Impact of the COVID-19 Pandemic on the Palliative Health Care System

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ABSTRACT

The Coronavirus disease 2019 (COVID-19), declared a pandemic in 2021, profoundly impacted healthcare systems globally, especially palliative care services. The pandemic placed immense pressure on these systems, complicating the delivery of supportive and effective care for patients at the end of life. As the global population ages and the prevalence of non-communicable diseases rises, the demand for palliative care is already increasing. COVID-19 further intensified this need, with many patients developing acute infections requiring palliative interventions. This paper explores the ways the pandemic affected the palliative healthcare system, emphasizing the challenges encountered and the adaptations made to continue essential care.

Keywords: Palliative care, COVID-19, Pandemic, Health care system

Introduction

The Coronavirus disease 2019 (COVID-19), declared a pandemic in 2021, affected the healthcare system worldwide. A pandemic is an epidemic usually affecting a large proportion of the population, occurring over a wide geographical area such as a section of the nation, the entire nation, a continent, or the whole world. A pandemic is a cause and powerful amplifier of suffering, through physical illness and death, stresses and anxieties, and financial and social instability [The Lancet]. The COVID-19 pandemic has affected all sectors directly or indirectly, especially the healthcare systems in many countries. It challenges health human resource management, facility utilization, and medical supply management.

The healthcare system has become strained under COVID-19, providing safe and effective healthcare, including end-of-life care. This pandemic has disrupted both preventive and curative services for communicable and non-communicable diseases, and many of the essential services have been delayed. The COVID-19 pandemic, in addition to the direct disease burden, caused a significant risk of indirect morbidity and mortality from other preventable and treatable diseases due to essential health services disruption [Abraham Haileamlak, 2021]. Many countries have reported shortages of medicines, diagnostics, and other technologies as the main reasons for the disruption of services. As the countries continued to struggle with a lack of resources and capacity the viral outbreak spread rapidly worldwide infecting millions of people all across the globe including India.

Palliative care in India during Covid-19

The Indian healthcare system during the COVID-19 pandemic has experienced serious challenges. The health care system in India is a mixed framework including both public and private healthcare providers. However, many private health care providers are present in urban India, providing secondary and tertiary

health care services (M Kapoor et.al. 2023). India has experienced three covid -19 pandemic waves till now with a massive surge during the second wave in March 2021. In India, the first COVID-19 patient was diagnosed on January 30, 2020, and with gradually increasing numbers in March, the Indian government imposed a strict countrywide lockdown on March 23, 2020. Only essential services were allowed during this period, and in hospitals, only emergency services were operating. There was no public transport, so for patients without their vehicles, even reaching hospitals was difficult (R Sharma 2020).

India's healthcare infrastructure faced immense pressure as the surge in infections required urgent attention, often compromising other critical areas of care. One area that was severely impacted is palliative healthcare—an essential service that focuses on providing relief to patients suffering from chronic illnesses, particularly those nearing the end of life. Historically, palliative care in India has been under-resourced and under-prioritized, with limited access for patients, especially in rural and underserved regions. The pandemic aggravated the existing challenges by diverting medical personnel and resources toward managing COVID-19 cases and overwhelming hospitals, which left palliative care services stretched thin. For many patients requiring palliative care, this resulted in disruptions to pain management, emotional support, and continuity of care, significantly affecting their quality of life.

Before the pandemic, palliative care in India faced significant challenges, including limited awareness, insufficient infrastructure, and a shortage of trained professionals, particularly in rural areas. The Indian Palliative Care System has been gradually evolving, but access to these services has been limited to certain regions and institutions (Rajagopal, 2015). With the onset of the pandemic, these challenges were further magnified. The overwhelming need to treat COVID-19 patients resulted in the redirection of healthcare resources, leaving palliative care patients vulnerable to disruptions in essential services such as pain management, psychological support, and continuity of care (Khosla et al., 2020).

Studies have shown that during the pandemic, palliative care services experienced a sharp decline in patient access due to lockdowns, restricted movement, and the fear of infection (Tandon et al., 2021). Home-based care, a vital component of palliative services, was significantly affected as healthcare workers and caregivers faced difficulties in delivering care due to safety concerns and resource constraints (Devi, 2020). Telemedicine emerged as a crucial tool to address some of these challenges, allowing for remote consultations and follow-ups. However, the digital divide in India, especially in rural areas, limited the effectiveness of this approach for many patients (Kumar et al., 2021).

