HOME-BASED PALLIATIVE CARE VIA SMARTPHONE APPLICATIONS DURING THE PANDEMIC

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COVID-19 pandemic is a challenging healthcare problem worldwide and this unique outbreak changed habits and affected healthcare systems. Palliative care services became a part of the treatment of COVID-19 [1]. Also, palliative care was integrated into pandemic planning and the new recommendations were developed for the patients at home [2,3]. The medical services were blocked by lockdown and home care gained importance, also most consultations were provided by phone or video calls [4]. Telemedicine and digital health services have a critical role for the patients who were followed at home. Telemedicine raises day by day and it became an important actor in the healthcare systems. There are several real-time communication tools as mobile phone application. The recent studies showed that the one of these tools 'Whatsapp' was previously used as a tool for cancer screening [5], autism spectrum disease training [6], smoking relapse prevention programs [7].

We aimed this report to define the strengths (S), weakness (W), opportunities (O), and threats (T) of an issue. Therefore, the plans and strategies can be

comprehensively designed, and necessary precautions can be determined.

Smartphone applications were used in palliative home care and a recent study reported that this method might be cost effective, satisfactory, and preventive for the unnecessary hospital admission [8]. However, there is a lack of knowledge about smartphone applications use for palliative home care. The usage of smartphone applications may have disadvantages besides their advantages for healthcare delivery. They can be related to healthcare professionals, the features of patients or family, and technological issues. These issues were discussed in Table 1 with the contribution of different reviews [8–10]. Additional aspects might broaden the content of the table.

Informed consent and patients' right should be crucial issues for palliative home care by smartphone applications. Also, this system should be checked properly, the defects of the method should be described and fixed. Besides, a standardized approach should be developed and digital health technologies should be improved, perhaps new ones should be created. Finally, using applications should not be the reason for loosening

up for healthcare providers, it should not delay hospitalization.

Conflict of Interest

The authors declare that there is no conflict of interest.

Table 1. The points with the contribution of literature reviews.

STRENGTHS (S) Real-time communication Video and audio recordings Sharing original materials Common and easy using Cost-effective Continuity Independency from location	WEAKNESS (W) Lack of physical examination Subjectivity Connection problems The difference in education levels The difference in smartphone usage habits Lack of sentimental expressions The different hours of meetings
OPPORTUNITIES (O) Decrease of contact and transmission Improvement of alternative systems, updates Adherence to treatments Follow-up easily Supporting groups Decrease of unnecessary hospitalization	THREATS (T) Abuse with unnecessary callings Ethical considerations and patients' rights Misunderstandings of directions Unstandardized approaches Inability to reach every region Delays in treatment

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ПАНДЕМИЯ КЕЗІНДЕ СМАРТФОНДАРҒА АРНАЛҒАН ҚОСЫМШАЛАР АРҚЫЛЫ ҮЙ ЖАҒДАЙЫНДАҒЫ ПАЛЛИАТИВТІК КҮТІМ

Түйінді сөздер: паллиативтік көмек, мобильді қосымшалар, үй жағдайындағы күтім

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ДОМАШНИЙ ПАЛЛИАТИВНЫЙ УХОД С ПОМОЩЬЮ ПРИЛОЖЕНИЙ ДЛЯ СМАРТФОНОВ ВО ВРЕМЯ ПАНДЕМИИ

Ключевые слова: паллиативная помощь, мобильные приложения, уход на дому

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