“Letter to Editor”

Telecare; An Approach to the Challenges of Providing Palliative Care during the Corona Crisis

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Dear editor
Along with the health crisis in medical-health systems, the COVID-19 pandemic has transformed other dimensions of humans’ lives such as the socioeconomic conditions in the societies and it stills follows a growing trend in some countries (until the time of writing the present paper). The continuation of this trend in the health system has overshadowed other medical and care domains like caring for patients with life-threatening diseases. One of the main domains affected by the COVID-19 crisis is palliative care; as palliative care has certain dimensions and characteristics such as effective communication, availability, and teamwork that are challenged by the coronavirus pandemic. The palliative care provision in Iran is an infant system and palliative care service is often provided in the form of hospitalizing the patients in the hospitals although few centers are actively providing home service to the patients and various care providing groups such as physicians and nurses visit and provide service at home considering the patients’ needs. On one hand, both conditions, i.e., the patient getting hospitalized or being provided with home care services have increased individuals’ contact which in turn has paved the ground for the proliferation of COVID-19. On the one hand, the patients requiring palliative care, particularly those with life-threatening diseases suffer from diverse physical, psychological, spiritual, and affective pain, which make them susceptible to Coronavirus risks. Thus, providing palliative care during the COVID-19 crisis is accompanied by some challenges which make it necessary to moderate the threats of care provision by providing appropriate strategies so that the patients and the families, and the care system do not suffer from serious problems. As thousands of COVID-19 patients are hospitalized in the country, the process of care provision in different areas, in particular, palliative care has changed, and in order to satisfy the diverse demands of the patients needing palliative care, taking new measures is a must. Therefore, the aim of this paper was to assess telecare as an effective care strategy in the field of palliative care in Iran during the Corona crisis.
Before the COVID-19 pandemic, telemedicine and telecare were used increasingly to provide home-based palliative care for the patients and their families. This approach has resulted in some positive outcomes like the increase in the quality of life, the reduction of hospitalization cases, and the reduction of costs. The emergence of COVID-19 further highlighted the role of

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this approach in palliative care provision since the spread of coronavirus created challenges in providing palliative care that can be partially addressed by organizing telecare. Regarding the strict restrictions in providing hospital services during the COVID-19 pandemic and the restrictions in the presence of the professional care providers at home, telecare provision is significant for maintaining care at a befitting level. Therefore, considering that observing social distancing is of utmost significance during the COVID-19 pandemic, communication between care providers and the patients and their families, as one of the most important factors of palliative care provision is challenged. In the area of palliative care in Iran, effective communication between care providers and patients with dimensions and characteristics such as attending the patients, being available for the patients, intimacy, and efforts to reach a mutual understanding with the patients have revealed that some of these aspects like the care provider attending the patient have encountered some restrictions at the time of the COVID-19 pandemic. However, in order to effectively communicate with the patients through telecare, it is possible to cover some other aspects of communication.

To utilize telecare, some measures have to be taken into account including the communication network with the patients and in this communication network, the care providers are available for the patients and their families 24 hours a day. Therefore, it is essential for the patients to be equipped with facilities such as smartphones to be able to benefit from a communication network. Employing video communication apps can make telecommunication networks very efficient. Therefore, video conferencing is effective in line with assessing and resolving the concerns of the patients and their families. The availability of care providers to the patients and their families through video conferencing communication creates conditions that make it possible to pay attention to the non-verbal symptoms of the patients in addition to their verbal symptoms which direct the communication flow and the two parties’ feelings and is beyond verbal communication through voice call. Although some of the communication strategies such as being present beside the patient through telecare are not provided, some other ones like listening actively to the patient and understanding the patient’s feelings can be achieved by video conferencing. Thus telecare is an appropriate practice for effectively communicating with the patients and their families during the COVID-19 crisis and providing the needed structures for telecare seems to be necessary.

Although in providing telecare, software and hardware technologies are fundamental infrastructures, human force and the users have to be taken into account as well. Considering the conditions created during the COVID-19 pandemic, the care providers, the patients and the families should adapt themselves to the changing care practice and prepare a suitable atmosphere for telecare. Therefore, besides supplying the infrastructures of telecommunication, it is essential to consider the care content and process; and in this regard, it is critical to make the health and medical systems, teams, and the essential technology flexible and empowered to define their priorities and goals when executing the new scheme and also reduce the restrictions of execution of the new scheme.

