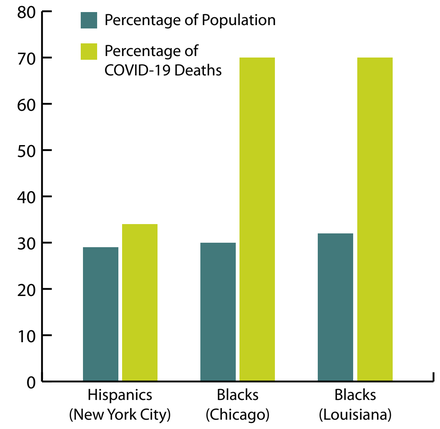
BREAKING DOWN BARRIERS

A Student's Lesson in Healthcare Disparities and How Palliative Care Can Break Down Barriers

INTRODUCTION

With the steady wave of the COVID-19 pandemic sweeping across the world, it has become a daily routine to look up updated statistics on the number of cases and casualties that are collected from state health agencies across the U.S. Something that has stood out quite distinctly to me is the alarming number of cases and deaths that are being recorded among racial minorities, including Blacks and Hispanics, especially when compared to whites.



BACKGROUND

This report highlights a case study where a patient with COVID-19 was treated at our tertiary hospital system in an urban setting. The patient was a worker in a meat processing facility, an "essential" industry that is considered high exposure risk to COVID-19.

According to the Center for Economic and Policy Research, CEPR, about 51.5% of frontline meatpacking workers are immigrants. This makes these population groups especially vulnerable because they have very limited access to health and medical information, especially pertaining to the present COVID-19 pandemic.[8]

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Palliative care team goals:

improve quality of decision-making

eliminate barriers to receiving info

establish trusting relationship

Case Description

Patient A, 50-year-old Hispanic male with a history of diabetes mellitus Type 2, was admitted following an out-of-hospital cardiac arrest. He lives in a multi-generation home. The palliative care (PC) team was consulted on ICU day five and became involved in the care for Patient A and his family. Due to public health care concerns, families were not permitted inside the hospital setting. The PC team was proactive in our involvement for patients like Patient A, particularly when English was not a primary language, because we recognized the high level of psychosocial distress associated with patients in an ICU.

Whenever possible, the PC team used audiovisual telecommunication visits with an interpreter to improve the quality of decision-making, to eliminate barriers to receiving in-person medical information in real time, and to establish a trusting relationship between the healthcare team and Patient A's family.

I worked closely with Patient A's wife. She shared eloquently and clearly with the team via phone, with the use of a Spanish interpreter, how difficult it was to "go about her day" and take care of her family while she worried about her husband and his condition, and anxiously awaited medical updates. At one point, she had waited more than 24 hours to hear from a medical provider, and this was agonizing and frustrating for her.

Patient A remained critically ill in the ICU for over a month, and the PC team remained involved with the care and support for Patient A and his family. Patient A died alone in the hospital, without his family at his bedside. The PC team offered bereavement services for Patient's A family following his death using an interpreter and audio-visual telecommunication for his family.

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"Thousands of others may never have had the involvement of a palliative care team dedicated to bridging the gap."

DISCUSSION

Patient A's wife felt that her inability to speak English directly impacted communication between her and the PC team. The PC team acted quickly to ensure visits included audiovisual telecommunication with an interpreter to improve the quality of decision-making, to eliminate barriers to receiving in-person medical information in real time, and to establish a trusting relationship between the PC team and Patient A's family. This has become the standard of care for patients admitted to COVID units for their families to receive medical updates and overall support.

CONCLUSION

This case, and many others I have come across during my time with a PC team, highlights a critical deficit in the provision of care for racial minorities and historically underserved communities. I saw how regular communication built a trusting relationship between the PC team and the family. But this was just one patient among thousands of others who may never have had the involvement of a PC team dedicated to bridging the gap of disparities of health and resources that exist along racial and ethnic lines. As I complete medical school and look ahead in my career as a physician, I will actively seek ways to advocate for equal healthcare access.

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