
COVID-19 and Australian Specialist Palliative Care

Opinion Piece 1: Playing our part: the importance of practicing compassionate care for all

April 2020

The current Coronavirus (COVID-19) pandemic is a global tragedy. All our lives and livelihoods are at stake, as COVID-19 threatens our healthcare system, economy, and the social functioning of our communities.

As healthcare workers, both clinical and non-clinical, we are neither completely immune to COVID-19 nor to the emotions it is eliciting. When our emotions are high and we feel threatened, or unable to control our lives, we often attempt to regain normality and control. Like our patients, we often express the disruption to our world via many emotions, from feeling scared and anxious, to becoming distressed or hopeless.

Before we can make sense of any information, relating to a serious illness or COVID-19, our emotional responses need to be acknowledged and contextualised. As healthcare workers, we want our fears to be heard and need information about how best to work safely with COVID-19 in order to regain control of our lives. In this way, we can feel less vulnerable and can act to protect ourselves, our patients and those we love, in the hope that things will be fine. However, the rising number of COVID-19 infections and the overwhelming amount of information available can hamper our ability to feel calm. There is also growing awareness that, during this pandemic we will not be able to protect everyone from harm.

As palliative care clinicians, we will most likely be called upon to facilitate difficult and honest conversations about what treatments can and cannot be offered to people with COVID-19, and to whom. We are familiar with caring for people where cure is no longer possible. These are the very people we see on a daily basis in palliative care and for whom we continue to explore new ways to help.

In the next few months, many of the people we will be called upon to provide care to, will be shocked, frightened and alone. Many will deteriorate rapidly and will need the best support and care that we can provide professionally. Due to the necessities of isolation they will also need us on a deeper human level, especially those dying with significant distress. We will also be providing support to their carers and families as they deal with their shock, grief and bereavement. We understand that bereavement will be significantly impacted in nuanced ways and will need to be responsive to this both before and after the person's death. To meet this challenge, many of us will provide care beyond our usual standards, either in the frontline fight against COVID-19 or at our patients' bedside.

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Protecting ourselves and maintaining our well-being and compassion has never been more important, not only for ourselves and our families, but also for our patients and our communities. As palliative care clinicians, we need to lead by example and demonstrate our understanding of the situation.

We need to remain calm and demonstrate compassion towards one another and to ourselves, while maintaining our social cohesiveness despite the chaos, uncertainty of the future, and awkwardness of physical distancing and isolation. COVID-19 therefore adds an extra responsibility for us to ensure that the people who need us and their families receive the best evidence-based palliative care possible under the circumstances we face.

The palliative care community is prepared to play its part and to share the burden COVID-19 will place on our teams, services and hospitals. Each day will bring new demands but also new opportunities for us all. Our individual and collective ability to address the physical, psychological, social and existential needs of those living with and the dying from COVID-19 may be imperfect, but we can all strive to make the unbearable bearable.

This is our challenge, and we can only achieve it together.

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