.



SUMMARY OF FINDINGS: SCIENTIFIC ARTICLES

(see Table 2)

Over a short period of time, a large number of scientific articles have addressed the issue of systems planning in order to document and share best practices in palliative care during the current COVID-19 pandemic. Together, and to varying degrees, these publications all touch upon strategies to support high-quality palliative care in times of conventional capacity, surge capacity and crisis capacity. The articles also highlight the importance of adapting strategies to meet the needs of those sectors which will be the most affected at the outset of the COVID-19 pandemic: emergency departments, intensive care units and short-term medical services. The articles provide many suggestions on how to lighten the burden of palliative care specialists who, by their very numbers, constitute a limited resource: consult only when necessary, guide primary care teams by telephone, limit non-COVID-19-related palliative care activities as much as possible, and help quickly train other clinicians in how to have difficult conversations with their patients.

In regards to “Individual Advance Care Planning,” the scientific articles describe this particular issue as being of great importance. It is recommended that these discussions be initiated and documented early on or, at the very latest, when the infection is diagnosed. The articles recommend that this practice be followed for all patients, but more specifically for elderly patients or individuals living with severe chronic illness. In the current context of the COVID-19 pandemic, advance care planning is crucial in order to avoid unwanted, aggressive therapeutic interventions, to reduce the level of stress being placed on the patient’s family, and to reduce the burden being placed on health care workers.

The main highlight regarding staff training and support, as noted in several articles, pertains to the need of maximizing limited resources in terms of trained palliative care personnel. To increase capacity in this area, it is suggested to provide training sessions in palliative care to all frontline health care workers. One article (“Palliative Care Pandemic Pack: a Specialist Palliative Care Service response to planning the COVID-19 pandemic”) even provides a collection of tools designed specifically to assist those health care providers who do not have a background in palliative care.

In terms of material planning, the scientific literature focuses on several key points. Firstly, personal protective equipment and palliative care medications must only be used when necessary. Secondly, the use of telemedicine, through such common tools as Skype, Apple Facetime and Facebook Messenger, should be encouraged whenever possible.

When compared to news articles, scientific articles offer a great deal less in terms of recommendations pertaining to relationships with families and relatives. However, they do encourage that families be included in palliative care planning and recommend that spiritual and psychosocial support be made available to them, while making sure not to forget support for children.

TABLE 1: REVIEW OF NEWS ARTICLES/BLOG POSTS

RELATIONSHIP WITH MEMBERS OF THE FAMILY		
ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>To reduce feelings of isolation and loneliness, take advantage of the Internet and new digital technologies (for example: smartphones, tablets, such as iPads, laptops, etc.) as a means of maintaining contact and communication between the patient and their loved ones, who are no longer able to go to the hospital (for example, by organizing Skype videoconferences or “virtual visits”).</p> <p>For example, in Montreal, the Maison Saint-Raphaël, which offers palliative care, provided a tablet or smartphone to each one of its patients.</p>	<p>QUÉBEC; FRANCE</p>	<p>Marco Bélair-Cirino, “COVID-19 : les maisons de soins palliatifs jonglent avec les règles sanitaires,” <i>Le Devoir</i>, 9 April 2020.</p> <p>Claude Gauvreau, “Deuil et confinement,” <i>Actualités UQÀM</i>, 2 April 2020.</p> <p>Eric La Chesnais and Agnès Leclair, “La douleur des proches des défunts du Covid-19, privés d’adieux et de deuil,” <i>Le Figaro</i>, 23 March 2020, p. 6.</p> <p>Nancy Caouette, “De déchirants adieux à distance au temps de la pandémie,” <i>ICI Radio-Canada</i>, 6 April 2020.</p>
<p>In Québec, caregivers of older adults and health professionals have access to a telephone helpline called “Caregiver Support,” which describes itself as a “free and confidential phone consultation, information and referral service for the caregivers of older adults, as well as friends and family, practitioners and health care professionals.”</p>	<p>QUÉBEC</p> <p>TELEPHONE NUMBER: 1855 852-7784</p> <p>WEBSITE: https://www.lappui.org/en/Find-resources/Caregiver-support</p>	<p>Isabelle Hachey, “L’amour au temps du coronavirus,” <i>La Presse</i>, 17 March 2020.</p>

