



AMPJ Blog of the Month: September 2022 Edition

Dr Bonnie Benoiton is a Foundation Doctor in the North East London region. Her interests include Palliative Medicine and Gastroenterology. For this month's APMJ blog post, she shares with us a recent abstract on end-of-life experiences during COVID-19 for patients on respiratory support. Thank you, Dr Benoiton! Interested in submitting something yourself, have any comments or questions on this piece? Email submissions.apmj@gmail.com or tweet us @APMJuniors

Introduction The COVID-19 pandemic created new challenges due to the high numbers and the high symptom burden of end-of-life patients on respiratory support.

Methods We conducted an audit of end-of-life patients on the respiratory HDU wards between 17/09/2020–30/01/2021.

Results 84 patients receiving respiratory support (in the form of CPAP and HFNT) died during that time at a mean age of 77 (95% CI 67–87) and median of 79 years. All but one death, which followed a cardiac arrest, were expected. The most common clinical indicator for a patient approaching end-of-life was hypoxia on respiratory support, which was documented in 36 (43%) patients, followed by terminal agitation in 27 (32%) patients. Objections to the medical assessment of terminal illness were raised by 3 families and in 1 case the patient had conflicting wishes. The average time between recognition of a terminal deterioration and death was 1.4 days with a median of 2 days. 29 (35%) patients did not have a specialist palliative care review primarily due to the rapid patient deterioration. 25 (30%) patients were not visited by a relative due to the infection risk.

72 (86%) patients were weaned off respiratory support and those who continued did so due to a medical or patient decision. Despite most patients (82%) receiving continuous subcutaneous infusions with an opiate and benzodiazepine most patients had persistent terminal symptoms: 51 (74%) on infusions had agitation and 38 (55%) were persistently breathless.

Discussion This data highlights some of the major difficulties faced in caring for patients with COVID on respiratory support and approaching end of life. With the inevitably persisting nature of this pandemic and the possibility of future pandemics still present, it is vital to be able to offer guidance and multidisciplinary input to ensure comfort and dignity for these patients.