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Communication tips for clinicians supporting patients and family facing life-threatening illness / infection (COVID-19)

Opening the conversation	Setting yourself up for a constructive discussion
Before you start	Be clear in your own mind as to the goals to be achieved from the conversation while remaining flexible enough to adapt to unexpected questions, comments or directions. Use simple language, easily understood by all people. Adapt tone and language to suit the individual's cultural and ethnic heritage. Avoid all technical 'jargon'.
Introductions	Identify who you are talking with in the room or on the phone / telehealth and their relationship to the patient. Be clear as to who you are, what your role is and why this conversation is happening. Turn your mobile phone off or to silent / no vibrate mode. Try as best to show you are focussed on them and this conversation without distractions. Begin with "I need to talk to you about how best we can care for……"
Honesty and openness	Some of what we discuss may upset or surprise some of you. "I will be as honest as possible, accepting that our total understanding of this condition / new infection is based on only a few months experience. I will not hide any known details from you."
The uniqueness of now	At present we are in a different world. Many of the things we have come to accept from health care have changed or health care is being delivered in a different way which I will try to explain.
Establishing understanding	**Be clear as to everyone's understanding of current clinical situation, ask patient and each family member**
What is known already?	Can I begin by asking how much you understand about your relative's state of health and frailty before this illness? What do you understand about catching an infection like Covid19 on top of what they already have?
How much do you want to know?	Not all families or individuals want full details or extended descriptions. "Please tell me if there are things I say where you find too much detail or when you would like to know more."
Triaging	**Establishing the most appropriate place to care for the patient (see also Goals of Care below)**
Prior decision making	"Have you and your relative spoken in the past as to where they prefer to be cared for in the event of severe illness?" Has an Advanced Care Directive (ACD) been established? Is this ACD known to all family? Do you understand the nature of an ACD? Is everyone in agreement with your relative's wishes? Can I help clarify this for you?
Supporting prior decisions	Early planning and documentation give us the best indication of what your relative wanted when they had clear thoughts. "While we may all view your relative's wishes in a different light, it is important to respect and carry out their wishes as best we can."
What they may ask	**Suggested approach**
How bad is this?	From the information I have so far, test results and examination, this is serious. How things change over the coming hours and days will give us a better indication. At this point it is difficult to be any more precise. We will support you no matter what.

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I am scared for myself/patient	This is a very tough situation and I can't imagine what it is like for you. We're here to support you. Can you share anything more with me about this so I can understand better?
Why can't you do more?	We will do everything we can to ensure care and comfort – this is part of good treatment, focusing on you/relative. "What do I need to know about you to do the best possible job in caring for you?"
I need hope	Establish and understand their value systems. What does 'hope' mean to them and how best it can be maintained and supported. "Tell me about the things that are important to you." Never offer false hope(s).
Do I need to say goodbye?	I trust this is not the case; however because of uncertainty I am worried time may be short. I would suggest speaking of what is most important to you. Are there things pressing in your mind that I can help with?
Goals of Care	**Establishing patient and family goals (this may in part have been covered in the ACD discussion)**
Opening the discussion	I need to speak openly with you about issues which for many people are very hard. It is very important that we establish clearly how best to care for your relative and record this, so it is clear to everyone.
When your judgement is that acute resuscitation would not be useful	Given their overall condition, I feel that if their heart and lungs deteriorate further despite current care, aggressive treatment would not help. This includes doing CPR and mechanical ventilation. This does not mean we will not treat or care for them. Quite the opposite, we will ensure all symptoms or discomforts are identified and addressed promptly.
If there is agreement	I am sorry that you are going through this and this has come so suddenly. These are very hard conversations to have at any time
If there is disagreement	These are hard conversations and I am sorry you are going through this. We must discuss this further, and soon, if there is additional information you need, I will attempt to gather this for you. This point of impasse can be very difficult, it is important to never offer care or interventions which are clearly not in the interests of the patient. Further medical expertise from other fields may need to be arranged. Document the basis to this point of impasse.
Establish what will be done for the patient	Discussions ideally *begin* with the things that WILL be done, move on later to things that should be avoided. We will continue to ensure all symptoms are managed. We will do this by constant review, medications, oxygen and physical care.
What to document clinically *In South Australia this will be on the "7-Step Pathway"*	Document clearly what will be done – O_2, IV hydration, IV antibiotics, and the comfort measures – mouth and skin care, repositioning. Document the setting for this – home, residential care facility, general ward-based care, not for escalation to hospital/HDU/ICU. Document interventions which will not happen (eg. MET calls / CPR / intubation / mechanical ventilation / NIV) Document any specific fears and concerns held by patient and family. Document spiritual and special other values to be addressed at end of life (chaplain / minister / spiritual guide). Document name and contact for next of kin / substitute decision maker(s) and who was present during the discussion.

In part adapted from, and for extra information see: www.vitaltalk.org/guides/covid-19-communication-skills

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