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>A new virtual tool is being developed by Mélanie Vachon and Deborah Ummel (online in the Summer of 2020). It is a web space designed for those taking care of a person with COVID-19, or who are grieving while being confined to their homes. Web space is divided into four sections: references (list of pertinent online resources), sharing (confidential counseling services), artistic creation (poems, music, photos) and commemoration (material shared in memory of the departed). This is an example of the need to do things differently and to take advantage of new technologies to help support those who are in their final days as well as their loved ones.</p>	<p>QUÉBEC</p>	<p>Claude Gauvreau, "Deuil et confinement," Actualités UQÀM, 2 April 2020.</p>
<p>Recognize that families that have lost a loved one to COVID-19 will be going through a very difficult bereavement period (suspension of funerals, return to normal life delayed because of confinement measures and social distancing, etc.).</p>		<p>Claude Gauvreau, "Deuil et confinement," Actualités UQÀM, 2 April 2020.</p>
<p>For confined or isolated patients, create and install a "presence wall or easel" in their room or next to their bed to display photos, objects, artwork produced by their loved ones, etc. This will help the patient feel more connected and less lonely. Encourage family members and relatives to develop, at home, a "domestic ritual of detachment" (for example: lighting a candle, reading a text, etc.) so that they may gradually prepare for their loved one's passing.</p>		<p>Annick Hovine, "Cet insupportable virus vole quelque chose d'essentiel: l'accompagnement du patient qui s'en va," Le courrier australien, 24 March 2020 (reprinting of an article previously published in La Libre Belgique).</p>

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>Provide daily updates to family members as to the condition of their loved one, since communication "is of the greatest importance."</p>	<p>ITALY</p>	<p>"Covid-19: the role of palliative care had to be adapted to manage this 'ultra-emergency'," BMJ Blogs, 31 March 2020.</p>
<p>Initiate discussions with aging/at risk family members on issues around artificial respirators, etc.</p> <p>Potentially useful resources: the Speak Up initiative (Advance Care Planning), Conversation Project (downloadable starter kits and resources), and informational videos by Hospice Palliative Care Ontario.</p>	<p>ONTARIO (Sunnybrook Health Sciences Centre; Interdepartmental Division of Critical Care Medicine University of Toronto)</p>	<p>Gordon Rubinfeld, "The coronavirus is a chance to have the end-of-life conversations we need: OPINION," The Globe and Mail, 17 March 2020, p. A11.</p>
<p>Since the outbreak of the crisis, Palliative Manitoba's volunteers no longer visit palliative care centres. However, they continue to maintain palliative care services via telephone, videoconferences and regular health updates. Since family members cannot be on-site, they depend on caregivers to proactively maintain communication.</p>	<p>MANITOBA (Palliative Manitoba)</p>	<p>Danielle Da Silva, "Maintaining connections at end-of-life becomes balancing act," Winnipeg Free Press, 4 April 2020, p. 2.</p>

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>Palliative care is maintained through telephone calls, videoconferencing, social media, and doorstep drop-offs. Staff and patients are showing creativity by visiting through windows or by using baby monitors to have conversations.</p> <p>However, the lack of real human contact can be painful. The situation is described as never before seen. The Castlegar Hospice Society wishes to create a series of Facebook publications devoted to grieving in times of social distancing. These publications would be aimed at family members.</p>	<p>BRITISH COLUMBIA (Castlegar)</p>	<p>Betsy Kline, "Castlegar hospice director says COVID-19 measures make serving the dying heartbreaking," Castlegar News, 3 April 2020.</p>
<p>Up to that point, it was accepted practice that one visitor at a time be allowed for patients in palliative care. However, the Chatham-Kent Health Alliance put an end to such visits. A Bluetooth speaker was to be used instead. Later on, the hospital changed its policy, allowing one sole member of the family to be on-site when the respirator is disconnected.</p>	<p>SCARBOROUGH, ONTARIO</p>	<p>CTV National News, "COVID-19 Patients Dying Alone," CTV Television, 27 March 2020.</p>
<p>No more visitors for residents of palliative care centres, except for those patients who are in their final moments.</p>	<p>BRITISH COLUMBIA</p>	<p>Jane Seyd, "COVID-19 confirmed at West Van care home," North Shore News, 1 April 2020, p. A1.</p>
<p>Providence Manor limits visitors to those residents who are in palliative or end-of-life care. Visitors and personnel are subject to controls upon entering the premises.</p>	<p>KINGSTON, ONTARIO</p>	<p>Steph Crosier, "Staff member at Providence Manor has COVID-19," Kingston Whig - Standard, 2 April 2020, p. A11.</p>

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
No visitors except in those situations dealing with traumas and end-of-life (in consultation with management).	TIMMINS, ONTARIO	"Hospital increases restrictions for COVID-19," Daily Press, 17 March 2020, p. A1.
Residents in palliative care centres are only allowed one designated visitor (who is subject to controls by staff). Palliative care volunteers can no longer be on-site nor visit patients at home, and must do their follow ups via telephone.	GODERICH, ONTARIO	"COVID-19 has impact on local healthcare provider," Goderich Signal Star, 30 March 2020, online.
The only visitors permitted are for children, and maternity and end-of-life patients.	NEWFOUNDLAND AND LABRADOR	Keith Doucette, "Newfoundland and Labrador declares public health emergency to deal with COVID-19," Canadian Press, 18 March 2020, online.
Regarding health care institutions in Manitoba, the only visitors allowed are for end-of-life patients.	MANITOBA	"Manitoba bracing for community transmission of COVID-19," The Winnipeg Sun, 24 March 2020, online.
Regarding health care institutions in Saskatchewan, only patients who are in their final moments can receive visitors, and these must be members of the immediate family.	SASKATCHEWAN	"COVID-19 live updates: 13 new cases; Sask. total hits 206," The Leader Post, 2 April 2020, online.

