

Letter to Editor

COVID-19: Mjolnir's Blow to Terminal Palliative Care Patients

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Sir,
Palliative care (PC) aims to improve the quality of life (QoL) of those suffering from chronic life limiting illnesses and assume an inimitable role in terminally ill.^[1] This QoL custodian role sometimes entails inpatient admissions for symptom crisis, correcting the correctible or end-of-life care.^[2] As with other service models, PC with its person-centred, family encompassing and holistic care has been expectedly if not exceptionally successful in meeting its well-intentioned role. However, of late, the unprecedented coronavirus disease 2019 (COVID-19) has proved to be a Mjolnir's blow to this particularly vulnerable cohort of PC population. On the one hand, the rampant waves and tunnel vision approach adopted by the healthcare system made institutionalised care inaccessible to others, making this subset the invisible sufferers left alone to silently endure and die agonally in the dark alleys of locked up communities. The fortunate few who beyond all odds succeeded in accessing inpatient services have not been left untouched by the COVID-19 battering. The fear, anxieties (of contracting COVID-19) and the prevailing doom though augment the psychological suffering of both the patients and caregivers alike, represent just the tip of the iceberg. The unabated virulence of COVID-19 has made everyone wonder who is next and when me. It is ironic to see PC patients shivering to the core at the mere suggestion of testing for COVID-19 should they develop any symptoms. However, to note is the prospects of being separated from their loved ones in finite moments of life that distinct them from the rest who suddenly come face to face with the concept of mortality. To those unfortunate diagnosed with COVID-19, it seems like a double death sentence with the second being equally if not more emotive and isolating.

Nothing possibly could prove to be a more fatal stormbreaker jeopardising all dimensions of already fragile QoL. The COVID-19 symptoms add to the humongous physical suffering playing havoc on the withering body. What is more ironical to see is how the enforced separation ridicules the solemn oath 'Till death do us apart' between the patient and the caregiver. The vehement suffering and cries of isolation are emotive to witness even for a stonehearted. PC with its noble virtues of continuity of care, compassion, communication, holistic and family-centred care can help defeat all odds in showering rays of hopes in the most adverse situations. Formation of adapted COVID PC wards, ability to see their family members from the other side of the glass, videoconferencing and meticulous symptom control can go a long way in smoothening their perilous journey. Love heals and transcends all boundaries. Who would not consider a smile (howsoever brief or faint) in the current doldrums as the most valuable treasure? However, what about the spiritual darts of inability to be their loved ones in the last moments or to perform culturally appropriate last rites suffered by those (their family and friends) who leave for the heavenly abode in isolation. Being proactive in identifying complicated grief, bereavement care, involvement of chaplains and adaptations to enable culturally appropriate last rites are some of the measures which can help us translate existing crisis into opportunities.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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