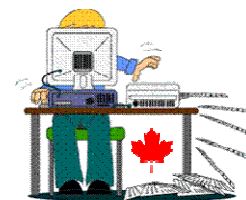


## Media Watch...

is intended as an advocacy, research and teaching tool. The weekly report is international in scope and distribution – to colleagues who are active or have a special interest in **hospice** and **palliative care**, and in the quality of **end-of-life care** in general – to help keep them abreast of current, emerging and related issues – and, to inform discussion and encourage further inquiry.

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Compiled & Annotated by Barry R. Ashpole

### COVID-19: End-of-Life Care

**Provision of palliative care is an ethical imperative for those unlikely to survive, and may have the advantage of diverting dying people away from overburdened hospitals as well as providing the care that people want.**

'The role and response of palliative care and hospice services in epidemics and pandemics: A rapid review to inform practice during the COVID-19 pandemic' (p.7), in *Journal of Pain & Symptom Management*.

## U.S.A.

### **COVID-19: Hospice providers to receive nearly \$1 billion in CARES Act funds**

*HOSPICE NEWS* | Online – 10 April 2020 – The U.S. Centers for Medicare & Medicaid Services has begun distributing the first \$30 billion installment of public health funds from the Coronavirus Aid, Relief & Economic Security Act, also called the CARES ACT. An estimated \$1 billion is expected to go to hospice and palliative care providers via direct deposit. The CARES Act ... will pay for government aid to individuals, families and businesses that were hard hit by the economic turmoil brought on by COVID-19, including healthcare organizations. The law contains a \$100 billion Public Health & Social Services Emergency Fund to aid healthcare providers. An additional \$70 million in CARES Act public health funds will be available in the coming weeks, though exactly when, and which entities will have access to those funds, remains unknown. The COVID-19 pandemic has hit hospices hard from an operational standpoint as well as financially. <https://bit.ly/2xolaRU>

### COVID-19: End-of-Life Care

'**American Geriatrics Society policy brief: COVID-19 and nursing homes**' (p.7), in *Journal of the American Geriatric Society*.

'**Rapid implementation of inpatient telepalliative medicine consultations during COVID-19 pandemic**' (p.8), in *Journal of Pain & Symptom Management*.

'**The family caregiving crisis meets an actual pandemic**' (p.8), in *Journal of Pain & Symptom Management*.

'**Rapid de-escalation and triaging patients in community-based palliative care**' (p.8), in *Journal of Pain & Symptom Management*.

'**Crisis symptom management and patient communication protocols are important tools for all clinicians responding to COVID-19**' (p.8), in *Journal of Pain & Symptom Management*.

## Hospices suspending volunteer activities due to pandemic

*HOSPICE NEWS* | Online – 8 April 2020 – Hospices nationwide are challenged by the need for social distancing and sheltering in place during the COVID-19 outbreak, and this includes management and recruitment of volunteers, on whom many patients and providers rely for essential support. The U.S. Center for Medicare & Medicaid Services (CMS) in normal circumstances requires that volunteers provide at least 5% of hospice patient care hours. Many hospices also rely on volunteers to organize educational programming, perform back office work, fundraising and to help patients stave off loneliness and social isolation. Due to the pandemic, CMS recently waived several hospice regulations, including the requirement that volunteers provide 5% of patient care. A number of providers have been unable to maintain their volunteer services as the pandemic continues to take its toll. While some hospice volunteer services have proceeded, such as virtual visits with patients, many hospices have canceled volunteer activities and events due to social gathering restrictions nationwide, and as more states enact shelter in place orders. With these limitations, volunteer capacity has diminished in areas such as office support and in-person patient interactions, which can add up to substantial missed volunteer hours for hospices. <https://bit.ly/3aWzDo0>

## COVID-19 outbreak boosting demand for palliative care

*HOSPICE NEWS* | Online – 7 April 2020 – As healthcare providers across every setting scramble to meet patient needs during the novel Coronavirus pandemic, many are starting to recognize the importance of palliative care (PC) and are seeking more support from those clinicians. The outbreak – and associated morbidity and mortality – has underscored the need for clinicians to navigate difficult, often emotional conversations with patients and families about their goals and wishes for the care they receive, including end-of-life and hospice care. Providers that specialize in hospice and PC excel at navigating these sensitive conversations and undergo specific training to develop those skills. Mount Sinai Hospital in New York City has established a hotline to guide healthcare providers on how to conduct these conversations, particularly for those affected by the novel Coronavirus, *The Wall Street Journal* reported.<sup>1</sup> “The questions poured in: How do I tell someone that mechanical ventilation may not be effective? How do I tell people that they may die?” according to the *Journal*. “The inquiries reflect the need for clinicians to have empathetic conversations with patients and families about the prospects for survival, the goals of treatment, and how to comfort or say goodbye to loved ones in isolation. Such services are especially vital, some hospital leaders say, because Coronavirus patients are treated away from family or other support systems.” The hospice and PC patient populations are among the most vulnerable to Coronavirus disease (COVID-19) infection. Understanding the risk points can be key for providers to minimize the potential risks of COVID-19 on aging and seriously ill patients. <https://bit.ly/2XllyCk>

