

Promoting equity in access to palliative and end-of-life care for ethnic minorities: Lesson from Covid-19

Abstract

Background/aims:

A specialist palliative care service evaluation in an acute hospital during the first wave of COVID-19 showed that those from ethnic minority backgrounds, especially women, were referred later. Improvements in treatments, and operational and system-level changes to the palliative care service which were introduced to address this disparity, may have improved access for those from ethnic minorities. *Aim:* To assess the effectiveness of operational and system-level changes to the hospital specialist palliative care service, by examining care patterns and trends for those with COVID-19.

Methods:

Retrospective service evaluation comparing patients referred to an acute hospital palliative care service with confirmed COVID-19 infection either at the peak of the first (Mar-Apr 2020, W1) or second (Dec 2020-Feb 2021, W2) wave of the pandemic. Demographic, clinical characteristics, and outcomes data were collected and compared using statistical tests; generalised linear mixed models for modelling of elapsed time from admission to referral; and survival analysis for each wave.

Results:

Data from 165 patients (W1 = 60, W2 = 105) were included. Overall, patients in W1 were referred earlier to palliative care than in W2, particularly in the first 8 days from admission. Receiving dexamethasone, anticoagulants and absence of dementia, hypertension, and fever were associated with longer time to referral. The delay in referral from W1 of Black and Asian patients of 2-4 days, accounting for 22%-44% of the overall time from admission to death, was no longer observable in W2. The Australian-modified Karnofsky Performance Status (HR < 0.92, upper CI < 0.97) and phase of illness (HR > 3, lower CI > 2) were good predictors of survival in both waves.

Conclusions:

The delayed referrals for ethnic minorities were not seen in W2. Actions to integrate palliative care within organisational COVID-19 planning, engaging with minority ethnic groups, and educating the workforce on culturally sensitive approaches to care may have had a positive impact on access to palliative care.