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An Overview of the Impact of The Covid-19 Pandemic on the Provision of Palliative Care in Ireland

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The Sars-Cov-2 pandemic had an immeasurable impact on the provision of palliative care in Ireland, and continues to do so. Patients and families were affected by stringent infectious disease measures. Healthcare professionals were also impacted, with recent research demonstrating the psychological impact that the pandemic had on some of those working in palliative care during the pandemic. The services provided by palliative care services also shifted. Many patients opted to stay at home to receive end-of-life care or symptom management from their GP and community palliative homecare teams where possible. Palliative care services in the acute hospital setting were increasingly utilised to support teams to provide end-of-life care in a developing and challenging clinical environment. Communication technology was used to for multidisciplinary team meetings, to communicate with families and by community home care teams for some patient assessments. Our article outlines some of the major ways in which palliative care was impacted by the Sars-Cov-2 pandemic.

As defined by the WHO, palliative care is an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness…[through] impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Open and sensitive communication with patients and families underpins the provision of high-quality palliative care. The Sars-Cov-2 pandemic led to significant changes in how palliative care has been delivered in Ireland throughout the last 2 years.

Patients were affected immeasurably during this time. A pervasive fear of the unknown was notable, and many patients distanced themselves from healthcare providers due to concern regarding contracting Covid-19. This was reflected as care shifted from the inpatient units, with more patients receiving care in the community and unplanned care in the acute hospitals. Patients were concerned not only regarding contracting Covid-19 within a care facility but the implications of restricted visiting on their family and friends.[1] The diagnosis and treatment of cancer was to be

significantly impacted with the *Cancer Care in Ireland in 2020- the impact of the Covid 19 pandemic* report highlighting some of the major challenges.[3] Report data demonstrated that activity of cancer services in 2020, in most domains, did not reach 2019 levels due to the implementation of infectious disease management measures. Fewer patients attended rapid access clinics (88% of 2019 figures), and the number of diagnostic biopsies and radiological investigations also decreased. Cancer treatment appears to have been less affected than diagnostics with a 4% reduction in the number of reported cancer resections in 2020 and day case chemotherapy activity reaching 90% of 2019 figures.[3]

Many community palliative care teams found an increase in the number of patients they were caring for during the pandemic when compared with pre-pandemic levels.[1] The clinical complexity of patients receiving care in the community also increased, with patients who may have been previously inpatient hospice patients cared for within the community setting. Patterns of mortality also changed, with an increase in deaths at home. A 158% increase in deaths at home in the Cork region occurred during comparable periods pre-pandemic (January to April 2020) and at the height of the pandemic (January to April 2021), which likely reflects the experience of the rest of the community palliative care services across the country.[4]

The role of palliative care and its delivery in the acute hospital setting evolved. As some patients were approaching end-of-life in isolation, palliative care teams were a key support to non-specialists providing end-of-life care.[1,2] The Palliative Care Clinical Programme developed guidelines for the management of symptoms at end-of-life endorsed by the HSE and widely used by medical teams during the pandemic.[5] Palliative care teams' skills in conversations around advance care planning were also increasingly utilised.[6]

Palliative care services quickly integrated communication technology into their practice, using virtual consultations predominantly for community palliative care consultations and outpatient clinic assessments. Services also utilised virtual visiting for families which helped to enable vital contact between family members in the face of stringent infectious disease prevention.[7]

For those who died in a healthcare setting, often family were unable to be present. For bereaved families, being absent at a family members death due to visiting restrictions has been linked with the development of complicated grief.[8] In Ireland, communities developed innovative ways of mourning within infection disease restrictions, with mourners often lining the roads through which hearses travelled.[9]

Caring for isolated patients was a factor associated with increased stress and anxiety of healthcare staff. Staff experienced moral distress particularly regarding infection control practices constraining their professional values. The mental health and wellbeing of palliative care staff was also impacted by the pandemic despite having experience of end of life care.[10]

Whilst the Sars-Cov-2 pandemic threatened some of the key elements of palliative care, the dynamic workforce was able to evolve to deal with fluid and complex challenges.[2] Interdisciplinary teamwork was strengthened as the healthcare professionals strove to provide the best palliative care possible in highly challenging circumstances.

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