1. ‘Coronavirus crisis drives demand for palliative care,’ *The Wall Street Journal*, issue dated 8 April 2020. <https://on.wsj.com/2UTYXFJ>

## Coronavirus is changing the rituals of death for many religions

NATIONAL PUBLIC RADIO | Online – 7 April 2020 – For centuries, Hindus gathered to burn corpses on funeral pyres along the Ganges River. Jews received condolences at home during a seven-day mourning period. Muslims huddled together to wash the corpses of loved ones in Iraq and across the Arab world. But global burial rituals are being dramatically changed by the Coronavirus pandemic. The World Health Organization in its ... guidance on burials of COVID-19 victims says dead bodies are generally not infectious.<sup>1</sup> But its recommendations that relatives not touch or kiss the body and government rules on social distancing to prevent the spread of disease have upended important funeral and death rituals in virtually all of the world’s faiths. Just as the U.S. now restricts gatherings for funerals, so do countries and religious authorities around the world. Here, some of National Public Radio’s foreign correspondents share details of how COVID-19 has changed traditions in the countries they cover. <https://n.pr/2Xrg2Zj>

1. ‘Infection prevention and control for the safe management of a dead body in the context of COVID-19: Interim guidance,’ World Health Organization, 24 March 2020. **Download/view English language version at:** <https://bit.ly/3aSqELm>

## COVID-19

### **Hospices redesign bereavement care due to social distancing**

*HOSPICE NEWS* | Online – 6 April 2020 – Hospice providers nationwide are reassessing how they provide bereavement care due to the need for social distancing during the ongoing pandemic. With few other options, many are turning to telehealth systems to support grieving families. Hospices have had to cancel in-person counseling sessions, meetings with families as well as support groups and other services to avoid spreading the COVID-19 virus. These necessary restrictions come at a time in which many families in addition to their grief are coping with increased anxiety, depression, loneliness and isolation as the outbreak continues. Hospices around the country are working to reduce risk of exposure to the Coronavirus among their vulnerable patient populations. Increased use of telemedicine is one of the various tactics that providers are employing, and hospices have had to move quickly to move services online. The U.S. Centers for Medicare & Medicaid Services (CMS) recently expanded Medicare coverage to enable beneficiaries to receive an expanded range of telehealth services for the duration of the pandemic, though questions remain as to how (or if) hospices will be reimbursed by CMS for services rendered online. Increasing the use of telehealth does come with a price tag. Hospices nationwide are buying more electronic equipment, software licenses, training materials and other telehealth necessities. Many hospices ... open their bereavement care services to anyone in the community, regardless of whether they are the family of one of their deceased patients. <https://bit.ly/2UPijeP>

## International

### COVID-19

#### **Sue Ryder warns it may be forced to close hospices**

U.K. | *Civil Society News* – 7 April 2020 – One of the U.K.'s largest hospice charities has warned that it is on "the brink of closure" as a result of the Coronavirus crisis. Sue Ryder, which provides end-of-life care for 5,000 people each year, says that it faces a £12 million financial black hole over the next three months. It has launched an emergency appeal for public donations and called for urgent funds from the government. Without that support, the charity warns that it may be forced to close its hospices and end its services helping terminally ill people in their own homes. The charity says that its investment fund has lost £2 million since the crisis began, as a result of falling stock market values. This is in addition to losing £440,000 in monthly retail profits, and a further £200,000 in potential fundraising after the cancellation of the London Marathon. If its services close, Sue Ryder warns that patients in its care will have to turn to the National Health Service for help instead. <https://bit.ly/3e0gTWx>

#### **COVID-19: End-of-Life Care**

**'COVID-19: Don't apply advance care plans to groups of people, doctors' leaders warn'** (p.7), in *British Medical Journal*.

**'The role and response of palliative care and hospice services in epidemics and pandemics: A rapid review to inform practice during the COVID-19 pandemic'** (p.7), in *Journal of Pain & Symptom Management*.

**'Conservative management of COVID-19 patients – emergency palliative care in action'** (p.8), in *Journal of Pain & Symptom Management*.

**'Palliative care in the time of COVID-19: Reflections from the frontline'** (p.8), in *Journal of Pain & Symptom Management*.

**'Palliative care and the COVID-19 pandemic'** (p.9), in *The Lancet*.

**N.B.** The government announced 9 April 2020 quarterly funding of up to £200 million to support the hospice sector in response to the Coronavirus pandemic.

