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REGISTRAR
KAREN SHAW, M.D.

April 6, 2020

Dear Colleagues

RE: Guidance to Physicians regarding patient care issues during the COVID-19 pandemic.

On the anniversary date of the Humboldt bus disaster we now find ourselves in the midst of an unprecedented challenge with the COVID-19 pandemic. We again wish to express our gratitude to all physicians and healthcare workers who are the true heroes and backbone of our healthcare system.

During these uncertain times and with the preparations for the effect of the COVID-19 pandemic on patients in Saskatchewan, we wish to remind physicians of some of the essential recommendations.

I wish to touch on two subjects:

1. Recommendations by Choosing Wisely Canada
2. Advanced Care planning, Advanced directives and Substitute decision makers
 1. The [Choosing Wisely Canada](#) website make the following recommendations to physicians:
 - a) **Don't offer non-essential services to patients in person, if virtual tools such as telephone or online visits are available. Delay non-essential care and laboratory testing when possible.**

Virtual care can often meet patients' needs in a safer way. Further, delaying non-essential care or laboratory testing may free capacity for sicker patients. However, it is imperative to maintain continuity of care for patients with chronic medical conditions

- b) **Don't send frail residents of a nursing home to the hospital, unless their urgent comfort and medical needs cannot be met on site.**

Transfers can lead to risk for elder patients of contracting COVID-19. Furthermore, frail patients risk hospital-acquired infections, medication side effects, lack of sleep, and rapid loss of muscle strength while bedridden. Harms often outweigh benefits. If a transfer is unavoidable, give clear instructions to the hospital of the patient's advance directives for care.

***To serve the public by regulating the practice of medicine
and guiding the profession to achieve the highest standards of care***

- c) **Don't give red blood cells (RBC) based solely on an arbitrary hemoglobin level. Give one-unit of RBC at a time and reassess the need for more.**

Many any Choosing Wisely recommendations indicate that RBC transfusions are overused. In non-bleeding patients, more appropriate approaches include single unit transfusions when the hemoglobin is less than 70-80 g/L (7-8 g/dL) Conserving the blood supply during the COVID-19 pandemic is critical.

- d) **Don't intubate frail elderly patients in the absence of a discussion with family members regarding the patient's advance directives whenever possible.**

In the COVID-19 pandemic, these decisions must be made urgently, hopefully based on prior discussions. Frail elderly patients who are sick enough to require intubation for any reason, including COVID-19, have very poor survival outcomes and poor quality of life. Early conversations with patients and families help to prevent rushed decisions or ones that do not reflect patient wishes

- e) **Don't prescribe unproven therapies for COVID-19 patients other than in an approved clinical trial.**

There is no formal consensus between clinician groups regarding treatment of COVID-19 and evidence is evolving. Treating patients outside of clinical trials will limit our collective ability to scientifically assess treatment efficacy and put patients at risk of harm from drugs. Monitored compassionate use approaches may be acceptable in some jurisdictions

2. Regarding the Advanced Care planning, Advanced directives and Substitute decision makers

During this stage of the Pandemic we still have the opportunity to have discussions with patients about serious medical illness and death associated with COVID-19. This is particularly important for our frail and elderly population, but certainly not limited to this group, as patients will benefit from all discussions about unwanted care, such as cardiopulmonary resuscitation (CPR) or mechanical ventilation.

The CMPA provides guidance: [Advance care planning the key to person-centred end-of-life care](#)

The Saskatoon Health Region has [Advanced Care directives](#) that can be printed or patients can be directed to the site to complete.

Patients can also be directed to [advancecareplanning.ca](#) and they have a [workbook for patients](#) to complete.

Dying with Dignity Canada has a [Patient specific toolkit for Saskatchewan](#)

Again – we wish to express our gratitude and sincere thanks to physicians for their courage and compassion during this pandemic.

The College is here to assist with questions and concerns, so please contact us if you need.



Sincerely,

Dr. Werner Oberholzer

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Reference:

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- World Health Organization: Operational Guidance for Maintaining Essential Health Services during an Outbreak.
- [CMPA](#): Advance care planning the key to person-centred end-of-life care
- [The Health Care Directives and Substitute Health Care Decision Makers Act, 2015, SS 2015, c H-0.002](#)

[The Health Care Directives and Substitute Health Care Decision Makers Regulations, 2017, RRS c H-0.002 Reg 1](#)

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