

Palliative Care in the COVID-19 Pandemic

Briefing Note

Global Availability of Internationally Controlled Essential Medicines

Issue

Urgent need to increase system-wide access to internationally controlled essential medicines (ICEMs) for patient care in response to the COVID-19 (severe acute respiratory syndrome coronavirus 2) pandemic.

Background

Health systems require adequate supplies of internationally controlled essential medicines (ICEMs) to manage the pain and symptoms of COVID-19 patients, many of whom will also need palliative care. Pre-pandemic estimates of ICEM availability noted that 80% of the world's population, the majority in low- and middle-income countries, lack effective access to ICEMs. Major hospitals in the US and European region are now reporting dangerous shortages and have requested governments to increase procurement. This Briefing Note recommends urgent action to improve access to ICEMs in all healthcare systems for the duration of the current pandemic and beyond.

Key Facts

- Acute respiratory distress syndrome (ARDS) and dyspnea resulting from COVID-19 disease may range from mild to critical, creating a distressing sensation of suffocation. Management includes mechanical ventilation, which requires patient sedation with ICEMs such as benzodiazepines (e.g. Diazepam) and opioids. Management of breathlessness in non-ventilated patients with ARDS also requires ICEMs, albeit in lower dosages.
- Section 2 of the 2019 World Health Organization (WHO) Model List of Essential Medicines includes opioid analgesics formulations commonly used for the control of pain and respiratory distress, as well as sedative and anxiolytic substances such as midazolam and diazepam. The Model List (eEML) is available electronically at list.essentialmeds.org.^[1]
- The International Narcotics Control Board (INCB), the independent body charged with monitoring government compliance with international drug control conventions, is mandated to support member states to ensure availability of internationally controlled substances for medical and scientific purposes, including special stocks for humanitarian emergencies.
- Patients who have elected, or have been triaged to palliative care alone, also need ICEMs; those suffering with severe illnesses other than COVID-19, will face additional barriers to access, once scarce stocks are also distributed for symptom relief of COVID-19 patients.
- Clinicians treating COVID-19 patients may be unfamiliar with the use of opioids such as morphine in acute contexts;
- According to the United Nations Special Rapporteur for Torture, “the de facto denial of access to pain relief, if it causes severe pain and suffering, constitutes cruel, inhuman or degrading treatment or punishment.”

[1] Essential medicines should be available within functioning health systems at any time in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price the individual and the community can afford. The Section on Medicines for pain and palliative care.



Current Status

- Health care services in high-income countries are running low on ICEMs; recurrent stockouts are already endemic in low- and middle-income countries and will be exacerbated with the double onslaught of intensive care patients requiring mechanical ventilation, sedation, and palliative care, and patients requiring symptom relief.
- WHO and national palliative care associations are reporting increased prices from pandemic driven demand spikes and lockdown stressed supply chains. Lockdowns have restricted land, sea, and air cargo, and created workforce shortages.
- Exportation restrictions in many countries, including in Europe, directly impact the availability and affordability of ICEMs.
- The International Narcotics Control Board is calling on governments to ensure that the international supply chains of ICEMs are not disrupted by measures put in place to counter the COVID-19 pandemic and contain further transmission of the virus. The Board has reminded governments that in acute emergencies and when competent national authorities are not functioning, it is possible to utilize simplified control procedures for the export to affected areas even in the absence of the corresponding import authorizations and/or estimates. (INCB, 2020)

Recommendations to UN member states and civil society organizations

- Accelerate clinician training, including online, in the use of opioids and benzodiazepines for COVID-19 related symptom control. Training specialist nurses to prescribe and deliver opioids to palliative care patients in all “home” settings (as in Uganda and Rwanda) aligns with WHO calls to invest in nurses in this International Year of the Nurse and Midwife;
- Lift COVID-19 related exportation restrictions on ICEMs;
- Increase production of ICEMs to meet the COVID-19 driven demand spikes (UN Agencies issue a Joint Statement to member states);
- Identify manufacturers to produce cost effective generic bioequivalent ICEMs for low- and middle-income countries; regional or global pooled procurement mechanisms can use existing funds in global and regional entities such as development banks, collaborating with procurement partners, including humanitarian agencies, to increase regional and global buffer stocks;
- Maintain supply chain operations with adequate protection of warehouse stocks, pre-export inspections, safe transportation for drivers, and functioning customs services;
- In consultation with WHO and UNODC, mandate the formation of multi-stakeholder task forces including healthcare providers and narcotics enforcement personnel to accurately assess population needs and advise national competent authorities on pandemic level procurement and preparedness;
- Review national regulations on access to ICEMs for medical purposes to ensure that they contain exemptions for humanitarian emergencies and leverage exemptions;
- Allow hospital pharmacies to dispense opioids to outpatient palliative care patients.

References

- American College of Chest Physicians. Consensus statement on the management of dyspnea in patients with advanced lung or heart disease
- INCB. Progress in ensuring adequate access to internationally controlled substances for medical and scientific purposes and March 17 Press Release
- Lancet Commission on Pain and Palliative Care Report
- American Hospital Association, American Medical Association, American Society of Anesthesiologists, American Society of Health-System Pharmacists, and Association for Clinical Oncology Request to DEA to increase production of controlled substances

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