As the global population ages and the prevalence of non-communicable diseases rises, the demand for palliative care is already increasing. COVID-19 further intensified this need, with many patients developing acute infections requiring palliative interventions. Palliative care focuses on effective symptom control, promotion of quality of life, and holistic care of physical, psychological, social, and spiritual health all of which play a major role in the alleviation of this suffering. Palliative care needs to be adapted and included in mainstream medical care to offer compassionate care appropriate to the need within the limitations of time, isolation, and resource availability. According to the WHO, an estimated 40 million people globally require palliative care but only 14% of them receive the care they need. Out of these 40 million people,78% of them are living in low- and middle-income countries such as India. A report mentions that an estimated 6 million people in India require palliative care (Khosla et al. 2012).

Palliative care in Kerala during COVID-19
The state of Kerala aims to make the best possible preventive, curative, and palliative care available to the public and to establish a people-friendly healthcare delivery system. The Palliative Care Project was

initiated by NHM (Kerala) in 2008 to facilitate the development of a public health model in palliative care in Kerala in line with the Palliative Care policy of the government of Kerala, which has been trying to establish the primary, secondary and tertiary level care facilities in palliative care in Kerala with community participation. Presently there are a total of 1600 palliative home care units in the state, 1000 of them run by LSGIs and linked to PHCs. Palliative Care patients are included in regular health services data. Home care is the cornerstone of palliative care in Kerala managed by community nurses, supported by ASHA and local volunteers, and supervised by PHC medical officers with funding from LSGI.

The COVID-19 pandemic and subsequent lockdown in India affected all medical services including palliative care. In India, Kerala was the first state affected by the COVID-19 pandemic. The state of Kerala experiencing the worst phase of the pandemic and the state is making tremendous efforts to contain the epidemic and control measures and provide efficient healthcare to the patients. The COVID-19 pandemic has challenged the delivery of palliative care services to patients with palliative needs. The major challenges are;

- Access to health care facilities – transport, etc.
- Continuum of palliative care services limited (home care/ community care) due to lockdown/ containment zones, anxiety by patients/ families that visit by health professionals might increase the risk of COVID-19 infection, anxiety by the palliative care team that visiting vulnerable patients would put them and the patients at risk, availability of adequate PPE for use during provision of patient care.
- Shortage of medication supplies (especially morphine)
- Increased psychosocial and spiritual needs among patients and families
- Increased bereavement needs and complicated grief

The palliative care team in Kerala has formed a task force to develop guidelines to support the government initiatives in combating the COVID-19 crisis. The major strategies adopted by the state government to control the impact of COVID-19 are;

- Surveillance system which included rigorous contact tracing.
- Ensuring good quality quarantine.
- Measures to ensure community participation in the fight against COVID.
- Testing all eligible individuals.
- Ensuring high quality, standardized medical care for the COVID-19 affected in designated hospitals and also ensuring non-COVID-related health services uninterrupted.
- Proactive care of the elderly and addressing the vulnerable groups, which included individuals above 65 years of age, people with morbidity, and pregnant women.
- Advocacy, Communication, and social mobilization -Break the Chain campaign.
- State-level training was conducted exhaustively and elaborately covering all staff working in the health sector.
- Ward-level teams are active in all Panchayats and ensure daily calls and visits to the homes of the elderly.
- The Health Department launched e-Sanjeevani telemedicine services in Kerala on June 10, 2020.

Conclusion

The Covid-19 pandemic has highlighted the critical importance of palliative care in India. As the nation faces unprecedented health challenges, many individuals with serious illnesses require support that goes

beyond traditional medical treatment. Palliative care focuses on improving the quality of life for patients and their families, providing holistic support — emotionally, physically, and spiritually. We must prioritize and expand access to palliative care services, ensuring that all patients receive compassionate care during these trying times. Investing in and promoting palliative care can help us better navigate the complex landscape of healthcare during and after the pandemic.

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