

30.3.2020

Dear Prime Minister

We are concerned that the government must duly consider end of life care in its response to the Covid-19 pandemic. From our own clinical experience and knowledge we share the major concerns we are hearing from vulnerable patients, friends and relatives.

There seems to be no provision for the care in their own home of the seriously ill Covid-19 sufferer who chooses not to be taken to hospital. Many of our vulnerable citizens would prefer a dignified death at home, with loved ones, if there is only a small chance of extending their life by hospital admission. It is perceived that hospital end of life care will be lonely and impersonal, by necessity, and some also do not wish to put the hospital service under pressure or deny a ventilator to a patient more likely to benefit.

Should the hospital service be overwhelmed, a community care service should be in place as a safety net, so that patients do not end their lives by dying, medically unsupported, at home. We believe this is attainable, even in the short time we have left, as a care pathway already exists for the home support of those seriously ill and dying of respiratory, cardiac, neurological and cancer-related conditions. This could be adapted and expanded to respond to cases of acute respiratory distress from Covid-19. Recently retired GPs and community nurses might be able to help the community teams.

We understand that the Association of Palliative Medicine is preparing guidelines for palliative care at home and the Royal College of General Practitioners has just issued guidelines and is developing a training video for this purpose. The current NICE guidelines however do not mention home care.

Failure to implement such a service will result in profound suffering, both for the victims and for the survivors of this pandemic. The grief of the bereaved will be made worse by the knowledge or supposition that the person they love suffered at the end of their life. The nation as a whole will be demoralised by its failure to recognise and address this problem, and we will all feel guilty.

In the aftermath, we will need the resilience to rebuild our society and to address the other crises which will have become even more pressing. We ask you to act urgently to consider implementing this service.

Sincerely,

Dr Lyn Jenkins (retired GP and bereavement support volunteer – Chesham)

Dr Vivien Carter (GP – Amersham)

Sir Iain Chalmers (retired health services researcher – Oxford)

Dr Avril Danczak (primary care medical educator – University of Birmingham)

Dr Peggy Frith (retired consultant physician – Oxford)

Dr Iona Heath (past president of the Royal College of General Practitioners)

Dr Andrew Hoy (past president of the Association for Palliative Medicine)

Dr Sabena Jameel (senior clinical lecturer in medical professionalism – University of Birmingham)

Professor John Ledingham (retired consultant physician – Oxford)

Professor Richard Lehman (professor of the shared understanding of medicine – University of Birmingham)

Dr Françoise Lyons (GP – Sevenoaks)

Dr Anna Moore (respiratory specialist trainee and education fellow – London)

Dr Bryn Neal (retired GP – Amersham)

Dr Rachel Pope (GP – Stoke Poges)

Dr Stephen Shaw (retired GP – Monmouth)