

End of life discussions during COVID emergency

Discussions about a patient's situation and treatment options can seem like a final and terrible burden for that person and their family in an already impossible day.

No one with insight feels fully qualified to have such discussions.

We are all, sometimes, the most expert communicator in that time and place; you just may not know it - you spend all day doing this stuff, and you work with people all the time.

COVID-19 brings different volumes of work, with added burdens secondary to patient isolation from loved ones. Short discussions about the illness, and dying, will help improve our ability to care for people as best we can, and give people the respect that they deserve to know what is going on.

PPE and telephone discussions add extra barriers and fear.

In general, humans want honest conversations about their situation, and these facilitate care.

So... how can we do this?

The situation is impersonal and scary - reduce this by **INTRODUCING YOURSELF PROPERLY.**

Make sure you know whom you are talking to, whether face to face or on the phone.

Maintain eye contact; **PPE IS THERE TO PROTECT OUR HUMANITY, NOT DE-HUMANISE US.**

If you are using telephone with relative, acknowledge the situation ***'I'm so sorry that because of this awful situation we cannot meet to talk about your mother'***.

Consider starting by asking what they already understand to be their/their loved ones situation. This can **SAVE** time - it lets us tailor our explanations to their understanding. Pay attention to the words used.

When you know where they are coming from, THEN we can hope to meet them.

If possible use their words to reflect the situation ***'you said you knew your mum is poorly and were worried we can't take this away for her...'*** - it shows you have listened to and appreciated their understanding.

Then lead into an explanation of YOUR understanding

A warning shot may be needed ***'...I am sorry to have to say I agree that your mother is getting more poorly...'***

We need to use clear language otherwise no one knows what has been said.

If we have a clear understanding of the situation, we need to share it ***'...I am worried that she looks like she is dying.'***

If no medical treatment is going to change the inevitability of death, that does not mean we are deserting them; explain what can be done to support them

‘we will do everything we can to make sure your dad is as comfortable as possible’

‘we need now to think about stopping treatments that are not going to help your mothers quality of life, and focus on doing what we can to keep her comfortable’

‘we need to be honest that there is not a cure for this infection, and the aim should now be improving the quality and comfort of the time your dad has left, rather than trying to prolong his suffering’

Is DNACPR an issue? A DNACPR form may be completed on the basis of medical futility. We need to explain this to the patient/relative, not to make them feel as if they are taking responsibility for it:

‘Sadly in this situation, if our heart stops, it is because our whole body is shutting down. Even if we could get your heart pumping again, your body will be too ill to support your heart working. This is why I need to talk to you about my filling in a do not attempt resuscitate form. We will keep making sure you are comfortable, and treat any other things that we can for you’

What about isolation issues?

For patient ***‘I am sorry that because of the current situation we cannot have your family here. I can only imagine how difficult this is. We are here for you and will do our best to look after you. We will keep your family aware of what is happening and they are calling every day’***

For loved one ***‘I am sorry that, due to the current crisis, you cannot be here with Mr. Smith. We will continue to look after him. If you would like to have a family member who calls us we will keep you all informed via them about what is happening’***

Is preferred place of care or death the issue?

‘Do you have a feel for where your dad would have wanted to be for his last days?’

‘Sometimes if hospital can no longer take away the underlying problem (COVID 19), it is better for patients to be at home/a unit dedicated to keeping people as comfortable as they can be at this time’

Is anger/ frustration/ fear the issue?

We are used to being the (often) unintended target of these emotions. Not responding to these emotions with more anger/frustration or fear, but trying to keep calm, is the aim. But is not easy.

Sometimes communicating in difficult times is about acknowledging how terrible it feels for people, and saying hard things in a caring, respectful and human way. This is something you all do on a day-to-day basis, and as a colleague and sometime patient, thank you all for this.