

End-of-Life Care during COVID-19

The COVID-19 pandemic has highlighted palliative and end-of-life care (PEOLC), especially in domestic settings and care homes. The explosion of need, reduced numbers of community staff, and difficulties in visiting people at home or in care homes combines to make this an urgent problem.

During the first peak of the pandemic, the PEOLC Theme of ARC EoE undertook a national practitioner online survey concerning changes in their prescribing practice. The [paper published](#) in June 2020 presented analysis of 261 colleagues' replies from across the UK and Ireland and was the first to describe the marked changes underway in clinical practice. The pharmacological aspects of alternative routes of administering EOLC drugs (buccal / sublingual / rectal) rather than injection have been recently reviewed in a publication

In parallel, the ARC PEOLC Theme worked with CCG and clinical colleagues to develop [guidance for symptom management, family / lay carer administration of end-of-life care drugs](#) and [remote verification of death](#). Several CCGs across the UK adopted this guidance, which was hosted on the RCGP COVID-19 resources website. The study data also helped to secure [changes in national pharmaceutical legislation](#) to permit care homes to repurpose end-of-life care drugs prescribed for one patient but urgently needed for another. The ethical and legal challenges of people with dementia who wander during the COVID-19 pandemic have been reviewed in a journal paper.

The ARC PEOLC Theme has stimulated discussion concerning PEOLC in the pandemic by publishing two editorials in the British Medical Journal on [family carer administration of EOL drugs](#) and [Advance Care Planning](#).

The COVID-19 pandemic also presents particular difficulties for bereaved people and major challenges for bereavement care provision. The ARC EoE PEOLC Theme, in collaborations with colleagues in the NIHR national cross-ARC PEOLC collaboration, undertook a national survey during August 2020 of practitioners' changing practice in supporting bereaved people. A journal paper has been submitted from the 805 responses received from across the UK.

The ARC EoE PEOLC Theme were also approached by colleagues in the Department of Health and Social Care Policy team to undertake a rapid review of the effectiveness and cost-effectiveness of bereavement care services.

ARC EoE PEOLC Theme Lead Prof Stephen Barclay has recently been appointed Clinical Lead for the East of England Strategic Clinical Network for PEOLC. He has been invited to present the data from the above studies to numerous professional groups over recent weeks, including Hospice UK and his fortnightly meetings with Prof Bee Wee (National Clinical Director for PEOLC) and other Regional Clinical Leads.

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