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>Palliative care centres are using telephone, FaceTime and Skype to communicate with relatives. These centres have reduced staff since volunteers and members of the family can no longer provide assistance. Staff help facilitate “in person” communication: the patient is on the patio, while the visitor is located below and outside of the building. Visits continue to be permitted (one at a time) when patients are in their final moments.</p>	<p>NOVA SCOTIA</p>	<p>Kelly Grant, “Families cope with separation from loved ones caused by visitor bans at long-term care homes,” <i>The Globe and Mail</i>, 23 March 2020, p. A9.</p>
<p>Since the beginning of April, Hospice Palliative Care Ontario (which represents 53 palliative care centres located throughout the province) has restricted visits to one member of the family (and always the same one). However, when the patient is “within hours of dying,” management can choose to let two other people be at the patient’s bedside.</p> <p>All services provided by volunteers are now maintained through the use of telephone or via social media. Staff are demonstrating a great deal of creativity; for example, they are moving patients’ beds closer to the window so that they may see their loved ones.</p>	<p>ONTARIO</p>	<p>Sandro Contenta, “The dying ‘should not be abandoned.’ Palliative caregivers brace for heart-wrenching scenarios ahead of COVID surge,” <i>The Toronto Star</i>, 5 April 2020, online.</p>
<p>One palliative care centre is facilitating videoconferencing, helps out with emails from family and friends, and delivers parcels and letters to patients. At the reception area, a space has also been set up to safely allow for face-to-face meetings, using a window and telephone.</p>	<p>ONTARIO</p>	<p>“Kitchener long-term care home finds creative ways for residents and families to connect,” <i>Waterloo Region Record</i>, 24 March 2020, online.</p>

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>Implementation of a “virtual visits” programme, which consists of iPads equipped with videoconferencing software.</p>	<p>ONTARIO</p>	<p>Fallon Hewitt, “Virtual visits help patients stay connected: St. Peter’s Hospital arranges video chats for patients to help them keep in touch with the outside world,” <i>The Spectator</i>, 1 April 2020, p. A4.</p>
<p>Counseling and communication services offered online and by telephone.</p>	<p>ONTARIO</p>	<p>“Matthews House Hospice in Alliston offering virtual counselling and support during coronavirus crisis,” <i>Alliston Herald</i>, 25 March 2020, online.</p>

INDIVIDUAL ADVANCE CARE PLANNING

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>As soon as possible, invite patients of all ages to reflect on the level of care they wish to receive (for example, at end-of-life) to avoid potential cases of unwanted, aggressive therapeutic interventions.</p> <p>On this point, the Québec Department of Health and Social services has identified four levels of care: A) prolong life by all means necessary; B) prolong life through the use of limited means; C) ensure comfort first over prolonging life; D) ensure comfort without aiming to prolong life.</p>	<p>QUÉBEC; GREAT BRITAIN (Wales)</p>	<p>Ariane Lacoursière, “On veut éviter l’acharnement,” <i>La Presse</i>, 4 April 2020.</p> <p>“Working together to look after the dead, dying and bereaved in Powys,” <i>European Union News</i>, 31 March 2020.</p>

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>Have palliative care professionals initiate discussions on treatment and care objectives with aging patients admitted to the emergency department (especially those suspected of being infected with COVID-19). Speak with them about the different possible scenarios, about their wishes in terms of treatments.</p>	<p>UNITED STATES (Washington State)</p>	<p>“Palliative Care on the Front Lines of COVID: Podcast with Darell Owens,” GeriPal: A Geriatrics and Palliative Care Blog, 23 March 2020.</p>
<p>Encourage people to discuss their end-of-life treatment wishes with their loved ones and to make sure that the health care providers have access to the information (and not only lawyers and relatives).</p>	<p>QUEEN'S UNIVERSITY</p>	<p>Wency Leung, “Canadians urged to plan ahead for end-of-life decisions as toll from COVID-19 builds: Even when plans exist, they do not always reach front line health care providers,” The Globe and Mail, 30 March 2020, online.</p>
<p>In the Netherlands, physicians have begun contacting aging/at-risk patients to discuss wishes for end-of-life treatment and, more specifically, to inform them of the dangers linked to treatment and the long road to rehabilitation.</p>	<p>NETHERLANDS</p>	<p>“Dutch end-of-life debate flares as coronavirus tests healthcare limits,” National Post, 2 April 2020, online.</p>
<p>Medical assistance in dying is not an option in most cases during times of crisis, such as the COVID-19 pandemic. Nevertheless, palliative care remains available to patients who are not or no longer intubated.</p>	<p>OTTAWA</p>	<p>“Medical assistance in dying program resumes after pause for COVID-19,” The Ottawa Citizen, 1 April 2020, online.</p>