## Sick children without COVID-19 dying at home as parents told not to take them to hospital

U.K. | *The Daily Express* – 6 April 2020 – Sick children without COVID-19 are dying because parents are scared to take them to hospital, health specialists have warned. Some parents say they have been told to keep their children at home by National Health Service (NHS) 111 [a phone service locally-commissioned to a national NHS standard], which follows government advice not to attend medical centres if you have Coronavirus symptoms. Others have been unable to get through to the hotline and many are too frightened to go to Accident & Emergency in case they or their youngsters pick up Coronavirus. Last week senior child specialists issued an urgent warning to managers at NHS 111 and the Department of Health asking them to revise its current guidance. They said the issue has affected children with existing chronic illnesses such as cystic fibrosis, liver disease and sickle cell disease as well as youngsters who develop fatal blood poisoning, sepsis. They say this led to the deaths of at least 10 children last week. Others have been placed in intensive care which could have been prevented by earlier intervention. The *British Medical Journal* is currently reviewing an article on the problem written by Dr. Joe Brierley, a leading child specialist in intensive care at Great Ormond Street Hospital. <https://bit.ly/2UPYSTd>

## [Specialist Publications](#)

### Trauma to transformation: The lived experience of bereaved parents of children with chronic life-threatening illnesses in Singapore

*BMC PALLIATIVE CARE* | Online – 6 April 2020 – This is the first known Asian study to critically examine the lived experience of parents bereaved by their child's death due to a chronic life-threatening illness. The sample comprises Singapore-based middle-aged parents whose children suffered from a wide variety of conditions ranging from cancer to congenital conditions, with the caregiving period lasting between 5 months to 31 years. The narratives obtained from this demographically diverse sample provides invaluable insight into the major milestones that formed the parental bereavement trajectory, and the rituals parents adopted to confront the challenges that life presented. The findings also reinforce the need to upgrade the health-and-social-care system within which participants' experiences were rooted, while offering recommendations for enhancing global pediatric palliative services in general, and pediatric palliative services for Asian populations in particular. Additionally, the multicultural composition of Singapore society which is dominated by the major Asian racial and religious groups implies that findings from this Singapore-based study have moderatum generalization to other Asian societies as well. **Full text:** <https://bit.ly/2XiwsS>

**N.B.** Peer review reports of the *BMC Palliative Care* article: <https://bit.ly/3e1W3WP>

### The value of implementation science in bridging the evidence gap in bereavement care

*DEATH STUDIES* | Online – 6 April 2020 – There is a gap in the use of evidence in bereavement care. Implementation science is a field focused on moving evidence into practice and therefore may help close the gap. Implementation science advances the design, relevance, and dissemination of research and the adoption, implementation, and maintenance of evidence-based practices. The authors provide an overview of implementation science, describe five implementation frameworks – 1) Knowledge to action; 2) Behavior change wheel; 3) Exploration preparation implementation sustainment; 4) Interactive systems framework; and, 5) Reach, adoption, implementation, maintenance – and illustrate their application in bereavement care. These advancements will promote high-quality bereavement care that improves the lives of bereaved people. **Abstract:** <https://bit.ly/2wmMqRF>

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Noted in Media Watch 16 March 2020 (#657, p.6):

- *BMC PALLIATIVE CARE* | Online – 12 March 2020 – ‘**When a child dies: A systematic review of well-defined parent-focused bereavement interventions and their alignment with grief-and-loss theories.**’ This review identified fifteen well-defined bereavement interventions provided by regular healthcare professionals (HCPs) to support parents of seriously ill children both at the end of their child’s life and after death. All interventions were clustered into five overarching components of the intervention and cover multiple key concepts derived from theory. HCPs can choose multiple interventions for different components to provide parents with a continuous form of bereavement care, aiding the transition that parents have to go through following their loss.. **Full text:** <http://bit.ly/38RA7tv>

### **Integrating social services and health**

*HEALTH AFFAIRS*, 2020;39(4):551. Despite growing understanding within the health sector that social factors play a critical role in people’s health, the programs and systems that help people meet their social needs remain largely isolated from those designed to meet their healthcare needs. This issue of *Health Affairs* examines the integration of social services and health. **Contents page:** <https://bit.ly/2yF353u>

Noted in Media Watch 19 June 2017 (#517, p.16):

- *POPULATION HEALTH MANAGEMENT* | Online – 13 June 2017 – ‘**Integrating social services and home-based primary care for high-risk patients.**’ This review article describes the research evidence for developing a better system of care for high-cost, high-risk patients [in the U.S.]. It reviews the evidence that home-centered care and integration of healthcare with social services are the cornerstones of a more humane and efficient system. The authors describes the strengths and weaknesses of research evaluating the effects of social services in addressing social determinants of health, and how social support is critical to successful acute care transition programs. They review the history of incorporating social services into care management... **Abstract:** <https://goo.gl/4ym4MQ>

