

Reflections on Palliative Care in Brazil during the COVID-19 Pandemic

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Reflexões sobre Cuidados Paliativos no Brasil durante a Pandemia da Covid-19

Reflexiones sobre los Cuidados Paliativos en Brasil durante la Pandemia de Covid-19

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INTRODUCTION

The coronavirus disease 2019 – COVID-19 is a clinical syndrome attributed to a novel virus called severe acute respiratory syndrome coronavirus 2 (Sars-CoV-2) belonging to the coronavirus family¹. Initially, WHO – World Health Organization declared the disease as a public health emergency of international concern and on March 11, 2020 as a pandemic².

Until mid-September 2020, WHO accounted more than 28 million confirmed cases of COVID-19 reaching nearly 906 thousand deaths worldwide in this same period². The first case in Brazil occurred on February 25, 2020 and ever since, the number of cases is approximately 4.3 million with more than 131 thousand deaths from this disease according to the Ministry of Health³.

This condition caused by the novel coronavirus impacts the individuals affected differently because the disease staging varies from mild to severe. It is believed that the severity is related to advanced age and presence of previous comorbidities. Nearly 80% of the individuals infected by the novel coronavirus present mild disease, 14% evolve to severer forms and 5% to critical condition^{4,5}.

DEVELOPMENT

Historically, large events scale as international emergency situations and pandemics always end up collapsing health systems, in social isolation, death and suffering⁶. In this context, it is important the reflection about the integration of palliative care during humanitarian crisis^{6,7}. Palliative care is an approach that ensures better quality of life to patients and relatives who face life-threatening health conditions, using strategies to prevent and relief suffering through early evaluation and identification and treatment of the pain, in addition to other physical, psychosocial and/or spiritual problems^{8,9}.

The types and severity of the suffering may vary according to the humanitarian crisis in question, it is worth mentioning. Symptoms of pain, dyspnea, cough and fatigue and suffering from stress, anxiety and complicated mourning are the most described in former epidemics as Ebola's and Influenza's and these are symptoms and/or common manifestations of COVID-19¹⁰. It has already been documented that in other pandemic situations, the evaluation and relief of symptoms were inappropriate, which can be justified in part by the low number of trained professionals in palliative care, but also because of the increased demand of patients, a possible limitation of the ability of the collaborators to evaluate and bond with the patients^{7,11}.

Therefore, the evaluation and control of the symptoms show the importance of the discussion and implementation of palliative care during the pandemic. However, it is valid to ponder that the individualization of approaches and measures taken is pivotal because the patient is a biographical being and its preferences and priorities need to be respected. It is unquestionable to conduct a multi-dimensional approach of the physical, psychosocial and spiritual aspects^{9,12} to reach all the segments where the individual lives.

In this scenario, priorities of consultations must be considered. WHO recommends triage according to the categories (immediate/expectant/delayed/minimal) that vary from the fast integration of palliative care in the treatment of life support as much as possible, until only the necessary relief of the symptoms. Therefore, palliative care and treatment to save lives should not be considered distinct^{7,10}. In this perspective, it needs to be emphasized, there is a meaningful relation between the principles of palliative care and the principles of humanitarianism and impartiality that bring the idea that all the users of health services receive care and never be abandoned for any reason, even if they are dying¹³.

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It is relevant to bring the reflection that low- and medium-income countries as Brazil where resources are limited or even inexistent, the integration of palliation is a challenge even greater when associated to COVID-19 pandemic¹⁴. The patients infected, specifically those with chronic and progressive diseases tend to deteriorate quickly. And with the overload of the health systems and increase of workload of the professionals and reduced number of beds, it is yet more difficult to provide palliative care to these individuals. Furthermore, these challenges intensify when patients isolate from the persons who were close to them^{14,15}.

These persons play a pivotal role during the whole process because in many cases the beloved one will provide critical information that will be valuable to acknowledge the limits and possibilities of care, even in relation to anticipated manifestations of will. In this context, it is appropriate the discussion that palliative care is not restricted only to caring for patients but also to the family that suffers with social isolation and/or loss of the beloved one. One of its core principles is that it is indispensable to offer some support system for the relatives in order to help them through the sickening process of the patient and to cope with mourning. The suffering of the family either biological or acquired (friends, neighbors ...) should not be neglected and needs to be recognized and treated⁹.

Another aspect to be addressed is that the support to mourning will be negatively impacted in every country mainly where palliative care are being implemented¹⁶. The social distancing rules, in addition to recommendations for wake and burial in Brazil¹⁷, may bring the idea that individuals who die from coronavirus are not entitled to wakes or cannot follow traditional rituals¹⁴. In these circumstances, basic principles are neglected, as the integration of psychological and spiritual questions into care⁹.

CONCLUSION

In Brazil, the consolidation and knowledge about palliative care is still in the process of development, which can be restrictive in pandemic times. However, the WHO suggests to palliative professionals to act with focus and train unskilled teams in relation to basic principles. It is already described in the literature that pandemics tend to increase the demand of health services. It would not be different with COVID-19. Brazilian professionals and services need to respond timely to the pandemic in question, adopting new forms of work, integrating the key attributes of palliative care in healthcare: symptoms control, suffering relief and support to complex decision taking, emphasizing the effective communication among

professionals, being this a key aspect to design and provide palliative care correctly.

CONTRIBUTIONS

Both authors participated of all the stages of the manuscript and approved the final version to be published.

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DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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