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>Hospitals in two regions of Ontario have temporarily suspended services in the area of medical assistance in dying, so as to allow staff to concentrate their efforts on fighting the pandemic. However, these services continue to be available in many other areas of the country.</p> <p>Physicians and nurses are confronted with the problem of maintaining social distancing, of not touching patients, of not having family members around to say goodbye to patients in their final moments, etc. In addition, they do not have access to the necessary protective equipment.</p> <p>In terms of the procedures for medical assistance in dying, the CAMAP recommends allowing the two witnesses to sign remotely via the Web.</p>	<p>ONTARIO; BRITISH COLUMBIA (regarding MAiD)</p>	<p>Wendy Gillis, "COVID-19 crisis has medical assistance in dying under strain," Toronto Star, 27 March 2020, online.</p>
<p>Given the long procedure involved with medical assistance in dying, Dr Downar recommends using palliative sedation as a means of alleviating the suffering of terminally ill patients.</p>	<p>OTTAWA</p>	<p>Andrew Duffy, "Pandemic challenges palliative care providers; Coronavirus means new plans, procedures needed for end-of-life," The Ottawa Citizen, 1 April 2020, p. A1.</p>

Table 1: Review of News Articles/Blog Posts

MATERIAL PLANNING		
ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
Ensure that palliative care units are sufficiently stocked with palliative care medications.		Journal de l'Association médicale canadienne, cited in Bob Weber, "Survol de recherches menées sur la COVID 19 dans le monde," La Presse Canadienne : Nouvelles Générales, 3 April 2020. François Bonnet, Caroline Coq-Chodorge, Mathilde Goanec, "Les ravages du Covid-19 dans les Ephaad: colère et dénuement," Mediapart (Website), 24 March 2020.
It is recommended that hospitals build up their stockpiles of pain-relief medication.	OTTAWA	Andrew Duffy, "Pandemic challenges palliative care providers; Coronavirus means new plans, procedures needed for end-of-life," The Ottawa Citizen, 1 April 2020, p. A1.
There is worry caused by the fact that staff in palliative care centres still does not have access to personal protective equipment.	SCARBOROUGH, ONTARIO	CTV National News, "COVID-19," CTV Television, 2 April 2020.
According to guidelines established by the province of Ontario, patients who do not have access to an intensive care bed will be entitled to palliative care treatments, including pain medication.	ONTARIO	Sharon Kirkey, "COVID-19 modelling numbers are scary. Have we mortgaged our future on an inexact science?," National Post, 8 April 2020, online.
Recommends that medications be stocked up in sufficient quantities, suggests using a certain language when discussing triage issues with relatives, and describes how to adapt care in light of isolation requirements. See also Dr Downar's article in the Canadian Medical Association Journal.	ONTARIO	Sandro Contenta, "The dying 'should not be abandoned.' Palliative caregivers brace for heart-wrenching scenarios ahead of COVID surge," Toronto Star, 5 April 2020, online.

Table 1: Review of News Articles/Blog Posts

STAFF TRAINING AND SUPPORT		
ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
Need to have more personnel trained to provide palliative care.	OTTAWA	Andrew Duffy, "Pandemic challenges palliative care providers; Coronavirus means new plans, procedures needed for end-of-life," <i>The Ottawa Citizen</i> , 1 April 2020, p. A1.
<p>Provide palliative care training to health care professionals from various backgrounds in order to "quickly disseminate palliative care culture" and to increase capacity in palliative care among health care providers from all fields of practice (for example, first responders).</p> <p>In Norbonne, France, a training session entitled "Palliative Care for Beginners" (translation) was offered to health care personnel.</p>	FRANCE (Bordeaux; Norbonne)	<p>"Les unités de soins palliatifs s'adaptent : l'accompagnement de la fin de la vie mobilise les soignants," <i>La Croix</i>, no. 41672 (31 March 2020), p. 8-9 (the quote is taken from this article).</p> <p>Olivia Elkaim, "Traverser la mort à la lumière de Pâques," <i>La Vie</i>, no. 3893 (9 April 2020), p. 28</p>
<p>Emphasize remote interprofessional collaboration in the area of palliative care.</p> <p>An on-call service was established in France that allows members of the health care staff to speak with a palliative care specialist. The service is available 24 hours a day, 7 days a week.</p> <p>In certain regions of Québec, notably in the Eastern Townships, "teams can be contacted remotely to help support health care professionals in all matters related to end-of-life care, such as advanced care planning and pain management." (translation)</p>	FRANCE (Bordeaux); QUÉBEC	<p>"Les unités de soins palliatifs s'adaptent : l'accompagnement de la fin de la vie mobilise les soignants," <i>La Croix</i>, no. 41672 (31 March 2020), p. 8-9.</p> <p>Claude Gauvreau, "Deuil et confinement," <i>Actualités UQÀM</i>, 2 April 2020.</p>

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
Provide psychological support for health care personnel.		François Bonnet, Caroline Coq-Chodorge, Mathilde Goanec, "Les ravages du Covid-19 dans les Ephaad : colère et dénuement," Mediapart (Website), 24 March 2020.
Establish teams of palliative care professionals to help and support those health care workers who are facing challenges (for example, cases of burn-out).		Claude Gauvreau, "Deuil et confinement," Actualités UQÀM, 2 April 2020.