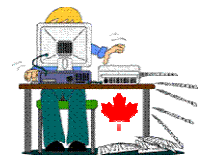
### **A national, palliative care competency framework for undergraduate medical curricula**

*INTERNATIONAL JOURNAL OF ENVIRONMENTAL RESEARCH & PUBLIC HEALTH*, 2020;17(7):2396. As nearly all doctors deal with patients requiring palliative care (PC), it is imperative that PC education starts early. This study aimed to validate a national, PC competency framework for undergraduate medical curricula. They conducted a Delphi study with five groups of stakeholders (PC experts, physicians, nurses, curriculum coordinators, and junior doctors), inviting them to rate a competency list. The list was organized around six key competencies. For each competency, participants indicated the level to which students should have mastered the skill at the end of undergraduate training. Stability was reached after two rating rounds. The results showed high levels of agreement within and between stakeholder groups. Participants agreed that theoretical knowledge is not enough. Students must practice PC competencies, albeit to varying degrees. Overall, communication and personal development and well-being scored the highest. Junior doctors should be able to perform these in the workplace under close supervision. Advance care planning scored the lowest, indicating performance in a simulated setting. A wide range of stakeholders validated a PC competency framework for undergraduate medical curricula. **Full text:** <https://bit.ly/2JFH1rU>



#### **[Barry R. Ashpole](#)**

My involvement in hospice and palliative care dates from 1985. As a communications consultant, I’ve been involved in or responsible for a broad range of initiatives at the community, regional, provincial and national level. My current work focuses primarily on advocacy and policy development in addressing issues specific to those living with a terminal illness – both patients and families. In recent years, I’ve applied my experience and knowledge to education, developing and teaching on-line and in-class college courses on different aspects of end-of-life care, and facilitating issue specific workshops, primarily for frontline care providers. Biosketch on the International Palliative Care Resource Center website at: <http://bit.ly/2RPJy9b>



## The case for focused palliative care education in oncology training

*JOURNAL OF CLINICAL ONCOLOGY* | Online – 9 April 2020 – In oncology, we often do not consider the importance of person-centered care in our daily clinical practice and how it relates to our training. Every day, in every oncology clinic, we make innumerable decisions on how to deliver bad news. Like most oncologists, we struggle with the words we choose. Do we begin by validating emotions, or asking how the patient and caregiver are coping? Is it necessary to ask permission: “Would you like to discuss what this means?” Is this the appropriate visit to discuss prognosis? Do we focus on the progression of the tumor or investigate for new symptoms? How long do we stay silent when our patients cry? Some of these difficulties are a consequence of our limited education in palliative care during oncology fellowship. In the scenario described, the subsequent words we choose will have a great impact on both the patient and his caregivers and how they process information and make decisions. Does the training of oncologists reflect the gravity of these clinical situations? **Full text:** <https://bit.ly/2RoWjoX>

## Building an interdisciplinary pain medicine and palliative care program in Ethiopia

*JOURNAL OF GLOBAL HEALTH*, 2020;10(1):0103017. Cancer is beginning to eclipse infectious disease as a major cause of mortality in low-to-middle income countries like those in sub-Saharan Africa. In Ethiopia, people with cancer who reach a hospital are diagnosed with advanced disease for which there is little treatment available and practically nothing to stem their unbearable disease-related pain. The Ethiopian government has made cancer treatment a health priority and is investing in new treatment centers and clinical services not previously available, such as radiation oncology. Pain management for cancer patients remains a challenge, as opioid analgesics are hard to come by and clinicians lack the experience to use them. A pain and palliative care training pilot program at the Ayder Speciality Hospital in Mekelle, Ethiopia, is helping meet the urgent need for pain management expertise. Physicians in several medical disciplines are enrolled in the two-year demonstration project to produce Ethiopian physicians who are experts in pain medicine as well as palliative and hospice care. Part of their training emphasizes the establishment of barriers to avoid the opioid abuse crisis unfolding in developed countries. This group of physicians will serve patients and educate the next generation of medical professionals in the important role of pain management. **Full text:** <https://bit.ly/2JLyF21>

Noted in Media Watch 6 February 2017 (#498, p.9):

- *INTERNATIONAL NURSING REVIEW* | Online – 2 February 2017 – ‘**An ethnography of managing emotions when talking about life-threatening illness.**’ Ethiopia, as a developing country, had few resources for caring for those requiring end-of-life care. However, palliative care (PC) was supported by local champions and by the Federal Ministry of Health. This ethnographic study was concerned with how dying patients, PC staff and family caregivers communicate about life-threatening illness in a PC setting. Although PC staff create openness in communication with patients and family caregivers about terminal illness and dying, ultimately they deferred to family wishes about significant news disclosures, in order to avoid upset. **Abstract:** <https://bit.ly/2xcIDGU>



