

## Consultations for COVID-19: A Briefing Note

Many clinicians are used to talking with patients about where they are with their illness or illnesses, and whether the time has been reached when treatment should focus on relieving suffering rather than striving further for a cure or at least a significant extension of life. The principles of good practice for such consultations have become well established.

In a pandemic situation it is likely that such conversations will be more frequent, decisions may need to be reached within a shorter timeframe, and such consultations may be undertaken by a broader range of clinicians. Healthcare professionals may feel daunted and concerned undertaking roles for which they have had limited training or experience.

This brief video and briefing note have been produced with the help of front-line clinicians experienced in having such conversations. The aim is to share established good practice, and to support all clinicians, and hence their patients, during a challenging and stressful time for everyone.

Principles of practice	When dealing with such difficult situations we should remind ourselves of the fundamental principles underpinning the practice of healthcare.... <i>“cure sometimes, treat often, comfort always”</i> .
Uncertainty	<p>It is important to recognize that there is uncertainty and limited understanding on the COVID-19 disease prognosis and the effectiveness of different interventions. Individuals and their families who are at highest risk of complications and death from this infection may be feeling especially vulnerable.</p> <p>It may be helpful to acknowledge that no one can predict how quickly they will recover or how sick they may become with COVID-19. It is worth exploring what people understand of COVID-19 and also their understanding of their existing health conditions, as well as their concerns and expectations.</p>
Plan Ahead	<p>COVID-19 infection can become severe and life-threatening in a minority of cases. Prior to or at the onset of illness, people should be encouraged to think about the type of care they might want should they become severely ill. Knowing this information also limits the uncertainty for their loved ones and for the clinical teams who can confidently create a plan that aligns with what matters most to each individual.</p> <p>Clinicians should not avoid having these conversations early in the illness. Whilst initial reassurance may be appropriate for many, patients and their families are usually relieved to have someone kind and compassionate who helps them to plan ahead, however hard that may seem.</p> <p>Such planning might also consider other needs such as other existing health conditions and social care needs as well as identifying and addressing any safeguarding concerns. The timeframe for such discussions may be truncated for many people in this pandemic; yet some patients may already have expressed their wishes prior to this pandemic by writing an advance decision (also known as a living will, or an advance decision to refuse treatment ADRT).</p>

	<p><a href="https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/">https://www.nhs.uk/conditions/end-of-life-care/advance-decision-to-refuse-treatment/</a></p> <p>Ask as early as possible if the patient has already written an advance decision, and if not whether they wish to consider doing so. Admission to hospital, ventilation, cardiopulmonary resuscitation and antibiotics are key areas to consider in this pandemic.</p>
<p>Introductions matter</p>	<p>Wherever consultations take place, basic introductions really matter, especially when you may never have seen an individual patient before.</p> <p><i>*Good morning/afternoon/evening. My name is ..... and I am ..... (describe your role).</i>  <i>*We're doing / going to do our best to look after and care for you/your relative.</i></p> <p>Outline the reason for the discussion and check who should be involved and that they are willing/able to have the conversation at that time.</p>
<p>Expectations</p>	<p>Consider using some or all of these questions. Use your own words to reframe them so they work for your patient and for you. Sometimes such questions may be best posed to close family and the next of kin – for example, if the patient is already very ill. You may have to have such conversations over the phone. Reframe the questions if talking to relatives. First check the person's understanding of their illness/ condition so far. Connect your words and language around their understanding and their future goals/ concerns.</p> <p><i>*What is most important for you to live well? For example, if you were having a good day, what would happen on that day?</i>  <i>*What would you want if you became very ill? For example, would you want your medical care to focus on living longer, if that were possible, maintaining current health, or comfort care?</i>  <i>*Do you have any particular concerns or worries you would like to discuss?</i>  <i>*We are doing our best to help and support you at this time. Do you have any personal, cultural, or spiritual beliefs that would help make this time any easier for you?</i>  <i>*What else would you want us to know about that is important to you at this time? What matters to you?</i></p>
<p>Mitigating Isolation</p>	<p>It is almost certainly going to be helpful to acknowledge that the COVID-19 pandemic means that in some settings patients may be isolated, at least to some extent, from their family. After ensuring contact is maximised as far as is possible, including phone and video calls, consider words such as:</p> <p><i>* I'm very sorry that you have to be separated at a time like this when one of you is so unwell.</i>  <i>*I'm very sorry that you cannot have your loved ones around you, but you are not alone. Even though you cannot have your family with you, they can call often to find out how you are, and we will make sure we talk to them regularly.</i></p> <p>And for telephone calls with relatives:  <i>*I'm so sorry that due to the social distancing and isolation measures we cannot meet in person to talk about your father / mother husband / wife etc.</i></p>

