

COVID-19: Equity-Informed Palliative Care & Social Disadvantage



WHY Equity-Informed Palliative Care NOW?

People experiencing social disadvantage will be among the hardest hit. **Equity-oriented** care is needed to ensure that existing disadvantages are not made worse. They need to be supported and shown they won't be left alone to prepare for an uncertain future.

Many are living with compromised immune systems and physical distancing is not always possible. Friends and family are not a given and supporting agencies have had to limit or discontinue services, such as food, shelter, or medical care. **Regular support systems are crumbling**.



They are at **HIGH** risk of infection, severe illness, and death.

As a Health Care Provider Think of your patient & consider...

WHAT CAN YOU DO?



Is following public health recommendations possible?

Advocate for access to handwashing facilities, safe appropriate housing with places to self-isolate, food, medicine, and services to support them in place



Are support systems overwhelmed?

Assess their basic needs such as transportation, delivery of meds, food, phone, and other supplies

Where possible, provide patients with ways to connect virtually or by phone with support persons and chosen family



Is an advance care plan in place?

Help them complete one, ensure their needs and wishes are documented and preferred substitute decision makers are identified



Conversations about death and dying are hard...

Approach with dignity, compassion, and honesty



Use harm reduction approaches to manage pain and prevent withdrawal

Offer connection, reassurance, and continuity of treatment to those in mental health crisis



Provide care in a way that builds culturally safe, trusting, and welcoming environments - build on strengths and resilience



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In collaboration with Canadian mobile palliative care teams: **PORT, PEACH, and CAMPP**