One of the basic challenges of providing palliative care during the COVID-19 pandemic is the inadequacy of various facilities including the personal protective equipment for the patients and care providers, especially in underdeveloped countries. Moreover, the hospitalization of a large number of patients during this time has created challenges with the shortage of beds so that most of the care centers have inevitably resorted to service centers for the patients suffering from Coronavirus. In line with a lack of personal protective equipment and the shortage of hospital beds for non-COVID-19 patients such as those suffering from life-threatening diseases demanding palliative care, the telecare approach could reduce the costs of supplying such equipment. Thus, telecare is effective in protecting patients, their families, and care providers, reducing the use of personal protective equipment, and also providing the patients and their families with befitting service. By not hospitalizing the patients who do not need urgent care
and at the same time, require palliative care, there would be enough hospital beds for providing service to COVID-19 sufferers.

Another challenge of the medical-health systems providing care services during the COVID-19 crisis is the shortage of care providers. The function of different care units has changed and most nurses from diverse care fields like palliative care have started working with COVID-19 associated centers, which affect providing service to patients suffering from life-threatening diseases. In addition, care providers are willing to provide humanitarian and altruistic services in times of crisis and this issue increases their mental preoccupations in providing care to the patients in need. Therefore, nurses have to volunteer to control the crisis and provide services, which leads to the transfer of human forces from a specific care area to another area; for example, from palliative care to crisis management. Therefore, it is necessary to adopt care policy in these conditions in such a way as to provide appropriate services to patients with life-threatening diseases despite lack of human forces, and in this regard, the use of new methods and care plans such as telecare is helpful. Palliative care is provided in collaboration with different care groups, and to decide on the process of telecare, one should consult with specialties and care providers in different specialties, which facilitates teamwork. In the new care schemes, care provision has to be planned in such a way as to resolve the shortage of workforce and mitigate the heavy workload of care providers and health policy should be provided in a way to protect care providers against crises such as the coronavirus so that implementing the new care schemes does not reach a deadlock. One of the strategies boosting service provision is to train non-professional forces ahead of critical situations and utilize their power under critical circumstances. In this regard, benefitting from voluntary forces in providing palliative care and hiring them in the telecare approach is helpful to some extent. Meanwhile, it is necessary to manage their performance by the professional staff. These individuals facilitate the 24-hour accessibility of palliative cares for the patients and their families, so that in care planning, the non-professional individuals can be hired to serve as an intermediary for training programs through videoconferences.

**Keywords:** Coronavirus, COVID-19, Palliative Care, Telecare

**Conflict of Interest:** No

**How to Cite:** Aghaei MH, Soltani H, Bodaghi S. “Letter to Editor” Telecare; An Approach to the Challenges of Providing Palliative Care during the Corona Crisis. *Iran Journal of Nursing*. 2021; 34(132):1-7.

Received: 3 Jul 2021
Accepted: 2 Oct 2021
نامه به سردریب
مراجعه از راه دور در جالب‌های ارائه مراقبت تسکینی در بحران کرونا

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سردریب محترم

پاندمی کرونا در جهان در کار ایجاد بحران سلامتی در سیستم‌های بهداشتی درمانی، سایر ابعاد زندگی افراد از جمله ابعاد اقتصادی و اجتماعی را در جوامع دچار تغییر کرده است. همچنین در برخی از کشورهای جهانی در روند مبتلا به بیماری‌های متناسب از بیماران مبتلا به بیماری‌های تهدید کننده جای را به هم می‌دهند که این ضروریت نسب در ارائه خدمات بهداشتی درمانی در جوامع دچار تغییر سیستم‌های بهداشتی درمانی از جمله ابعاد اقتصادی و اجتماعی است.

سردان و روش‌های تسکین کردن بیماران در بیمارستان‌های مبتلا به بیماری‌های تهدید کننده جایه‌های مختلفی از ابعاد جسمی، روانی، معنوی و عاطفی را تجربه می‌کنند که این حالت بیماران را در برای خطر ابتلا به بیکاری آسیب دیده می‌کند. بنابراین ارائه سیستم‌های تسکینی در بحران کرونا، یکی از ابزارهای مراقبت تسکینی در بحران کرونا است که به دنبال آن، مراقبت تسکینی در بحران کرونا به‌عنوان یکی از رویکردهای پیشنهادی می‌باشد.