### Prison Hospice: Backgrounder

End-of-life care in the prison system has been highlighted on a regular basis in Media Watch. A compilation of selected articles, reports, etc., noted in past issues of the weekly report can be downloaded/viewed on the Palliative Care Network website at: <http://bit.ly/2RdegnL>

Photo: Lori Waselchuk. Philadelphia, PA

## The role and response of palliative care and hospice services in epidemics and pandemics: A rapid review to inform practice during the COVID-19 pandemic

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 8 April 2020 – This study aimed to synthesise evidence for the role and response of palliative care (PC) and hospice teams to viral epi/pandemics, to inform the COVID-19 pandemic response. The authors conducted a rapid systematic review according to PRISMA guidelines in five databases. Of 3,094 papers identified, ten were included in this narrative synthesis. Included studies were from West Africa, Taiwan, Hong Kong, Singapore, the U.S. and Italy. All had an observational design. Findings were synthesised using a previously proposed framework according to “systems” (policies, training and protocols, communication and coordination, data), “staff” (deployment, skill mix, resilience), “space” (community provision, use of technology) and “stuff” (medicines and equipment, personal protective equipment). The authors conclude that hospice and PC services have an essential role in the response to COVID-19 by: 1) Responding rapidly and flexibly; 2) Ensuring protocols for symptom management are available, and training non-specialists in their use; 3) Being involved in triage; 4) Considering shifting resources into the community; 5) Considering redeploying volunteers to provide psychosocial and bereavement care; 6) Facilitating

camaraderie among staff and adopt measures to deal with stress; 7) Using technology to communicate with patients and carers; and, 8) Adopting standardised data collection systems to inform operational changes and improve care. **Full text:** <https://bit.ly/2UXFJz0>

### COVID-19 – what countries must do now (extract)

*THE LANCET*, 2020;395(10230):P1100. Palliative care (PC) services must be scaled up. The only certainty is that deaths will accumulate. PC's goal is to alleviate serious health-related suffering. That suffering will take place in the coming weeks in the community as well as the hospital. *The Lancet's* 2018 Commission on Palliative Care & Pain Relief defined an essential package of PC services that can be provided at all levels of the health system, in all countries, and by multiple categories of health workers.<sup>1</sup> Those services, together with the people needed to deliver those services, need to be identified urgently. **Full text:** <https://bit.ly/3c7kLmG>

1. *The Lancet* Commission on Palliative Care & Pain Relief: Findings, recommendations, and future directions, *The Lancet Global Health*, 2018;6(Supplement 1):S5-S6. [Noted in Media Watch 12 March 2018 (#554, p.10)] **Full text:** <https://goo.gl/PhbGZw>

### Related:

- *BRITISH MEDICAL JOURNAL* | Online – 6 April 2020 – ‘**COVID-19: Don't apply advance care plans to groups of people, doctors' leaders warn.**’ Medical leaders have said it is “unacceptable” for advance care plans – with or without a completed ‘Do not attempt to resuscitate’ form – to be applied in a blanket manner to whole groups of people during the COVID-19 pandemic.<sup>1</sup> The joint statement from the Royal College of General Practitioners, British Medical Association, Care Provider Alliance, and Care Quality Commission comes amid concern that GPs are feeling under pressure not to admit their older vulnerable patients to hospital if they contract COVID-19 because of restrictions on acute care capacity. **Full text:** <https://bit.ly/34iGBRz>

1. ‘Joint Statement on Advance Care Planning,’ Royal College of General Practitioners, 1 April 2020. **Download/view at:** <https://bit.ly/2USc0Ye>

- *JOURNAL OF THE AMERICAN GERIATRIC SOCIETY* | Online – 8 April 2020 – ‘**American Geriatrics Society policy brief: COVID-19 and nursing homes.**’ This policy brief sets forth American Geriatrics Society (AGS) recommendations to guide federal, state, and local governments when making decisions about care for patients with COVID-19 in nursing homes (NHs) and other long-term care facilities (LTCFs). The AGS continues to review guidance set forth in peer-reviewed articles and editorials, as well as ongoing and updated guidance from the Centers for Medicare & Medicaid Services, the Centers for Disease Control & Prevention, and other key agencies. This brief is based on the situation and any federal guidance/actions as of 4 April 4 2020. **Abstract:** <https://bit.ly/39UvoYH>

