GLOBAL PALLIATIVE CARE SERIES WEBINAR:

PALLIATIVE CARE & COVID-19

ACCESS TO PALLIATIVE CARE DURING THE COVID-19 PANDEMIC: ETHICAL AND LEGAL ASPECTS

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THE PANDEMIC, PALLIATIVE CARE AND HUMAN RIGHTS

Diederik Lohman
People with life-limiting illnesses and their families have a right to access to palliative care under international human rights treaties.

Right is not absolute right. States must ensure people can enjoy it to the “maximum of available resources.”

Access to essential medicines like morphine is a core obligation that all states must ensure regardless of income level.

States must include palliative care in national health plans and relevant training curricula.
PALLIATIVE CARE CHALLENGES RELATED TO COVID-19

- Significant new palliative care need because many COVID-19 patients and families will require it.
- Major challenges to continuity of palliative care for existing patients, including in communities, because of travel restrictions, infection risk, potential medicines stock-outs.
- Infection risk for providers and patients because of lack of personal protection equipment.
- Increased need for psychosocial and spiritual care because of separation of patients and families; increased difficulty delivering such care.
- Scarcity of resources that may lead to rationing of health services.
HUMAN RIGHTS PRINCIPLES IN EMERGENCIES

- Emergencies do not negate obligations under the right to health.
- Measures that restrict the enjoyment of the right—retrogression—are not ruled out.
- But…such measures must be enacted after “the most careful consideration of all alternatives” and must be “duly justified.”
- Ensure availability, accessibility, affordability and quality of health services for all patients.
- Respect and protect health services: Avoid interfering with existing palliative care services or make accommodations where necessary.
- Ensure quality of health services: Develop and distribute guidance on palliative care for COVID-19.
- Right to health focuses on physical and mental health: Include psychosocial and spiritual care into COVID-19 response; train health workers.
- Duty to ensure occupational safety: Ensure PPE for providers, including non-professionals.
- Ensure transparency and clarity in case of scarcity and rationing of care.
THANK YOU!

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BACKGROUND

• Urgent need to increase system-wide access to internationally controlled essential medicines (ICEMs) for patient care in response to the COVID-19 (severe acute respiratory syndrome coronavirus 2) pandemic.

• Health systems require adequate supplies of internationally controlled essential medicines (ICEMs) to manage the pain and symptoms of COVID-19 patients.

• Pre-pandemic estimates of ICEM availability noted that 80% of the world’s population, the majority in low- and middle-income countries, lack effective access to ICEMs. Major hospitals in the US and European region are now reporting dangerous shortages and have requested governments to increase procurement.
Acute respiratory distress syndrome (ARDS) and dyspnea resulting from COVID-19 disease may range from mild to critical, creating a distressing sensation of suffocation.

Management includes mechanical ventilation, which requires patient sedation with ICEMs such as benzodiazepines (e.g. Diazepam) and opioids.

Section 2 of the 2019 World Health Organization (WHO) Model List of Essential Medicines includes opioid analgesics formulations commonly used for the control of pain and respiratory distress, as well as sedative and anxiolytic substances such as midazolam and diazepam.
KEY FACTS

• The International Narcotics Control Board (INCB) is mandated to support member states to ensure availability of internationally controlled substances for medical and scientific purposes, including special stocks for humanitarian emergencies.

• Clinicians treating COVID-19 patients may be unfamiliar with the use of opioids such as morphine in acute contexts.

• According to the United Nations Special Rapporteur for Torture, “the de facto denial of access to pain relief, if it causes severe pain and suffering, constitutes cruel, inhuman or degrading treatment or punishment.”
CURRENT STATUS

- Health care services in high-income countries are running low on ICEMs.
- WHO and national palliative care associations are reporting increased prices from pandemic driven demand spikes and lockdown stressed supply chains.
- Lockdowns have restricted land, sea, and air cargo, and created workforce shortages.
- The International Narcotics Control Board is calling on governments to ensure that the international supply chains of ICEMs are not disrupted by measures put in place to counter the COVID-19 pandemic and contain further transmission of the virus.
Recommendations to UN Member States and Civil Society Organizations

- Accelerate clinician training, including online, in the use of opioids and benzodiazepines for COVID-19 related symptom control.

- Training specialist nurses to prescribe and deliver opioids to palliative care patients in all “home” settings (as in Uganda and Rwanda) aligns with WHO calls to invest in nurses in this International Year of the Nurse and Midwife.

- Lift COVID-19 related exportation restrictions on ICEMs.

