

COVID-19 REPORT

Patients with COVID-19 who go on ventilators have a 20 to 30 per cent survival rate, says Dr. John Granton, head of respirology at University Health Network. “But there is a clear relationship between survival and age. It’s not being ageist. It’s just being factual. Research shows that if you’re over the age of 50 you’re not going to do as well as someone under the age of 50, accounting for everything. If you’re older, you’ll have less chance of survival and the quality of life and the life after being extremely ill is not as good as if you’re under the age of 50. So, then you mark it up to 80 and that become even worse. That’s the problem.”

[What you need to know about ventilators, The Star, Apr 19](#)

Evidence from Wuhan, China, and Washington state shows very poor outcomes for patients with COVID-19 who require mechanical ventilation. Evergreen hospital is in Kirkland, Washington. One of the first US deaths from COVID-19 occurred at Evergreen. In February, multiple cases of COVID-19 were identified in the surrounding community and treated at Evergreen Hospital. Most were attributed to US transmission. The majority were linked to exposures at a skilled nursing facility. Of 21 critically ill patients in this study, 15 required mechanical ventilation due to acute respiratory distress syndrome, with one-third developing cardiomyopathy. As of March 17, 14 patients had died, 5 remained in the ICU, and 2 had been discharged. The study population included older residents of skilled nursing facilities.

[21 Critically ill patients with COVID-19, JAMA Mar 21](#)

The Palliative Care and COVID-19 Forum: Approach to Goals of Care Conversation on April 16 was presented by Hospice and Palliative Care Ontario and the OMA Section for Palliative Medicine. COVID-19 requires physicians to have timely discussions about advance care planning (ACP) and goals of care (GOC). Presenters were by Drs. Nadia Incardona, Jeff Myers, Leah Steinberg and Jennifer Arvanitis. The person-centred decision making framework is presented as a pyramid with the large, upper tier representing ACP. GOC, below ACP, is below, and consent is specific for treatment. ACP does not give consent but explores the persons value, wishes and goals.

The substitute decision maker (SDM) acts only when the person lacks the capacity for the treatment decision. Capacity is determined by the (i) ability that is relevant to make a health care decision and (ii) the ability to see the foreseeable consequences of a decision or lack of decision. A reminder: the terms “advance directives” and “living wills” do not appear in Ontario law.

SpeakUp Ontario provides resources, like the GOC Discussion Guide, provides recommendation for palliative care approach given poor prognosis with combination of COVID and previous serious underlying illness. The steps in a GOC conversation are:

1. Introduce yourself and the conversation
2. Enquire about the understanding of underlying conditions and COVID-19
3. Based on the answer, provide information about the underlying illness. e.g. *You are right...your mother's dementia is quite severe and even if she didn't have COVID, it puts her at a high risk of dying in the near future...*
4. Provide opportunity for reaction. Name the emotion. Explore and support understanding and feelings.
5. Explore goals and values. *has he/she ever talked about how they would want to be cared for if they were nearing end-of-life?*
6. Make a recommendation. *I'd recommend that we give her any treatment to give her the best chance of recovery. These are treatments such as oxygen and antibiotics if she needs. In fact, and I really hope this happens for your mother, many people will recover with these treatments. But, if she continues to get sicker, even with the oxygen and other medications, I'd recommend we continue to care for her and use any medication that she needs to be comfortable. The reason is that at that point, we know that using more intensive measures such as using CPR and putting her on a breathing machine (a ventilator) would not help her recover...*

<https://www.speakupontario GOC discussion>

SpeakUP also provides useful content for a letter from LTC with relevant discussion points. Supportive care is the mainstay of the medical treatment for COVID-19 and is often the best care for people who are frail and elderly. Supportive care is active care that includes assistance with feeding, fever control, discomfort, cough, breathing; and the best of end-of-life care.

<https://www.speakupontario.ca LTC letter>