

Study: Palliative care consultation does not decrease COVID-19 patients' chances of receiving CPR

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COVID-19 patients who receive a palliative care consultation are 5.6 times more likely to receive comfort care at the end of life and are just

as likely to receive CPR if needed as those who did not receive a consultation, according to a UT Southwestern study.

The study published in the journal *Resuscitation*—the largest of its kind to date—examined the data of 3,227 patients who died from COVID-19 in intensive care units across the U.S. Comfort care is a plan to shift from invasive and painful therapies to comforting a patient at the [end of life](#).

"With [comfort care](#), they're more likely to have better pain management and better management of cough, anxiety, and excessive salivation," said lead author Sreekanth Cheruku, M.D., Associate Professor of Anesthesiology and Pain Management. "The alternative is these patients would otherwise be on medications that cause pain while prolonging life. They would be on breathing machines even if they don't really benefit from them, and they would be on modalities such as dialysis even if they do not benefit from these, and all of these are painful therapies that you don't really want to experience at the end of life."

Comfort care also focuses on ensuring that families can be together at the end of life, and that religious and spiritual needs are met.

Comfort care was much more common in the group that received [palliative care consultation](#), but both groups underwent CPR at the same rate, meaning that both sets of patients received similar levels of aggressive ICU care. Dr. Cheruku said the findings provide some of the strongest evidence yet that [palliative care](#) should be a priority in treating COVID-19 patients—something that leading [medical journals](#) have advocated for during the pandemic.

"Hospitals nationwide should incorporate palliative care services proactively into pandemic planning or into crisis planning or into any type of planning where you have a large number of patients that

experience end of life," Dr. Cheruku said.

The study also found that Black COVID-19 patients were more likely to receive CPR at the end of life than patients who were not Black, a finding that echoes previous studies. Black patients' greater likelihood to choose aggressive therapies at the end of life might be caused by historical mistrust and the medical establishment's poor outreach to Black communities nationwide, Dr. Cheruku said.

"The finding highlights the need for hospitals and hospital systems to improve their outreach into Black communities to establish better trust and provide education about end-of-life options. It is also important for hospital staff to communicate with Black patients at the end of life in ways that incorporate the cultural, social, and religious beliefs of individual patients," he said.

Palliative care is a medical specialty that helps patients with life-threatening conditions manage symptoms, relieve pain, and improve quality of life during treatment. Comfort care is a plan to stop invasive and painful therapies when a patient is at the end of life and those therapies no longer help, shifting the focus to controlling pain and symptoms. Hospice care is a subset of [comfort](#) care.

Alexis Barina, M.D., Assistant Professor of Internal Medicine and a study author, said palliative care ensures a patient's priorities and wishes are at the forefront, supports patients and their families through prolonged hospitalizations, and helps coordinate care among medical teams.

"Increasing access to palliative care in critically ill patients leads to more patient-centered care," said Dr. Barina, who has cared for many COVID-19 patients as clinical lead in the ICU for the palliative care team at UT Southwestern.

The study was conducted with data from the Viral Infection and Respiratory Illness Universal Study (VIRUS) registry, which is maintained by the Society of *Critical Care Medicine*. The study examined data from March 30, 2020 to March 17, 2021.

More information: Sreekanth R. Cheruku et al, Palliative care consultation and end-of-life outcomes in hospitalized COVID-19 patients, *Resuscitation* (2021). [DOI: 10.1016/j.resuscitation.2021.12.011](https://doi.org/10.1016/j.resuscitation.2021.12.011)

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