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- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 10 April 2020 – ‘**Rapid implementation of inpatient telepalliative medicine consultations during COVID-19 pandemic.**’ Telepalliative medicine has been used to great effect in outpatient and home-based palliative care (PC), but has had fewer applications in the inpatient setting. As we plan for decreased provider availability due to quarantine and redeployment and seek to reach increasingly isolated hospitalized patients in the face of COVID-19, the need for telepalliative medicine in the inpatient setting is now clear. The authors describe a rapid and ongoing implementation of telepalliative medicine consultation for inpatient PC teams and discuss lessons learned... **Full text:** <https://bit.ly/39ZXHoA>
- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 10 April 2020 – ‘**The family caregiving crisis meets an actual pandemic.**’ The unprecedented growth in numbers and needs of older adults with serious illness has already necessitated widespread changes in the healthcare system to support caregiving families. The COVID-19 pandemic brings to light how reliant we are on families to support each other during illness. The multi-tasking, uncertainty, and strain that many feel now is emblematic of the pre-existing situation that many caregivers have faced for years. As we share in the public health urgency to contain COVID-19 and care for the most vulnerable, at-risk populations, we must not forget the frontline family caregivers. **Full text:** <https://bit.ly/2y5B0IO>
- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 7 April 2020 – ‘**Rapid de-escalation and triaging patients in community-based palliative care.**’ The following are recommendations by the Palo Alto Medical Foundation Palliative Care & Support Services team to help triage and coordinate for timely, safe, and effective palliative care in the community and outpatient setting during the ongoing COVID-19 pandemic. Patients are initially triaged based on location followed by acuity. Interdisciplinary care is implemented using strict infection control guidelines in the setting of limited personal protective equipment resources. Thorough screening for COVID-19 symptoms is implemented at multiple levels before a patient is seen by a designated provider. **Full text:** <https://bit.ly/2RiFoUs>
- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 7 April 2020 – ‘**Conservative management of COVID-19 patients – emergency palliative care in action.**’ Most patients with COVID-19 need palliative care input due to the large symptom burden and need for clear and open communication with patients and their families. However, due to the potential for rapid deterioration, decisions need to be made quickly, and treatment plans need to be clear and simple to follow for the generalist staff caring for them. Care of patients with COVID-19 results in huge ethical dilemmas and a toll on the healthcare teams caring for them, not least from shortages in resources, both staffing and pharmaceutical. **Full text:** <https://bit.ly/3e5tRCn>
- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 7 April 2020 – ‘**Crisis symptom management and patient communication protocols are important tools for all clinicians responding to COVID-19.**’ Palliative care (PC) teams must strategically deploy scarce resources where they can provide the most benefit in the form of relief of suffering for patients and families. The role of PC teams is thus twofold: 1) To provide direct consultation to colleagues when they need help caring for those patients whose needs are most acute; and, 2) To enable all clinicians to provide PC services, by connecting non-PC colleagues to crisis-appropriate resources for symptom management and patient and family communication. **Full text:** <https://bit.ly/2VdFyhS>
- *JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 7 April 2020 – ‘**Palliative care in the time of COVID-19: Reflections from the frontline.**’ When our palliative care (PC) unit was closed to make room for COVID-19 patients, we were prepared. At the initial stages, Singapore ... was the country with the most confirmed COVID-19 cases outside of China. We are part of a large general hospital of 1,800 beds with a 13-Bed acute PC unit and a busy inpatient referral and outpatient service. We are also situated next to the National Centre of Infectious Diseases where the majority of COVID-19 positive or suspected patients were housed. Consequently, clinicians from our PC team were deployed to help “fight” in this nation-wide healthcare crisis. **Full text:** <https://bit.ly/3e86eJg>

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- *THE LANCET*, 2020;395(10231):P1168. ‘Palliative care and the COVID-19 pandemic.’ Palliative care (PC) services are under-resourced at the best of times. The 2017 Lancet Commission on Palliative Care & Pain Relief described the widespread lack of access to inexpensive and effective interventions as a travesty of justice. And these are not the best of times. As health systems become strained under COVID-19, providing safe and effective palliative care, including end-of-life care, becomes especially vital and especially difficult. Some doctors, short of resources, might have to decide who can receive critical care and who cannot. For patients who won’t survive, high-quality PC needs to be provided at least. But COVID-19 makes this more difficult. Full text: <https://bit.ly/2JRY3mN>
1. *The Lancet Commission on Palliative Care & Pain Relief: Findings, recommendations, and future directions;* *The Lancet Global Health*, 2018;6(Supplement 1):S5-S6. [Noted in Media Watch 12 March 2018 (#554, p.10)] Full text: <https://goo.gl/PhbGZw>

**Expanding the interdisciplinary palliative medicine workforce: A longitudinal education and mentoring program for practicing clinicians**

