

## Palliative care in COVID'S care of assistance-19



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**T**he COVID-19 and Palliative Care (PC) pandemic seem to be different realities. However, the first leads us to a humanitarian crisis focused on saving lives and the last to terminality and death. However, there is a deep connection if we understand the scope of the PC and that saving lives is crucial but not the only goal.

There is an expansion of the scope of PC, as highlighted by the last definition that was revised by the World Health Organization (WHO), (2018): “an approach that improves the quality and life of patients (adults or children) and their families who face problems associated with life-threatening illnesses. It prevents and alleviates suffering through early investigation, correct assessment and treatment of pain from other physical, psychosocial or spiritual problems”. Thus, the concept matures and is incorporated beyond terminality.

The pandemic, on the other hand, is a humanitarian crisis, defined by the WHO as “events of large proportions that affect populations or society, causing difficult and distressing consequences, such as massive loss of life, disruption of livelihoods, collapse of society, forced displacement and still serious political, economic impacts with social, psychological and spiritual effects”.

So there is a link which is the relief of human suffering. Suffering that we see in all spheres: physical, psychosocial, spiritual. And more, of all: patients; relatives; caregivers and health professionals. Thus, not providing relief from human suffering as one of the assistance responses, including PC, is a deficient and even unethical approach.

We add to this unprecedented challenge that decision making is even more complex in this unusual scenario. Insufficient or absent resources, lack of trained profes-

sionals, isolation of patients with limited contacts with family members, rapidly unfavorable developments, further entail a need for good resource management and symptom control management. Thus, it is ethically imperative to provide symptom palliation to patients with no prospect of survival based on ethical principles of beneficence and non-abandonment.

In conclusion, PC is intimately linked to coping with the COVID-19 pandemic and must be exquisitely integrated into maintenance treatment and end-of-life care. ■

### REFERENCES

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