# Palliative Care for Patients with Advanced Cancer and COVID-19

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*Cuidados Paliativos em Pacientes com Câncer Avançado e Covid-19*

Cuidados Paliativos a Pacientes con Cáncer Avanzado e Covid-19

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## INTRODUCTION

On March 11, 2020 the World Health Organization (WHO) declared pandemic by the coronavirus disease 2019 – COVID-19. The virus that caused the disease belongs to the family *Coronaviridae* and was denominated severe acute respiratory syndrome coronavirus 2 – Sars-CoV-2. Because of the disease, thousands of individuals were infected, killed and cured all over the world[1]. The scientific knowledge about the epidemiology and the wide clinical spectrum of COVID-19 are not fully described and it is unclear as well its lethality, mortality, infectiveness and transmissibility pattern. Among the risk factors identified for severe clinical conditions are advanced age and comorbidities as cardiovascular diseases, diabetes, chronic respiratory disease, immunosuppressive diseases, cancer, among other[2].

As cancer is a chronic disease needing aggressive treatments, oncologic patients are the most susceptible group to infections like COVID-19[3]. As pointed out by Thuler e Melo[4], most likely, the individuals with malignant neoplasm have more risk of developing severer forms of the infection.

In the context of attention to the oncologic patient affected or not by COVID-19, the care conduct must address palliative care. The WHO[5] defined this type of care as an approach that aims the improvement of the quality of life of the patients and relatives through prevention and relief of suffering, early identification, impeccable evaluation and treatment of the pain and other physical, psychosocial and spiritual issues.

Patients with advanced cancer in exclusive palliative care tend to have lower survival justified by the burden of the disease and suspension of the anti-cancer treatment[6]. This group of individuals and infected by COVID-19, it is supposed, will still face less survival, which demands the support of multiprofessional teams of palliativists for suffering relief, symptoms control, promotion of the quality of life and death[7]. One of the main challenges of the National Health System (SUS) is to improve the assistance to these patients offering full care and optimizing the resources available.

In this article, some guidelines for providing care to patients with advanced cancer affected by COVID-19 are highlighted, based in published documents about the infection, principles and guidelines of palliative care and the experience of the exclusive Palliative Care Unit of Hospital of Cancer IV (HC IV) of the National Cancer Institute José Alencar Gomes da Silva (INCA). The goal of this manuscript is to serve as a motivation to the development of caring strategies that ally the control of the symptoms to issues related to the humanization of the assistance, to meet the demands of this population and improvement of quality of life and death.

## DEVELOPMENT

The current scenario requires the revision of assistance processes and protocols to ensure the quality of the services and safety of the patients and professionals at the several health units in the country and in the world[8,9].

WHO has published a document suggesting the reorganization of operational flows of the health services to

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cope with patients suspected or confirmed of COVID-19 infection and their contacts[7]. For the Brazilian Health Regulatory Agency (ANVISA)[10], the flows must be designed to meet the necessities of each reality.

In January 2020, the Ministry of Health created the COVID-19 Public Health Emergency Operations Center (COE-Covid-19). In March, the Crisis Management Committee of the novel coronavirus was implemented in INCA to oversee and coordinate the diseases-related internal actions.

According to the guidelines of these organs, the multidisciplinary staff of HC IV devised a plan called Emergency Plan to Cope with the Sars-Co-V-2 pandemic to ensure the quality assurance, protection of the professionals, patients and its caretakers/family[11].

For clarification purposes, the HC IV counts with the following assistance sectors involved in this manuscript: Prompt Care Service (PCS) for urgencies and emergencies of patients enrolled at the unit; Outpatient – follow up of patients with better performance status (KPS>=50%) and patients not assigned for home care; Home Care (HC) – follow up of patients with worse performance status (KPS<50%) living within 80 km from HC IV; Hospitalization (H) – management of acute symptoms and care in the end of the life.

Below, are described some guidance to provide care to the patient suspected or confirmed of COVID-19 infection according to the HC IV assistance flows.

## GUIDANCE

### Prompt care service

The professionals of Prompt Care Service (PCS) shall receive the patients who seek spontaneously the services, either in-person or telephone call. Make sure to follow the recommendations for wearing proper PPE – Personal Protective Equipment during in-person consultations of patients suspected of COVID-19 infection[7].

All the patients who seek for in-person consultation, must undergo pre-screening of flu-like syndrome/COVID-19 symptoms before entering the premises. The definition of suspected case must comply with the criteria established by the sanitary authorities. Patients suspected of COVID-19 infection must be referred to an exclusive assigned room for individual clinical and epidemiological investigation. After each consultation, the team shall request cleaning and disinfection of the room.

COVID-19 infection suspected cases with mild symptoms not requiring hospitalization must be oriented to return to their homes and keep at least 14-days quarantine. The physician in charge must provide the patient and the family living in the same household a sick leave for the whole period (even asymptomatic). In addition, the Informed Consent and Statement Forms must be filled, signed and filed in the chart according to Directive number 454, dated March 20, 2020 of the Ministry of Health[12]. For purposes of remote monitoring, these patients must be identified in their respective origin processes.

