

Palliative Medicine in the Era of COVID-19 Pandemic

On December 31, 2019, Wuhan city of China first reported a pneumonia of unknown origin to the World Health Organization (WHO), which was found to be highly infectious with human-to-human transmission. The WHO took more than a month to analyze the situation and declared a public health emergency of international concern on January 30, 2020. It was a sufficient time for the Wuhan virus to spread across the world. Further, on March 11, 2020, the WHO declared this as COVID-19 pandemic, which is a highly contagious primary respiratory disease of unknown novel coronavirus family. Since then, within the last 74 days, on May 24, more than 53.1 lakh people have got infected with this Wuhan virus spreading across 188 countries, resulting in 3.42 lakh deaths across the globe.

In India, we were unaware of the severity of the situation till the first case of COVID-19 was diagnosed on January 30, 2020, who was a medical student of Kerala repatriated from Wuhan. Since January 2020, despite a nationwide lockdown on March 24, we witnessed a steady increase in the number of COVID-19-positive patients and as on May 24, India has reached an alarming proportion of 131,868 COVID-19-infected cases, resulting in 3867 deaths.

This disease has posed a unique challenge for the health-care workers and specifically to the palliative care physicians to a great extent, as the foundation of palliative medicine is based on an intimate patient–doctor dialog, which is largely limited due to the COVID situation. Realizing the severity of the situation, the Indian Association of Palliative Care (IAPC) took a lead and initiated a virtual teaching session for the palliative care community through ECHO platform on a weekly basis for the last 2 months. It also provided the current COVID-related resources on the IAPC website for easy access. These resources provide an insight about the initiatives that have evolved in managing COVID patients and providing palliative care in COVID situation not only from India but also worldwide.

As a palliative care physician and in my current role, I am fully involved in the care of All India Institute of Medical Sciences (AIIMS) Delhi COVID center at the National Cancer Institute, Jhajjar, Haryana. I have realized the need for integrating the principles of palliative care in the continuum of care of these COVID patients. Care is required mainly at two levels: first, to relieve the symptoms and second in the triaging of patients

needing transfer to intensive care unit (ICU) and ventilators. An exclusive issue of IJPC on COVID will help the readers to provide an insight on decision-making during this difficult era of pandemic situation. The health-care workers may find it difficult and challenging to care for the patients at various stages of COVID illness, as follows:

1. When they are relatively stable but they are staying alone and in absolute isolation
2. When there is an ethical dilemma on whether to allow parents to stay with the child who is COVID positive when the parents are negative
3. When a mother of a newborn baby is COVID positive and she is not allowed to stay and breastfeed her child
4. When there are limited ICU and ventilator beds than the number of patients needing these beds.
5. When a husband is dying and the wife want to stay with her husband in the last hours of life and she is not allowed.
6. When a health-care personnel loses his/her life because of inadequate availability of personal protective equipment or due to other reasons.

From December 31, 2019, to May 24, 2020, it seems like an era has changed. It appears like a century has elapsed, and we need to change and adapt to each passing day with a new normal. We are unable to travel freely, provide a comforting touch to our patients, communicate freely with our friends, have a cup of tea together, we cannot go out without a mask, and, deep down, we see each other with suspicion and fear. Considering the nature of this unique disease and pattern of patients presenting in India and across the globe, we realized that there is a need for the IAPC to have a voice in the form of a guidance document. It resulted in the “IAPC position statement” in this special edition, which will try to help and guide physicians to treat their patients in a holistic manner. The position statement for various stages of disease and in various age groups will also help physicians to treat patients following the governing principles of medical ethics. I am confident that this exclusive issue of IAPC on COVID-19 will definitely help and guide the palliative care community through multiple research articles and case reports on COVID-19 from India in the last 3 to 4 months.

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