*JOURNAL OF PAIN & SYMPTOM MANAGEMENT* | Online – 7 April 2020 – The disparity between gaps in workforce and availability of palliative care (PC) services is an increasing issue in healthcare. To meet the demand, team-based PC requires additional educational training for all clinicians caring for persons with serious illness. From 2015-2017, twenty-six social workers, chaplains, physicians, nurses and advanced practice providers representing 22 health systems completed a two-year training program. The curriculum was comprised of bi-annual interdisciplinary conferences, individualized mentoring and clinical shadowing, self-directed e-learning, and profession-focused seminar series for social workers and chaplains. Site-specific practice improvement projects were developed to address gaps in PC at participating sites. PC and program development skills were self-assessed pre and post training. Among 12 skills common to all disciplines, trainees reported significant increases in confidence across all 12, and significant increases in frequency of performing 11 of 12 skills. Qualitative evaluation identified a myriad of program strengths and challenges regarding the educational format, mentoring, and networking across disciplines. Teaching PC and program development knowledge and skills to an interdisciplinary, regional cohort of practicing clinicians yielded improvements in clinical skills, implementation of practice change projects, and a sense of belonging to a supportive professional network. **Abstract (w. link to references):** <https://bit.ly/2JOSEgb>

Noted in Media Watch 9 March 2020 (#656, p.4):

- *HOSPICE NEWS* | Online – 2 March 2020 – ‘Staffing a barrier to palliative care growth.’ While the number of hospices and other organizations providing palliative care (PC) continues to expand nationwide, staffing shortages represent a barrier that threatens to slow this growth. The U.S. has 13.35 hospice and PC specialists for every 100,000 adults 65 and older, according to a 2018 study.<sup>1</sup> The research estimated that by 2040 the patient population will need 10,640 to 24,000 specialists; supply is expected to range between 8,100 and 19,000. Hospice and PC providers also experience shortages in non-physician disciplines, including chaplains, nurses, and social workers. Widespread reform in medical and nursing education may be necessary to fully address this issue. <http://bit.ly/2PI0AmC>
1. ‘The growing demand for hospice and palliative medicine physicians: Will the supply keep up?’ *Journal of Pain & Symptom Management*, published online 2 February 2018. Full text: <http://bit.ly/2CRjxwO>

**N.B.** Additional articles on the status of the PC workforce noted in past issues of Media Watch: 17 February 2020 and 10 June 2019 (#653, p.13, and #617, p.1, respectively).



Closing the Gap Between Knowledge & Technology  
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## Depression, anxiety, delirium and desire to die in palliative care: Recommendations of the S3 guideline on palliative care for patients with incurable cancer

*DER NERVENARZT* | Online – 3 April 2020 – This article presents the recommendations of the S3 guideline on palliative care (PC) for patients with incurable cancer with regard to psychotherapeutic and psychiatric contents. The guideline was developed under the leadership of the German Society for Palliative Medicine within the methodological framework of the German Guideline Program in Oncology. Systematic literature reviews were carried out to identify relevant publications... Based on the publications included and clinical experience, representatives of 61 professional associations developed and agreed on evidence-based and consensus-based recommendations. Out of the total of 15 chapters in the guidelines, four have a special reference to psychiatry or psychotherapy; they cover the topics depression, anxiety, delirium in the dying phase and dealing with the desire to die. These chapters contain a total of 71 recommendations, almost one third of which are evidence-based. In view of the regularly undetected psychological symptoms in patients with incurable cancer, an early assessment is recommended. Optimal control of physical symptoms and support in social and existential matters are general measures that should be provided in addition to non-pharmacological and pharmacological procedures. The guideline on PC deals with important mental issues that should be considered by all disciplines and professions. The need for research in PC remains high. **Abstract (w. list of references):** <https://bit.ly/3dZOG25>



**N.B.** German language article. The 'S3-level' refers to the German classification scale of guidelines. The highest 'S3-level' means that the guideline is evidenced and consensus-based and has been developed according to strict methodological criteria: systematical search of evidence, representative guideline-group, and structured process of consensus. Additional articles on patient desire to die noted in 9 March 2020 issue of Media Watch (#656, p.9).

