

## **COVID-19: A personal perspective**

I write this on the 1<sup>st</sup> April 2020, April Fool's Day. There hasn't been much fooling today as the world grapples with the increasing grip of the COVID-19 pandemic, and we continue to adjust to the challenges this brings. One of the first things I did today was chair our University departmental meeting. Inconsequential in the greater scheme of things. However, there was sober recognition of the rapidity of recent change as we considered that most mundane of things, the minutes from the last meeting. We could disregard most previous action points as the events of the previous month had led to such major changes of plans and priorities that our discussions seemed like they came from a distant memory, a different time. You will be reading this possibly a month or so hence, and I don't know what the world will look like then. I both fear for where we might be, but have hope because of the amazing, and compassionate, response that I see from different parts of my life; palliative care; academia; and the community within which I live. Without a crystal ball, and mindful that events may make my words even more worthless than usual, I reflect here on some of my hopes for palliative care in response to COVID-19.

I hope that the important contribution of palliative care is recognised for those dying with or from COVID-19. Currently, here in the UK, the media mostly discusses testing, ventilators and intensive care 'surge' capacity. Death is noted and mourned in the daily statistical updates, but the contribution of palliative care to managing dying is not so prominent. Indeed, as services are rapidly reconfigured to address growing numbers of patients with COVID-19 there are reports of palliative care teams being dismantled to provide care in other areas of the healthcare system, rather than recognising the importance of their palliative care expertise. However, there are also those arguing strongly that palliative care should be an essential component of care systems, and that the need to plan for palliative care 'surge' capacity is equally important. Palliative care expertise in symptom management, in anticipatory care, in compassionate communication, and into bereavement should be central to any health care system response to COVID-19.

I hope that palliative care has been brave and bold in adapting rapidly to this unprecedented and demanding situation. The way that our expertise is used may be fundamentally different to the way palliative care services have previously operated. One Italian palliative care team reported that 'the role of palliative care had to be brutally adapted to manage a situation of an "ultra-emergency"<sup>1</sup>, and we must not shy away from making difficult decisions and plans. We are learning to operate in new ways that may include little direct contact with patients and their family, an increasing reliance on remote and virtual ways of working, adjusting creatively to potential shortages of commonly used drugs and equipment, and being involved in rapidly made, but ethically challenging, care decisions.

I hope palliative care providers have been able to provide support and care to patients, families and other health and social care professionals not only within the spotlighted areas of acute and critical hospital care. Much of the need for palliative care in response to COVID-19 is likely to be in the community, in primary care, in nursing care homes. Palliative care may not only be professionally mediated, but the response of compassionate communities also critical in the wider answer to the effects of the pandemic.

I hope that palliative care providers have been able to maintain the humanity and compassion that is a watchword of our approach to care. Patients may be dying away from their family and friends in some circumstances, but we can hopefully bring innovative solutions in response to these challenges. We can help people have appropriate words to use to communicate plans, likely outcomes, and bad news in ways that help people to cope perhaps a little better.

I hope that meaningful palliative care research, ethically and robustly conducted, has a place to play in our response to this pandemic. Rapid research is already under-way to inform our approach to care, and we must carefully plan future research, seizing opportunities to learn from and collaborate with colleagues across the world. As important as the immediate challenges will be the production of research that has longer reaching impact as the changes made in response to the pandemic continue to reach into the way we provide palliative care well into the future. We have, for example, published a recent review of video consultations in palliative care that indicated the limited adoption of such technologies<sup>2</sup>. Such conclusions seem dated given the recent widespread introduction of remote working, but this does not mean that there are not relevant research questions to help understand what works best, and in which situations.

It is a priority for us at *Palliative Medicine* that we are a part of this ongoing research endeavour, bearing in mind the needed flexibilities to accommodate the constraints that will continue to be experienced by clinicians, researchers, authors, reviewers, readers and editors alike. We may have to ask you to be more patient if there are delays in manuscript processes, although we will work hard to expedite high quality COVID-19 research papers, in line with SAGE policies. We encourage you to continue to submit all your research to the journal, and we understand the challenges many of you may face in completing existing research. We may be a small cog in an impressive global palliative care response to COVID-19, but with your help we hope we can play our part. Be kind, look after yourself and others, stay safe.

Professor Catherine Walshe

Editor in Chief, Palliative Medicine

International Observatory on End of Life Care, Lancaster University, UK

[c.walshe@lancaster.ac.uk](mailto:c.walshe@lancaster.ac.uk) @cewalshe

1. Berte R, Cassinelli D, Vignola V, et al. Covid-19: The role of palliative care had to be adapted to manage this “ultra-emergency”. *theBMJOpinion*. BMJ, 2020. <https://blogs.bmj.com/bmj/2020/03/31/covid-19-the-role-of-palliative-care-had-to-be-adapted-to-manage-this-ultra-emergency/> Accessed 1.4.2020.
2. Jess M, Timm H and Dieperink KB. Video consultations in palliative care: A systematic integrative review. *Palliative Medicine* 2019; 33: 942-958. DOI: 10.1177/0269216319854938.