SYSTEMS PLANNING

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
Palliative care residences are not admitting COVID-19 patients, but palliative care remains accessible to those individuals who choose to live their remaining days or hours at home instead of receiving medical care. According to Dr Downar, palliative care is a human right, one that must be maintained.	OTTAWA	Andrew Duffy, "Pandemic challenges palliative care providers; Coronavirus means new plans, procedures needed for end-of-life," The Ottawa Citizen, 1 April 2020, p. A1.
Put systems in place that would guarantee that all patients can receive end-of-life care. At the Ottawa Hospital, plans to create, if needed, a unit devoted to offering palliative care to COVID-19 patients appear to be already in the works.	OTTAWA	Andrew Duffy, "Pandemic challenges palliative care providers; Coronavirus means new plans, procedures needed for end-of-life," The Ottawa Citizen, 1 April 2020, p. A1.

Table 1: Review of News Articles/Blog Posts

ADOPTED MEASURES / RECOMMENDED PRACTICES	JURISDICTION	SOURCE
<p>There are no national guidelines regarding end-of-life COVID-19 patients.</p>	<p>SCARBOROUGH, ONTARIO</p>	<p>CTV National News, "COVID-19 Patients Dying Alone," CTV Television, 27 March 2020.</p>
<p>Ensure that palliative care units have their very own care and maintenance teams; in other words, teams that do not work or travel on other floors of the hospital.</p>	<p>QUÉBEC CITY, QUÉBEC</p>	<p>Alexandre Duval, "COVID-19 au Jeffrey Hale : des employés avaient sonné l'alarme," ICI Radio-Canada, 31 March 2020.</p> <p>Élisabeth Fleury, "COVID-19 : 213 cas dans la Capitale-Nationale, éclosion au Jeffrey Hale," Le Soleil (Ville de Québec), 31 March 2020.</p>
<p>Transfer palliative care patients (not infected with COVID-19) to another space set up specifically for them (for example, a renovated hotel) so that they may benefit from a more serene and calm environment and so that their needs can be more adequately met (for example, visits from family members). The same staff from the hospital will care for these patients in order to maintain continuity in terms of level of care and in terms of the personal relationships already established between patient and caregiver.</p>	<p>LAVAL, QUÉBEC</p>	<p>Claude Gauvreau, "Deuil et confinement," Actualités UQÀM, 2 April 2020.</p> <p>Rémi Authier, "Un hôtel transformé accueille des patients pour libérer des lits d'hôpital," ICI Radio-Canada, 29 March 2020.</p>
<p>Acknowledge the importance and value of community and volunteer organizations as partners.</p>	<p>GREAT BRITAIN (Wales)</p>	<p>"Working together to look after the dead, dying and bereaved in Powys," European Union News, 31 March 2020.</p>

TABLE 2: REVIEW OF SCIENTIFIC ARTICLES

SYSTEMS PLANNING		
ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
<p>To maximise the number of lives saved, triage should put an emphasis on patients that have the highest probability of benefiting from intensive care. A framework for making such decisions has recently been published by the SAMS and the Société Suisse de Médecine Intensive.</p> <p>Complex triage decisions should involve an interdisciplinary team composed of, for example, a palliative care physician, an internist and a palliative care specialist.</p> <p>All policies devoted to triage must highlight the central role of palliative care for all patients and their families, as well as for health care professionals whose decision it is not to provide survival treatments. From an ethics perspective, it is imperative to provide high-quality palliative care to all patients susceptible of succumbing to COVID-19, especially in light of the heavy burden posed by their symptoms (dyspnea, anxiety, etc.).</p>	<p>SWISS MEDICAL WEEKLY</p>	<p>Borasio GD, Gamondi C, Obrist M, Jox R. COVID-19: decision making and palliative care. <i>Swiss Med Wkly</i> 2020; 150:w20233. https://doi.org/10.4414/smw.2020.20233</p>