COVID-19 infection suspected cases requiring hospitalization shall be registered in the File of Severe Acute Respiratory Syndrome (SRAG); nasopharynx and oropharynx swab for investigation of Sars-Co-V-2 by the method of Reverse Transcription Polymerase Chain Reaction – RT-PCR shall be collected. The patient must be referred to Hospitalization as soon as possible reducing the time at the Prompt Care Service (PCS).

### Home care

Nurse and/or physician must monitor all HC patients through tele-consultation for follow up and symptoms control of advanced malignant disease and screening of suggestive symptoms of flu-like/COVID-19 syndrome. In case of patient/relative suspected of COVID-19 infection, the HC team must not go to this household during the 14-days quarantine period.

The National Academy of Palliative Care (ANCP)[13] has approved tele-consultation whenever possible. This form was authorized and ruled by the Federal Council of Nursing – COFEN (Resolution number 634/2020)[14], Federal Council of Medicine – CFM (Legal Document CFM number 1756/2020)[15], Federal Council of Nutrition (Resolution CFN number 646/2020)[16], among other.

Through tele-consultation, all the multiprofessional team members must evaluate and prescribe actions pertinent to their professional practice, in-person consultation should occur only for patients who need if they do not present suspected COVID-19 symptoms. Medical prescriptions and materials requests should be revised for home care according to the demand identified in the remote consultation. If worsening of symptoms occurs, the family should take the patients to the PCS.

### Outpatient

All the outpatient patients must be followed up through tele-consultation to monitor and symptoms control of the advanced malignant disease and to screen suggestive symptoms of flu-like syndrome/COVID-19. In case of patient/family suspected of COVID-19 infection, they should be quarantined for 14 days and monitored remotely, avoiding in-person consultation at the outpatient.

Through tele-consultation, nurse and physician must evaluate, guide and prescribe actions pertinent to their

professional practice according to the rules of CFM and COFEN. If necessary, guidance/telephone consultations may be requested to the other professional categories of the multiprofessional team (psychology, nutrition, physiotherapy and social service). The physician and/or nurse responsible for the consultation will be able to decide whether in-person consultation is required.

### Hospitalization

In case of hospitalization of patient suspected or confirmed of COVID-19 infection, the physician shall inform its family about the clinical condition and discharged to household for home quarantine for all the contacts. The health facility will designate the room assigned for hospitalization. In addition, the patient can be referred to any reference hospital for COVID-19 treatment according to the Coronavirus State Response Plan[17]. The State Regulation System (SER) will oversee the regulation.

The isolation of patients suspected of COVID-19 infection must be a priority over other reasons for isolation. Rooms must be signalized with warning about respiratory disease and restricted access to healthcare providers involved in the care.

This patient should not have companion or receive visits. Therefore, informative bulletin of the patients' clinical condition must be informed to the relatives listed through telecommunication. The team must organize family virtual visits to ensure the humanization of the environment during the compelling isolation without in-person visits.

In case of suspicion of COVID-19 infection in hospitalized patient for oncologic reasons, the patient must be transferred to bed assigned to suspected patients and investigated with swab. Its room contact must remain under surveillance for respiratory/flu-like syndrome in not-shared room, wearing surgical mask, if tolerated. In case of detectable for Sars-CoV-2 RT-PCR, the contact shall also be transferred to specific isolated bed and submit to swab collection.

### Notification

The physician who suspects of COVID-19 infection shall fill the individual register file for cases of flu-like syndrome (mild cases discharged to household) or of SRAG-hospitalized of the Epidemiological Surveillance Information System. These files should be sent to the Hospital Infection Control Committee (HICC) of each unit.

The HICC will be responsible for sending the SRAG file by email to the Program Area of Surveillance Service 2.2 (AP 2.2), update the result (s) of the swab (s) collected and the outcome of the case.

### Preparation of the body

The Technical Note 04/2020 determines the guidelines for preparation of the body and coffin after the patient death suspected/confirmed by the novel Coronavirus[18]. All health professionals and other healthcare providers who will have contact with the corpse should wear PPE recommended for Sars-CoV2.

Body identification at the morgue shall comply with ANVISA recommendations: only one responsible respecting 2-meter distancing from the body (ensured by floor marks).

The social worker and/or physician will provide the relative/responsible the required guidelines to issue the Death Certificate.

## CONCLUSION

The format of the care provided to patients in oncologic palliative care because of the COVID-19 pandemic needed to be redesigned. However, the focus in the promotion of the quality of life and death of these patients and their family based in communication and multiprofessional team must be maintained. Therefore, through this article, it is attempted to help other health services to offer a dignified care with quality to patients with advanced cancer in palliative care affected by COVID -19.

### CONTRIBUTIONS

All the authors contributed substantially for the conception and design of the study, gathering, analysis and interpretation of the data, wording and critical review and approved the final version to be published.

### DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare

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