Palliative Care Practices in the Context of the COVID-19 Pandemic

Lindsay, C.; Joshi, A.; Price, M.; Humphrys E
Innovation Support Unit, Department of Family Practice, University of British Columbia

Background:

Palliative care is a specialty that aims to improve the quality of life of patients experiencing life-limiting illness. Services often extend to a patient’s support unit, including palliative care units, hospice, pain and symptom clinics, home care, and bereavement services. The pandemic has brought forth many challenges that could impact the quality of care received by patients.

The aim was to explore how the pandemic has impacted the care of adults with palliative care needs in British Columbia (BC) and how community primary care and palliative care services could be enhanced to better support patients.

Methodology:

Short quality improvement project consisting of:
• A rapid review of contemporary palliative care academic and grey literature
• Semi-structured interviews with primary care providers, palliative care providers, and patient representatives across BC. Recorded interviews were subjected to thematic analysis.
• A constructive workshop to explore potential gaps in care, using the ‘Team Mapping Method’.

Rapid Literature Review Findings

The literature review explored palliative care policies and strategies in Canada and internationally, highlighting both challenges in access and the importance of considering the availability of ‘staff, stuff, space and systems’ in providing care.

Interview Findings

Interviews (n=13) revealed challenges and solutions brought forth by the pandemic.

Virtual healthcare
- Increased accessibility and acceptance
- Increased provider capacity
- Equity Concerns (expenses, knowledge, and bandwidth)

Home-based EOL care
- Move towards home-based EOL care
- Increased burnout and staffing shortages
- Families took on increasingly more responsibilities
- Pandemic fears encouraged advance care planning (ACP)

Workshop Findings

A Team Mapping session with 11 primary and palliative care providers within a community in BC uncovered the complexity of supporting patients with palliative care needs.

Complexity
- Confusion from family and providers regarding most responsible physician (MRP)
- Coordination and communication barriers between providers (Independent record systems)
- Issues when goals of care have not been established or properly communicated
- Coordination and navigator role falling onto home care providers or the patient’s family

Advance care planning
- Start ACP as early as possible with a family physician and continued as a team effort
- Virtual options useful in facilitating ACP
- Families took on increasingly more responsibilities
- Cultural differences in perspectives on palliative care, and hopes for further treatment, can make these conversations difficult to initiate
- After-hours care options for patients are limited

Conclusion

The pandemic has highlighted existing issues of palliative care integration within BC communities but unearthed novel care practices likely to persist post-pandemic. Virtual care into routine consultations is likely to continue forward. Additionally, a navigator role to support patients and families may be key to coordinating care across multiple providers and settings. Enhancing patient educational resources regarding who to contact for specific issues of care may also resolve some of the uncertainty faced by patients and families.

References


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