# RCPE The COVID-19 Update Series – Delirium and Hospital Palliative Care

## 18 May 2021

### Delirium in the era of COVID-19 - Professor Alasdair MacLullich,

***Q.*** **I have seen comment that non-pharmalogical interventions are not effective in Covid 19 delirium is there evidence for this**

A. No I don't think there is evidence that non-pharmacological interventions are ineffective in all cases of COVID-19 delirium. Multidomain non-pharmacological interventions remain the main way that delirium treatment should be delivered. However, it seems from a variety of sources of info (anecdotes, social media, talks, some papers, etc.) that many patients with delirium and COVID-19 need pharmacological interventions in addition to non-pharm interventions.

***Q.*** **I myself am vulnerable to delirium, when poorly due to neurodiversity. I have noticed that when homeostasis is out of reach I myself swing between full hypo to hyper reactive reactions over the course of several days in the aim to regulate. Is this the case with delirium and covid?**

A. I am not sure to be honest. I think that the research on this particular issue hasn't been published as far as I am aware.

***Q.*** **Is there evidence from CSF studies in delirium in COVID that have demonstrated COVID_19 in the CSF and may that be causally related to the delirium?**

A. My reading of the recent literature is that there isn't clear evidence of presence of the virus in the CSF. There is some evidence of inflammation but this is commonly also the case in other infective causes of delirium.

### Hospital palliative care in the era of COVID-19 - Dr Colette Reid & Dr Angela Bentley

***Q.*** **Is there any evidence of lung cancer having been detected in people who have presented with breathlessness, concerned about Covid19?**

A. We believe that new lung cancer diagnoses fell during the pandemic. During the first wave of the pandemic there was a 75% drop in urgent lung cancer referrals. This has led to the Public Health campaign around consulting a GP if you have a persistent cough and your COVID test is negative.
However, as up to 4% of cancer is diagnosed incidentally when blood tests and imaging for other preconditions are performed, there is an expectation that CT scans of the chest performed on Covid patients during the pandemic will yield some incidental cancer diagnoses.

***Q.*** **The hesitancy of staff to give prescribed anticipatory meds seems fairly common and I wonder if you would kindly comment on how this can be addressed -nationally?**

A. Sadly the use of opioids and benzodiazepines in the dying patient is an area where lay myths are often shared by staff. So there is a universal perception that giving a patient an opioid or benzodiazepine will hasten their death. Most families believe syringe driver doses are increased until death. We have both struggled with this throughout our palliative care careers in both South West England (CR) and Edinburgh (AB). We are hoping to tackle this in the medical undergraduate curriculum and Foundation programme teaching in Edinburgh, but we are very much aware that the hidden curriculum can undo any confidence gained by palliative care teaching.
There is also a cultural problem of hospital deaths often being seen as a failure, meaning that the 'right' thing to do is often to treat more, rather than palliate. That's why we spoke about 'a good death' – to try to encourage a cultural shift.

We are hoping that the SG will engage in developing a new strategy for palliative care and that there will be a focus on hospital palliative care. Since most of the advisors to the SG are generalist providers of palliative care with community roles, there has not been a focus on acute hospitals care of the dying.

***Q.*** **Lot of people are confused between End of life care and care of the Dying? Any new terms are in the pipeline?**

A. I apologise if we confused anyone. End of life care can be used to describe the care received in the last weeks to months of life. Care of the dying is usually reserved for the patient who is actively dying and has a prognosis of days