Northern Care Alliance NHS Group

Association for Palliative Medicine Of Great Britain and Ireland

Discussions about goals of care
COVID-19 Outbreak

Talking to patients and those close to them about prognosis, ceilings of treatment and possible end of life care is often challenging but, in the current COVID-19 outbreak, such conversations with the population described may become even more difficult, as health professionals may have to triage patients, often in emergency or urgent situations, and prioritise certain interventions and ceilings of treatment.

Background

The UK population is ageing and many more people are living with chronic illness and multiple comorbidities. A third of patients admitted unexpectedly to hospital (rising to 80% in those living in 24-hour care) are in the last year of their lives. Despite such facts, few have ever had discussions about ceilings of treatment or resuscitation.

Such conversations, which constitute advance care planning, are useful during normal times, but even more so during the COVID-19 outbreak. Open, honest discussions regarding ceilings of treatment and overall goals of care are not only essential to ensure that those with significant potential to recover receive appropriate care, but also that those who are very unlikely to survive also receive appropriate, end of life care.

Such decisions may have to be made when health professionals have not had the opportunity to get to know their patient as well as they would usually like, or may involve discussion with those close to the patient over the telephone or via internet-based communication facilities. While this is less than ideal, honest conversations are often what patients and those close to them actually want.

While palliative, end of life and bereavement care professionals cannot take over responsibility for this aspect of care and have the conversations for you, they should be able to support, advise and provide follow up care.

Consider

- don't make things more complicated than they need to be; use a framework such as SPIKES:
  - **S**etting / situation
    read clinical records, ensure privacy, no interruptions
  - **P**erception
    what do they know already?; no assumptions
  - **I**nvitation
    how much do they want to know?
  - **K**nowledge
    explain the situation; avoid jargon; take it slow
  - **E**mpathy
    even if busy, show that you care
  - **S**ummary / strategy
    summarise what you've said; explain next steps

- should ceilings of treatment conversations include ethical issues, for example where escalation to Level 3 care is thought not to be appropriate due to frailty, comorbidity or other reasons, health professionals should be prepared for anger / upset / questions
  - these are usually not aimed directly at you, but you may have to absorb these emotions and react professionally, even if they are upsetting / difficult at the time
  - patients or those close to them may request a 'second opinion' – this should be facilitated wherever possible

- be honest and clear
  - don't use jargon; use words patients and those close to them will understand
  - sit down; take time; measured pace and tone; use silences to allow people to process information
  - avoid using phrases such as "very poorly" on their own – is the patient "sick enough that they may die"? If they are – say it

Source: COVID-19 and Palliative, End of Life and Bereavement Care (27 March 2020) https://apmonline.org/