

## Guide for Difficult Conversation with Patients who **ARE POSITIVE for COVID-19** and at High-Risk of Harm. Acute Care, Long Term Care/Assisted Living/Home Support, Community

During this pandemic, there is no roadmap and physicians may be required to have a difficult care conversation they never expected. This is a conversation guide for use with patients at high-risk of harm by contracting COVID-19.

If the patient is unable to communicate their wishes and the communication is with a substitute decision-maker, follow the same format and flow for the conversation, but focus on eliciting the substitute's judgement or best-interest estimate of what the patient would say or want in this situation.

CONVERSATION FLOW	SUGGESTED LANGUAGE
<b>SET UP THE CONVERSATION</b> Purpose of Conversation / Seek Permission	"In light of the fact that you've been diagnosed with COVID-19, I'd like to talk to you about what might lay ahead and get a better understanding of your goals and wishes for your health. Is that ok?"
<b>PATIENT'S UNDERSTANDING AND PREFERENCES</b> Of COVID-19 Of their Health Conditions	"What is your understanding of the <u>COVID-19</u> and its impact on [...]" <i>Can use [older adults] or [people with underlying health conditions].</i>  "What is your understanding of where things are with <u>your health</u> conditions?" "What do you need to know from me?"
<b>SHARE INFORMATION AND PROGNOSIS</b> Allow Silence.	I want to share my understanding of where things are with your health... <i>[summarize health situation eg. frailty, functional concerns etc.]</i> Example: "COVID-19 is a viral illness that spreads like the flu. We know it is particularly serious for patients like you with your health conditions, which puts you at an increased risk of harm and dying."  <b>Unlikely to survive:</b> "We wish that we weren't in this situation, but we are, and I am worried that you could become sicker very quickly. My concern is that you may develop more difficulty breathing along with other complications. Given your health conditions, this would make it very difficult for you to survive, and I wonder if we can talk about what would be important to you if you did become sicker."  <b>Survival uncertain/possible:</b> "I really hope that your condition improves, but I am worried that you could possibly become sicker very quickly and may develop more difficulty breathing along with complications with other complications. I wonder if we can talk about what's important to you in case things don't go as we hope."  <b>Resources limited, not an ICU candidate:</b> "Unfortunately, we are in a situation where we have to determine who is most likely to benefit from our life-saving equipment, like our breathing machines and ICU beds. And given your [age and/or serious health conditions], those measures are unlikely to hold much benefit to you, and I wonder if we can look at other ways to support you if things don't go as we hope."  "I can see that you are (name the emotion) can you tell me more?"
<b>WHAT YOU MIGHT HEAR:</b> Why can't I be transferred to the hospital/ICU? How did you make this decision?	
<b>EXPLORE KEY TOPICS</b> 1. Goals 2. Fears & Suffering 3. Sources of Strength 4. Decision-Makers 5. Notify	Goals: "If things get worse, what would be most important to you?"  Fears & Suffering: "What are you most afraid of right now?" Wait for an answer "Are there any circumstances or levels of suffering that you know you would want to avoid?"  Sources of Strength: "What or who gives you strength as you think about what may be ahead?"  Decision-makers: "Have you thought about who you would want to make decisions on your behalf if you couldn't speak for yourself? How much do they know about your wishes?"  Notify: "Is there anyone you would like me to contact?"
<b>SUMMARIZE, RECOMMENDATION, AND CLOSE THE CONVERSATION</b>	Summarize Conversation I heard you say that [...]. Keeping that in mind and what we know about your health, I recommend that we [...] <i>Recommendations based on prognosis above. Level of Care and/or Other Care Interventions (e.g. palliative measures, communication with family, etc.)</i>  Affirm Commitment: "We will do everything we can to support you through this."
<b>DOCUMENT &amp; COMMUNICATE WITH KEY CLINICIANS</b>	Document Conversation Document Level of Care (Medical Order for Scope of Treatment Form or Other)

## Other Tips for Difficult Conversations related to COVID-19

- Patient/Family member insists on ICU despite it not being an option:
    - Consider requesting a consult from ICU, and/or Geriatrics/Geriatric Psychiatry so they can share their perspective with the family.
    - Consider consulting palliative care if the initial conversation reveals complexities and the need for additional support around goals of care discussions, psychosocial issues, or symptom management.
    - Re-iterate/Focus on the active medical treatments that you will continue to provide to the patient, and frame ICU in terms of the prolongation of suffering as opposed to provision of cure.
    - Use wish/worry/wonder: "I wish this weren't the case, but I worry that if we bring you to the ICU, you will suffer more. I wonder if we can talk about ways to keep you as comfortable as possible."
    - Offer ongoing support: "We will be here for you/your loved one no matter what happens."
    - Emotionally charged communications will be most effective if they are managed in a consistent and compassionate way without creating confusion or additional suffering for patients and their families.
  - Where possible give advance warnings and lay the groundwork for a difficult conversation.
  - The more emotionally laden the message or topic is, the more the possibility for misunderstanding.
  - You can never ask too many clarifying questions. Don't try to have a difficult conversation without actually understanding what the other's perspective is. Stay curious and use language similar to: "I wish/hope... but I worry... and I wonder..."
  - What is communicated and how it is communicated are equally important.
  - People who receive bad news usually remember the physician's attitude and manner more vividly than the technical details.
  - Individuals crave a humane approach from their healthcare provider.
  - The role of the physician is to provide truthful, caring, and helpful information while at the same time remaining calm, compassionate, clear, and decisive.
- 
- ✓ **Do** take regular pauses and chunk information.
  - ✓ **Do** make a medical recommendation that aligns with the patient's goals of care.
  - ✓ **Do** express empathy and understanding: "We know this situation is scary."
  - ✓ **Do** acknowledge uncertainty and desire for more clarity: "We wish we had more answers, this is what we do not know yet."
  - ✓ **Do** foreshadow possibilities: "Over the next several days, we might see more cases because ..."
  - ✓ **Do** express a desire to find the answers for what is not yet known: "We wish we had answers to..."
  - ✓ **Do** explain the process in place for finding those answers: "Here is what we are doing to learn more."
  - × **Do not** use jargon: "Allow natural death" instead of "Do not resuscitate."
  - × **Do not** provide false hope: "This is a challenging situation."
  - × **Do not** talk about withdrawing care (ie "there's nothing more we can do"); instead talk about shifting the focus of care to optimizing patient comfort.

Notice any feelings of frustration, anger or helplessness you may be experiencing so you can manage them and not bring them into the conversation. Remember, the professional's own humanity and self-awareness are what cultivates the resilience needed to care profoundly without becoming overwhelmed. Take care of yourself and reach out for help before you need it.

For more educational material and resources:

- <https://www.vitaltalk.org/guides/covid-19-communication-skills>
- <http://covid19.providencehealthcare.org/resources/tools-covid-conversations-patientsdms>