





COVID-19: guidance on palliative care from a European Respiratory Society international task force

Daisy J.A. Janssen ^{[0],2}, Magnus Ekström ^{[0],4}, David C. Currow^{4,5}, Miriam J. Johnson⁵, Matthew Maddocks⁶, Anita K. Simonds⁷, Thomy Tonia⁸ and Kristoffer Marsaa⁹

Affiliations: ¹Dept of Research and Development, CIRO, Horn, The Netherlands. ²Dept of Health Services Research, Care and Public Health Research Institute, Faculty of Health Medicine and Life Sciences, Maastricht University, Maastricht, The Netherlands. ³Faculty of Medicine, Dept of Clinical Sciences Lund, Respiratory Medicine and Allergology, Lund University, Lund, Sweden. ⁴IMPACCT, Faculty of Health, University of Technology Sydney, Ultimo, Sydney, Australia. ⁵Wolfson Palliative Care Research Centre, University of Hull, Hull, UK. ⁶Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation, King's College London, London, UK. ⁷Sleep and Ventilation Unit, Royal Brompton and Harefield NHS Foundation Trust, London, UK. ⁸Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland. ⁹Palliative Unit, Herlev and Gentofte Hospital, Copenhagen, Denmark.

Correspondence: Daisy J.A. Janssen, Dept of Research and Development, CIRO, Hornerheide 1, 6085 NM, Horn, The Netherlands. E-mail: daisyjanssen@ciro-horn.nl

@ERSpublications

This multi-national task force provides consensus recommendations for palliative care for patients with COVID-19 https://bit.ly/31X83oZ

Cite this article as: Janssen DJA, Ekström M, Currow DC, *et al.* COVID-19: guidance on palliative care from a European Respiratory Society international task force. *Eur Respir J* 2020; 56: 2002583 [https://doi. org/10.1183/13993003.02583-2020].

This single-page version can be shared freely online.

ABSTRACT

Background: Many people are dying from coronavirus disease 2019 (COVID-19), but consensus guidance on palliative care in COVID-19 is lacking. This new life-threatening disease has put healthcare systems under pressure, with the increased need of palliative care provided to many patients by clinicians who have limited prior experience in this field. Therefore, we aimed to make consensus recommendations for palliative care for patients with COVID-19 using the Convergence of Opinion on Recommendations and Evidence (CORE) process.

Methods: We invited 90 international experts to complete an online survey including stating their agreement, or not, with 14 potential recommendations. At least 70% agreement on directionality was needed to provide consensus recommendations. If consensus was not achieved on the first round, a second round was conducted.

Results: 68 (75.6%) experts responded in the first round. Most participants were experts in palliative care, respiratory medicine or critical care medicine. In the first round, consensus was achieved on 13 recommendations based upon indirect evidence and clinical experience. In the second round, 58 (85.3%) out of 68 of the first-round experts responded, resulting in consensus for the 14th recommendation.

Conclusion: This multi-national task force provides consensus recommendations for palliative care for patients with COVID-19 concerning: advance care planning; (pharmacological) palliative treatment of breathlessness; clinician-patient communication; remote clinician-family communication; palliative care involvement in patients with serious COVID-19; spiritual care; psychosocial care; and bereavement care. Future studies are needed to generate empirical evidence for these recommendations.

Copyright ©ERS 2020. This version is distributed under the terms of the Creative Commons Attribution Non-Commercial Licence 4.0.