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ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
<p>Framework for health care personnel working in emergency departments and who are treating COVID-19 patients approaching end-of-life.</p> <p>The recommendations listed in this document were based on best evidence, when available, and on the consensus of Canadian physicians who work both in emergency and palliative medicine.</p> <p>Treatments provided to dying patients should not vary significantly from best practices in palliative care. However, there are some noteworthy modifications when dealing with COVID-19, modifications that involve:</p> <ul style="list-style-type: none"> • Non-pharmacological management • Pharmacological management • Withdrawing survival treatments • Support for personnel providing end-of-life care 	<p>CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS</p>	<p>Hendin A, La Rivière C, Willisroft D, O'Connor E, Hughes J, Fischer L. End-of-life care in the emergency department for the patient imminently dying of a highly transmissible acute respiratory infection (such as COVID-19). <i>CJEM</i> 2020: 1-4. https://doi.org/10.1017/cem.2020.352</p>
<p>This document describes strategies to support high-quality palliative care in times of conventional capacity, surge capacity and crisis capacity.</p> <p>Distinct strategies exist for those areas that would be the most impacted at the beginning of the COVID-19 pandemic: emergency departments, intensive care units and short-term medical services, where most COVID-19 patients would be seen.</p>	<p>JOURNAL OF PAIN AND SYMPTOM MANAGEMENT</p>	<p>Fausto J, Hirano L, Daniel L, Amisha M, Mills B, Owens D, MSN, Perry E, Curtis RJ. Creating a palliative care inpatient response plan for COVID-19—the UW Medicine experience. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.025</p>

Table 2: Review of Scientific Articles

ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
<p>If possible, routine consultations in palliative care should be triaged and postponed.</p>	<p>JOURNAL OF PAIN AND SYMPTOM MANAGEMENT</p>	<p>Fausto J, Hirano L, Daniel L, Amisha M, Mills B, Owens D, MSN, Perry E, Curtis R.J. Creating a palliative care inpatient response plan for COVID-19—the UW Medicine experience. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.025</p>
<p>If patients are cared for at home, necessary support should be provided by nursing care professionals and, if possible, by mobile palliative care teams.</p>	<p>SWISS MEDICAL WEEKLY</p>	<p>Roland K, Minder M. COVID-19 pandemic: palliative care for elderly and frail patients at home and in residential and nursing homes. <i>Swiss Med Wkly</i> 2020; 150:w20235. https://doi.org/10.4414/smw.2020.20235</p>
<p>Although palliative care consultation teams are well trained to work in such a context, current capacity in regards to palliative care specialists is limited. It is essential, therefore, that palliative care providers be protected as much as possible from COVID-19.</p> <ul style="list-style-type: none"> • Consult only when necessary • Be available by telephone to guide primary care teams • Face-to-face palliative care consultations only when the principal team has done its best to help the patient, and when these efforts have failed. • For optimal use, parameters for palliative care overall (non-COVID-19 patients) become more strict • Limit the number of palliative care providers exposed to COVID-19 patients • Discourage patients in palliative care and in hospices from coming to the hospital • Prepare to deliver care in the context of shortages • How to help prepare other clinicians to have difficult conversations 	<p>JOURNAL OF PAIN AND SYMPTOM MANAGEMENT</p>	<p>Powell VD, Silveira MJ. What should palliative care’s response be to the COVID-19 pandemic? <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.013</p>

Table 2: Review of Scientific Articles

ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
<p>Challenges in Switzerland include a limited supply of palliative care medications, a shortage of personnel, and rapid deterioration of the patient’s condition.</p> <p>This article describes urgent palliative care services for three categories of patients: stable, unstable and those at end-of-life.</p>	<p>JOURNAL OF PAIN AND SYMPTOM MANAGEMENT</p>	<p>Fusi-Schmidhauser T, Preston NJ, Keller N, Gamondi C. Conservative management of COVID-19 patients—emergency palliative care in action. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.030</p>
<p>This document on Taiwan issues four policy recommendations:</p> <ul style="list-style-type: none"> • Patients with disabilities who are receiving medical care at home should be treated as individuals requiring isolation at home. • Health care personnel should carry out a basic, daily observation routine and improve personal hygiene. • Medical personnel providing at-home medical care should measure their own body temperature and be vigilant regarding any COVID-19-related symptoms. • Whenever possible, medical treatment must be delivered at home. 	<p>THE JOURNALS OF GERONTOLOGY: SERIES A</p>	<p>Tseng TG, Wu HL, Ku HC, Tai CJ. The impact of the COVID-19 pandemic on disabled and hospice home care patients. <i>J Gerontol A Biol Sci Med Sci</i> 2020. https://doi.org/10.1093/gerona/glaa081</p>
<p>Utilizing critical care models to provide capacity in times of crisis. This article describes how to put into practice four essential components of palliative care in times of pandemic: resources; personnel; physical space; and systems. The article also takes ethical considerations into account.</p>	<p>JOURNAL OF PAIN AND SYMPTOM MANAGEMENT</p>	<p>Downar J, Seccareccia D. Palliating a pandemic: “all patients must be cared for.” <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2009.11.241</p>

