

## Webinar Q&A

Reorganizing Palliative Care Services during the COVID-19 Pandemic – Friday  
April 17, 2020 @ 12 pm ET

Question	Answer	CPC Exchange
<p>Amanda 12:38 PM</p> <p><b>In chronic illness patients and in acute care, as a palliative MD I typically start opioid at very low ATC dosing long prior to when our specialists are doing so (for dyspnea). Is there discussion about starting opioid for dyspnea prior to acute respiratory failure (e.g. morphine 1-2mg subcut q2hr ATC), to allow patient to adapt to the medication as well as relieve dyspnea? I forgot to ask this on previous webinars. We are modifying our Palliative protocols, and some of my Medicine/Family Med/Pulmonary colleagues are uncertain about this practice.</b></p>	<p>This question was answered in the webinar. Go to 42:00 in the recording.</p>	<p>If you'd like to continue this conversation head to the <a href="#">Canadian Palliative Care Exchange</a> and create a discussion topic or contribute to a conversation already taking place.</p> <p>There is no cost to participate.</p> <p>Join now to share and learn alongside your colleagues from across Canada: <a href="http://www.cpcexchange.ca">www.cpcexchange.ca</a></p>
<p>Kate 12:44 PM</p> <p><b>I am wondering how different regions are utilizing the skill set of Social Work to assist in the management. I am in Western NL and we only have 3 cases. Hospital SW are being utilized</b></p>	<p>This question was answered in the webinar. Go to 44:40 in the recording.</p>	

<p>presently to help with placement/community support. But I feel we should advocate for a different role moving forward.</p>	
<p>Susan 12:48 PM</p> <p><b>With all the emphasis on end of life issues (with COVID) we need to remember to continue to advocate for palliative care early (for symptom management) as soon as this crisis is over. Lest the gains we've made over the last 20 years be lost.</b></p>	<p>This question was answered in the webinar. Go to 49:29 in the recording.</p>
<p>Jill 12:48 PM</p> <p><b>Question for Ontario. In contrast to BC which has a First Nations Health Authority, Ontario is dealing with federal-provincial and regional/local jurisdictional issues with regard to First Nations health services. In the current situation, this is exacerbated. Has the Ontario palliative care planning been addressing First Nations issues in general and at this time, and if so, how?</b></p>	<p>This question was answered in the webinar. Go to 51:27 in the recording.</p>
<p>Valerie 12:52 PM</p>	<p>This question was answered in the webinar. Go to 53:25 in the recording.</p>

<p><b>In the US they are using PC teams to help in critical care areas to provide communication and support for families and the care teams themselves because of the expertise they can provide in these hard, difficult times.</b></p>		
<p>Pam 12:53 PM</p> <p><b>What are other thoughts on visitation? Is there anyway to allow more visitors? Very hard for families to choose just one or two people that are allowed to visit.</b></p>	<p>This question was answered in the webinar. Go to 55:16 in the recording.</p>	