Worsening prognosis	<p>If possible, reflect back their understanding of how the person has been and what is their condition now. Remember to pause to allow people to process any bad news.</p> <p><i>*You / your relative are /is less well because.....</i>  <i>*We hope you /they will improve, but it is possible you/they will not get better.</i>  <i>*We are doing our best to treat you/them but you/they are not improving.</i>  <i>*I am sorry to call you with news that isn't good. We have been with your (name) and we think that they are sick enough that they might die.</i>  <i>*I'm so sorry but you/they are/is very unwell now. We think you/they may be dying</i>  <i>* Mr/Mrs/Ms (name patient) condition is deteriorating. We are so sorry. At the moment, our main focus is to keep them comfortable.</i>  <i>*It is likely that we are looking at hours and days rather than weeks now. We will keep you informed. We are so very sorry to call with such sad news .....</i>  <i>* Do you have anyone with you/ someone you can call to get support yourself?</i></p>
Reassure	<p><i>* We will assess you / your relative regularly.</i>  <i>* We will do our best to treat any symptoms that occur and keep you/them comfortable.</i>  <i>* If you / they are at all distressed we will do our best to ensure you / they are made calm and relaxed.</i></p>
Pause	<p>Pause to allow take in of information. Find out what is important to this person / family.</p> <p><i>*Can we talk about what matters most to you / your relative now and what we can do to help?</i>  <i>*It would help us to know about the things you / they like and any things you / they would not want.</i>  <i>* Are there any religious or cultural rituals (name) / you would find important to achieve now?</i></p>
Record	Use available forms to record and share plans and advance decisions.
Avoid	<p>Do not use words and phrases that can make people feel abandoned or deprived of care.</p> <p><input checked="" type="checkbox"/> "There is nothing more we can do".  <input checked="" type="checkbox"/> "We are withdrawing treatment".  <input checked="" type="checkbox"/> "We have reached the limit of treatments".  <input checked="" type="checkbox"/> "Further treatment is futile".</p>

This briefing note has been based on resources provided by:

- Societa Italiana di Cure Palliative
- Respecting Choices
- RCGP Palliative and End of Life Care Toolkit
- Scottish Partnership for Palliative Care and Effective Communication for Healthcare.
- COVID-19 rapid guideline: critical care in adults. NICE guideline [NG159] Published date: March 2020.

Additional resources:

Symptom control	<p>Secondary Care - <a href="https://apmonline.org/wp-content/uploads/2020/03/COVID-19-and-Palliative-End-of-Life-and-Bereavement-Care-27-March-2020.docx">https://apmonline.org/wp-content/uploads/2020/03/COVID-19-and-Palliative-End-of-Life-and-Bereavement-Care-27-March-2020.docx</a>  Community – Community Palliative, End of Life and Bereavement Care in the COVID-19 pandemic:</p>
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	<a href="https://elearning.rcgp.org.uk/pluginfile.php/149457/mod_page/content/22/COVID%20Community%20symptom%20control%20and%20end%20of%20life%20care%20for%20General%20Practice%20FINAL%20v2.docx.pdf">https://elearning.rcgp.org.uk/pluginfile.php/149457/mod_page/content/22/COVID%20Community%20symptom%20control%20and%20end%20of%20life%20care%20for%20General%20Practice%20FINAL%20v2.docx.pdf</a>
Managing COVID in Care Homes	<a href="https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes">https://www.bgs.org.uk/resources/covid-19-managing-the-covid-19-pandemic-in-care-homes</a>
COVID and Palliative Care	<a href="https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0081-Speciality-guide-Palliative-care-and-coronavirus.pdf">https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0081-Speciality-guide-Palliative-care-and-coronavirus.pdf</a>

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