Table 2: Review of Scientific Articles

INDIVIDUAL ADVANCE CARE PLANNING		
ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
<p>Guide patients on issues surrounding telemedicine etiquette.</p> <p>Have emergency plans in place if the meeting starts later than planned.</p> <p>Use the telephone if no access is available to other technology.</p>	<p>JOURNAL OF PAIN AND SYMPTOM MANAGEMENT</p>	<p>Calton B, Nauzley A, Fratkin M. Telemedicine in the time of coronavirus. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.019</p>
<p>Several online resources can help guide discussions on advanced care planning (see references 5-7 in the article).</p> <p>One focal point for goal-concordant care relates to discussions of code status or the use of CPR and advanced cardiac life support (ACLS).</p> <p>Prevention of inappropriate DNR is critical in order to avoid: 1) stress on the patient's family and the risk to health care workers, and 2) strain on available resources.</p> <p>Discussion regarding guidelines on when not to resuscitate (see the figure in the article).</p>	<p>JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION</p>	<p>Curtis JR, Kross EK, Stapleton RD. The importance of addressing advance care planning and decisions about do-not-resuscitate orders during novel coronavirus 2019(COVID-19). <i>JAMA</i> 2020. https://doi.org/10.1001/jama.2020.4894</p>
<p>Importance of having preliminary discussions on treatment and care goals, as well as examining the issue of code status, especially for elderly patients and individuals living with a chronic illness that reduces life expectancy.</p>	<p>JOURNAL OF PAIN AND SYMPTOM MANAGEMENT</p>	<p>Fausto J, Hirano L, Daniel L, Amisha M, Mills B, Owens D, MSN, Perry E, Curtis RJ. Creating a palliative care inpatient response plan for COVID-19—the UW Medicine experience. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.025</p>

Table 2: Review of Scientific Articles

ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
<p>For aging patients on ventilators and who are suffering from Acute Respiratory Distress Syndrome (ARDS), the prognosis is weak. That is why advanced care planning is of the utmost importance before or, at the latest, at the time infection is diagnosed.</p>	<p>SWISS MEDICAL WEEKLY</p>	<p>Roland K, Minder M. COVID-19 pandemic: palliative care for elderly and frail patients at home and in residential and nursing homes. <i>Swiss Med Wkly</i> 2020; 150:w20235. https://doi.org/10.4414/smw.2020.20235</p>
<p>The main objective of advanced care planning in the context of the COVID-19 pandemic is to avoid unwanted hospitalizations and the use of intensive care, so as to avoid needlessly overburdening those services and exacerbating the need for rationing.</p> <p>To reach this goal, it is crucial to explore and to clearly document the patient's preferences in an emergency document.</p>	<p>SWISS MEDICAL WEEKLY</p>	<p>Borasio GD, Gamondi C, Obrist M, Jox R. COVID-19: decision making and palliative care. <i>Swiss Med Wkly</i> 2020; 150:w20233. https://doi.org/10.4414/smw.2020.20233</p>
<p>For those patients whose condition does not allow them to communicate by telephone or by videoconference, it is suggested that social workers and spiritual aid workers connected to palliative care prioritize care and support to those specific patients.</p>	<p>CANADIAN MEDICAL ASSOCIATION JOURNAL</p>	<p>Arya A, Buchman S, Gagnon B, Downar J. Pandemic palliative care: beyond ventilators and saving lives. <i>CMAJ</i> Apr 2020; 192(15)E400-E404. https://doi.org/10.1503/cmaj.200465</p>

Table 2: Review of Scientific Articles

STAFF TRAINING AND SUPPORT		
ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
Provide training sessions on palliative care in order to increase/reinforce capacity in the area of palliative care among front-line health care workers (paramedics, emergency departments, nursing staff working within long-term care establishments, etc.).	CANADIAN MEDICAL ASSOCIATION JOURNAL	Arya A, Buchman S, Gagnon B, Downar J. Pandemic palliative care: beyond ventilators and saving lives. <i>CMAJ</i> Apr 2020; 192(15)E400-E404. https://doi.org/10.1503/cmaj.200465
Considerations for clinicians include, among others, using a quiet, private space, avoiding the use of portable equipment, using technology in creative ways in order to interact with patients, etc.	JOURNAL OF PAIN AND SYMPTOM MANAGEMENT	Calton B, Nuzley A, Fratkin M. Telemedicine in the time of coronavirus. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.019
Staff specialized in palliative care are often limited in numbers, so it might be necessary to reallocate personnel. Make a palliative care physician available to provide coaching to the lead team after regular working hours.	JOURNAL OF PAIN AND SYMPTOM MANAGEMENT	Fausto J, Hirano L, Daniel L, Amisha M, Mills B, Owens D, MSN, Perry E, Curtis RJ. Creating a palliative care inpatient response plan for COVID-19—the UW Medicine experience. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.025
Palliative care toolkit for pandemics: a resource to help guide clinicians who are not specialized in the area of palliative care. The toolkit contains an information sheet describing principal considerations to take into account when dealing with palliative care, as well as specific advice to clinicians on the issue of medical management.	JOURNAL OF PAIN AND SYMPTOM MANAGEMENT	Ferguson L, Barham D. Palliative care pandemic pack: a specialist palliative care service response to planning the COVID-19 pandemic. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.026