### A child's right to receive pediatric palliative care at prenatal stage

*OBSTETRICS, GYNECOLOGY & REPRODUCTION*, 2020;14(1):80-88. The authors aim at outlining the essence, nature as well as range of child's guarantees for receiving pediatric palliative care (PC) at prenatal stage including common scope of the rights for such patients. It is emphasized that a child at prenatal stage (starting from certain age) is able to feel pain sensation and suffer from it, thereby underlying its right for PC. It is underscored as to why a child's right at prenatal stage for pediatric PC (if necessary) is subject to legal recognition and legal protection. **Full text (click on pdf icon):** <https://bit.ly/2UQ9yS0>

Noted in Media Watch 10 August 2015 (#422, p.8):

- *AMERICAN JOURNAL OF MATERNAL CHILD NURSING*, 2015;40(1):44-50. '**Clinician perspectives of barriers in perinatal palliative care.**' Physicians and nurses [i.e., study participants] differ significantly in the barriers they report. Nurses expressed more obstacles at the healthcare systems level reporting difficulty in their ability to garner interdisciplinary support and gain administrative backing. Physicians are more confident in their ability to counsel patients than nurses. Members of both disciplines express similar feelings of distress and helplessness when caring for families expecting a fetal or neonatal demise. They also report a lack of societal support and understanding about perinatal palliative care. **Abstract:** <https://bit.ly/3e3Gpu4>

### Current issues with implementing a palliative approach in long-term care: Where do we go from here?

*PALLIATIVE MEDICINE* | Online – 10 April 2020 – Given the aging population and its demands on healthcare systems worldwide, the long-term care (LTC) sector is being particularly challenged. Most countries are witnessing a changing profile of LTC residents, with residents entering LTC very frail with multiple comorbidities, resulting in more complex care for staff to manage. Moreover, the length of stay for residents are shorter than ever before, and LTC homes are becoming more hospice-like; but unlike hos-

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pices, they are heavily regulated with little flexibility to provide person-centered care. Even more troubling is the fact that capacity within LTC homes has not progressed at the same pace to meet the acuity level of this growing population, nor are they equipped to implement a palliative approach to care, which is evidenced by numerous reports of poor outcomes and costly reliance on hospitals to manage care for residents at end of life. Fortunately, both researchers and national funding agencies are beginning to recognize and respond to this emerging “crisis” within healthcare systems across countries with some large initiatives being implemented and evaluated... **Full text:** <https://bit.ly/3a0xXbC>

Noted in Media Watch 2 March 2020 (#655, p.10):

- *JOURNAL OF POST ACUTE & LONG-TERM CARE MEDICINE* | Online – 27 February 2020 – ‘**Palliative care implementation in long-term care facilities: European Association for Palliative Care White Paper.**’ This is the first study the authors are aware of that has formulated recommendations on strategies for implementation of palliative care (PC) interventions in long-term care facilities (LTCFs) based on international research with experts. The recommendations aim to guide how PC can be introduced, embedded and sustained in LTCFs. The authors offer a framework of recommendations at each level in which strategies can be implemented and outlines the processes involved, although the authors acknowledge that change is unlikely to be linear. **Full text:** <http://bit.ly/2wicpcg>

**N.B.** Additional articles on end-of-life and PC in LTCFs noted in this issue of Media Watch.

### **Healthcare professionals’ awareness of a child’s impending death**

*QUALITY HEALTH RESEARCH* | Online – 4 April 2020 – Healthcare professionals’ (HCPs) experiences during early pediatric end-of-life care (EoLC) were explored using a theory-building case study approach. Multiple data collection methods including observation, electronic medical record review, and semi-structured interviews were collected with 15 interdisciplinary HCPs across four cases. Within- and across-case analyses resulted in an emerging theory. HCPs’ initial awareness of a child’s impending death is fluid, ongoing, and informed through both relational and internal dimensions. Initial cognitive awareness is followed by a deeper focus on the child through time-oriented attention to the past, present, and future. HCPs engage in a “delicate dance of figuring out” key issues. Awareness was exemplified through four themes: 1) Professional responsibility; 2) Staying connected; 3) Grounded uncertainty; and, 4) Holding in. The emerging theoretical model provides a framework for HCPs to assess their ongoing awareness, identify personal assumptions, and inform gaps in understanding when facilitating early EoLC discussions with families. **Abstract (w. list of references):** <https://bit.ly/2UOg9ft>

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If you are aware of a current report, article, etc., relevant to hospice, palliative care or end-of-life issues not mentioned, please alert this office (contact information below) so that it can be included in a future issue of Media Watch. Thank you.

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INTERNATIONAL PALLIATIVE CARE RESOURCE CENTER: <http://bit.ly/2ThijkC>

PALLIATIVE CARE NETWORK: <http://bit.ly/2Ujdk2S>

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[Scroll down to 'Media Watch by Barry Ashpole'; also 'Media Watch: Behind the Scenes' at: <http://bit.ly/2MwRRAU> ]

#### **Australia**

PALLIATIVE CARE RESEARCH NETWORK: <http://bit.ly/2E1e6LX>

[Click on e-News (November 2019); scroll down to 'Useful Resources in Palliative Care Research']

#### **Canada**



CANADIAN SOCIETY OF PALLIATIVE CARE PHYSICIANS: <http://bit.ly/2Dz9du3>

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Academia Nacional de Cuidados Paliativos (Brazil): <http://bit.ly/2G2ISGr>