- Increase production of ICEMs to meet the COVID-19 driven demand spikes (UN Agencies issue a Joint Statement to member states).
RECOMMENDATIONS TO UN MEMBER STATES AND CIVIL SOCIETY ORGANIZATIONS

• Identify manufacturers to produce cost effective generic bioequivalent ICEMs for low- and middle-income countries; regional or global pooled procurement mechanisms can use existing funds in global and regional entities such as development banks, collaborating with procurement partners, including humanitarian agencies, to increase regional and global buffer stocks.

• Maintain supply chain operations with adequate protection of warehouse stocks, pre-export inspections, safe transportation for drivers, and functioning customs services.
• In consultation with WHO and UNODC, mandate the formation of multi-stakeholder task forces including healthcare providers and narcotics enforcement personnel to accurately assess population needs and advise national competent authorities on pandemic level procurement and preparedness.

• Review national regulations on access to ICEMs for medical purposes to ensure that they contain exemptions for humanitarian emergencies and leverage exemptions.

• Allow hospital pharmacies to dispense opioids to outpatient palliative care patients.
REFERENCES

• American College of Chest Physicians. Consensus statement on the management of dyspnea in patients with advanced lung or heart disease

• INCB. Progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes and March 17 Press Release

• Lancet Commission on Pain and Palliative Care Report

• American Hospital Association, American Medical Association, American Society of Anesthesiologists, American Society of Health-System Pharmacists, and Association for Clinical Oncology Request to DEA to increase production of controlled substances.
BIO-ETHICAL PRINCIPLES, PRACTICES, AND RECOMMENDATIONS RELEVANT TO THE COVID-19 PANDEMIC AND PALLIATIVE CARE OF ALL PATIENTS WHO NEED IT

Collectively authored by

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Background

Palliative care is essential to provide physical, psychosocial and spiritual support for patients, families and practitioners in the context of COVID-19 pandemic.

- One risk of this pandemic is that not all patients needing care will receive the proper standard
- Circumstances & escalating demand limit resources and require hard choices
  - treatment directed to those with better prognoses
  - reconfiguration of services
  - ethical guidelines to ensure humane and respectful treatment and care for all patients
- additional challenges of physical distancing and isolation that can affect patients, their loved ones and care providers
Current Challenges

- Scarcity of essential health care resources
- Erosion of community trust when lack of treatment options is perceived as patient abandonment
- Uncertainty and anxiety
- Widespread social and economic breakdown
Just and fair rules for allocation of scarce resources ventilators, personal protective equipment (PPE) and essential medicines

Many countries will find it especially challenging to locate new human and financial resources for COVID patients while maintaining proper standards of care for patients with other medical needs.

Personnel, medications and equipment necessary for palliative care may themselves become scarce resources just and fair rules for their allocation must be developed.

Requires high levels of personal, social and institutional solidarity and integrity.
Key Ethical Principles for Optimal Care during the COVID-19 Pandemic

- **Non-abandonment**
- **Respect for persons**
- **Autonomy**: only restricted for compelling public health reasons
- **Reciprocity**
- **Confidentiality**: maintained unless for compelling public health reasons
- **Justice / Fairness**: Patients with similar health conditions have equal access without discrimination
Governing allocation of scarce resources

Post rules in all institutions providing care to COVID-19 patients

Apply principles

Inclusiveness
Transparency
Accountability
Consistency and Responsiveness
Vulnerability & Equity

Social vulnerability may require more or more intense psycho-social services

Patients particularly with chronic illness or disability may require enhanced protective measures

Care of minors shall be governed by the principle of “best interests of the child”
## Recommendations

Ensure care providers, especially those who face disproportionate risk in helping others, have proportional priority access to PPE, testing, treatment, and psycho-social support

Support healthcare workers with stress and trauma management

Appoint a committee of unbiased, appropriately trained individuals to make allocation decisions

Decide based on individual patient need, rather than socio-economic status or identity

Post reader-friendly allocation guidelines in accessible locations

Appeal process for visitation prohibitions;

Prioritize access to scarce resources according to potential benefit: improve quality of life, duration

Include palliative care pathways in all triage policies

Prioritize advance care planning across the continuum of care

Only begin an intervention if potential benefits are likely to outweigh harms

Prohibit interventions that patients with capacity have explicitly refused

Optimize communication with patients and families to mitigate the burdens of quarantine; Consider appointing a family contact and support
Palliative care must be provided to all patients who need it regardless of prognosis and is ethically imperative for those not deemed eligible for life-supporting interventions.