Table 2: Review of Scientific Articles

MATERIAL PLANNING		
ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
Ensure that palliative care units are sufficiently stocked with "palliative medication kits."	CANADIAN MEDICAL ASSOCIATION JOURNAL	Arya A, Buchman S, Gagnon B, Downar J. Pandemic palliative care: beyond ventilators and saving lives. <i>CMAJ</i> Apr 2020; 192(15)E400-E404. https://doi.org/10.1503/cmaj.200465
<p>The University of California, San Francisco (UCSF) has mandated that, whenever possible, telemedicine should be used for patients in an ambulatory setting, whether they are or not in palliative care. The article in question provides quick tips on the subject of telemedicine based on the collective experiences of the UCSF and the ResolutionCare Network.</p> <p>Configuring the telemedicine system (for example: using private, face-to-face video communication tools that are free or inexpensive; access to a smartphone, tablet or computer; identifying a contact-person to play the role of "technological liaison"; provide configuration and set-up instructions and carry out a test run beforehand).</p>	JOURNAL OF PAIN AND SYMPTOM MANAGEMENT	Calton B, Nauzley A, Fratkin M. Telemedicine in the time of coronavirus. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.019
All pharmacological measures must be adapted to the different scenarios that could present themselves in the health environment in question.	SWISS MEDICAL WEEKLY	Roland K, Minder M. COVID-19 pandemic: palliative care for elderly and frail patients at home and in residential and nursing homes. <i>Swiss Med Wkly</i> 2020; 150:w20235. https://doi.org/10.4414/smw.2020.20235

Table 2: Review of Scientific Articles

ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
<p>Conservation of personal protective equipment; using personal protective equipment in palliative care only when necessary; and limiting the use of personal protective equipment to one palliative care specialist in those cases where in-person visits are required.</p>	<p>JOURNAL OF PAIN AND SYMPTOM MANAGEMENT</p>	<p>Fausto J, Hirano L, Daniel L, Amisha M, Mills B, Owens D, MSN, Perry E, Curtis RJ. Creating a palliative care inpatient response plan for COVID-19—the UW Medicine experience. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.025</p>

RELATIONSHIP WITH MEMBERS OF THE FAMILY

ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
<p>Regardless of restrictions placed on visits to nursing homes, relatives should have the opportunity to be at the patient’s bedside and to have the opportunity to say their goodbyes while, at the same time, respecting protective measures that are in place.</p>	<p>SWISS MEDICAL WEEKLY</p>	<p>Roland K, Minder M. COVID-19 pandemic: palliative care for elderly and frail patients at home and in residential and nursing homes. <i>Swiss Med Wkly</i> 2020; 150:w20235. https://doi.org/10.4414/smw.2020.20235</p>
<p>It is recommended that health care institutions provide free access to the Internet during the pandemic in order to allow patients and their loved ones to communicate and to converse using new digital technologies (tablets, smartphones, etc.).</p> <p>If personal protective equipment is available, the authors suggest that members of the family be permitted to visit their loved ones.</p>	<p>CANADIAN MEDICAL ASSOCIATION JOURNAL</p>	<p>Arya A, Buchman S, Gagnon B, Downar J. Pandemic palliative care: beyond ventilators and saving lives. <i>CMAJ</i> Apr 2020; 192(15)E400-E404. https://doi.org/10.1503/cmaj.200465</p>

Table 2: Review of Scientific Articles

ADOPTED MEASURES / RECOMMENDED PRACTICES	NAME OF SCIENTIFIC JOURNAL	SOURCE
<p>Palliative care teams should initiate a dialogue with adults in palliative care in order to better understand how they talk about their disease or prognosis with young members of the family. Children in particular may have a heightened fear of losing a loved one during this period since the number of lives lost is the subject of mass communication. Pediatric palliative care teams can suggest to adults the idea of sharing certain central or key values when talking about coronavirus with their children. The study in question describes these values as including, among others:</p> <ol style="list-style-type: none"> 1) honesty and confidence; 2) self-compassion; 3) security; 4) sensitivity; 5) human relationships; 6) preparedness; 7) community development; 8) death as part of the lifecycle; and 9) legacy. 	<p>JOURNAL OF PAIN AND SYMPTOM MANAGEMENT</p>	<p>Weaver MS, Wiener L. Applying palliative care principles to communicate with children about COVID-19. <i>J Pain Symptom Manage</i> 2020. https://doi.org/10.1016/j.jpainsymman.2020.03.020</p>