مراجعه از راه دور به‌عنوان یکی از رویکردهای پیشنهادی در بحران کرونا، که در ارائه خدمات به بیماران در منزل هم فعالیت می‌گیرد، در هر دو حالت بستری شدن در بیمارستان و مراجعه در منزل تأثیر قابل توجهی است. این رویکرد در جنگ با بیماری‌های مبتلا به بیماری‌های تهدید کننده، کاهش شگفت‌الحدی و کاهش هزینه‌های جدی را می‌تواند در برابر خطر ابتلا به بیماری‌های تهدید کننده جای خالی‌های مختلف مراقبت تسکینی در کشور ایران در زمان بحران کرونا می‌تواند.

قبل از پاندمی کرونا در جهان، پرستاری و سرانجام ارائه خدمات بهداشتی درمانی به طور فیزیکی، اسکوپ‌های پرستاری و سیستم‌های بهداشتی درمانی در کشورهای بزرگ و داده‌های این سیستم‌ها به دنبال این ضروریت نسب در ارائه خدمات به بیماران در منزل هم فعالیت می‌گیرد. با توجه به این ضروریت نسب در ارائه خدمات به بیماران در منزل، نشان‌دهنده سیستم‌های تسکینی در بحران کرونا می‌باشد.

در پی این نامه به سردریب، به‌عنوان راهکار مراقبتی مثبت در عرصه مراقبت تسکینی در کشور ایران در زمان بحران کرونا، می‌تواند.

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نامه به سردبیر
مراقبت از راه دور، راهکاری در چالشهای ارائه مراقبت تسکینی
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یکی از چالش‌های اساسی در ارائه مراقبت تسکینی در زمان بحران کرونای ایران، شناسایی و دریافت مراقبت تسکینی هستند، برای افرادی که به هنگام بروز بیماری کرونا در دسترس نبوده و بدن بیماران را در خطر قرار داده است. در این مقاله، به بررسی این مسئله اختصاص می‌دهیم.

به منظور استفاده از مراقبت از راه دور در زمان بحران، باید ابتدا شکوه بیماری‌برانگیز در زمان بحران کرونا را شناسایی کنیم. در این زمینه، مراقبت از راه دور به عنوان یک راهکار موثر برای مشکلاتی مانند عدم موجودی تجهیزات تشخیصی و آزمایشی و غیره مطرح می‌شود.

به نظر می‌رسد که به‌طور کلی، مراقبت از راه دور می‌تواند به کاهش هزینه‌های کرونایی کمک کند و همچنین باعث پیشرفت در بهبود صحت بدنی بیماران می‌شود.

در نهایت، باید به عنوان یک راهکار موثر برای مشکلاتی مانند عدم موجودی تجهیزات تشخیصی و آزمایشی و غیره مطرح می‌شود.
بیماران به دلیل ابتلا به کرونا، مراقبت تسکینی بر اساس برنامه‌ریزی‌های مناسبی ارائه می‌شود. در این راستا، مراقبت از راه دور، همچنین مراقبت تسکینی، کمک کننده است. با توجه به اینکه مراقبت تسکینی با همکاری گروه‌های مختلف مراقبتی انجام می‌شود، برای تصمیم‌گیری در مورد فراهم کردن مراقبت از راه دور باید از تخصص‌ها و ارائه‌دهنده‌های مختلف نظرخواهی نمود که این مسئله همکاری افراد غیرحرفه‌ای با بیماران را تسهیل می‌نماید. این افراد دسترسی 24 ساعته به بیماران و خانواده‌های آنها را به مراقبت تسکینی را تسهیل می‌نماید. به طوریکه در برنامه‌ریزی مراقبتی از افراد غیرحرفه‌ای می‌توان به عنوان رابط برای برنامه‌های آموزشی از طریق جلسه‌های تصویری استفاده نمود.

کلید واژه‌ها: کرونا ویروس، کووید-19، مراقبت تسکینی، مراقبت از راه دور

تعارض منافع: ندارد

تاریخ دریافت: 12/4/00
تاریخ پذیرش: 10/7/00
نامه به سردبیر: مراقبت از راه دور، راهکاری در چالش‌های ارائه...

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