Managing the supportive care needs of those affected by COVID-19

Sabrina Bajwah, Andrew Wilcock, Richard Towers, Massimo Costantini, Claudia Bausewein, Steffen T. Simon, Elisabeth Bendstrup, Wendy Prentice, Miriam J. Johnson, David C. Currow, Michael Kreuter, Athol U. Wells, Surinder S. Birring, Polly Edmonds, and Irene J. Higginson

Affiliations: ¹Cicely Saunders Institute, Dept of Palliative Care Policy and Rehabilitation, King’s College London, London, UK. ²University of Nottingham, Nottingham, UK. ³Dept of Palliative Care, King’s College Hospital, London, UK. ⁴Azienda USL-IRCCS di Reggio Emilia, Reggio Emilia, Italy. ⁵Dept of Palliative Medicine, LMU Klinikum, Ludwig-Maximilians-University, Munich, Germany. ⁶Dept of Palliative Medicine and Center for Integrated Oncology, University of Cologne, Faculty of Medicine and University Hospital, Cologne, Germany. ⁷Centre for Rare Lung Diseases, Dept of Respiratory Diseases and Allergy, Aarhus University Hospital, Aarhus, Denmark. ⁸Wolfson Palliative Care Research Centre, Hull York Medical School, University of Hull, Hull, UK. ⁹IMPACCT, Faculty of Health, University of Technology Sydney, Ultimo, Australia. ¹⁰Center for Interstitial and Rare Lung Diseases, Thoraxklinik, University of Heidelberg, German Center for Lung Research, Heidelberg, Germany. ¹¹Royal Brompton Hospital, London, UK. ¹²Centre for Human and Applied Physiological Sciences, School of Basic and Medical Biosciences, Faculty of Life Sciences and Medicine, King’s College London, London, UK.

Correspondence: Sabrina Bajwah, Cicely Saunders Institute, Dept of Palliative Care Policy and Rehabilitation, King’s College London, Bessemer Road, London SE5 9PJ, UK. Email: sabrina.bajwah@kcl.ac.uk

For patients with COVID-19, there is a moral obligation to provide good supportive care to prevent avoidable suffering. This article provides a succinct informative overview, clinical guidance and information sheets for both patients and families.

Globally, the number of people affected by coronavirus disease 2019 (COVID-19) is rapidly increasing. In most (>80%), the illness is relatively mild and can be self-managed out of hospital. However, for about 20%, the illness causes respiratory compromise severe enough to require hospital admission [1]. Patients with severe and critical disease need full active treatment. This may include oxygen for hypoxaemia and ventilatory support, along with optimal management of complications, e.g. super-imposed bacterial infection, and any underlying comorbidities, e.g. COPD or congestive heart failure. To date, no antiviral agent has shown to be effective in treating the disease [2].