

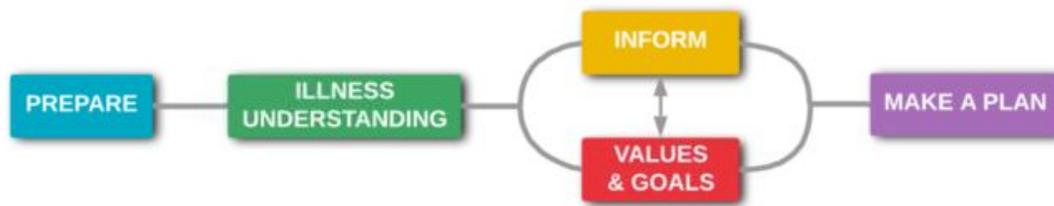
# Guide for Clinicians

## COVID-19 Goals of Care Discussion



**Target Population:**

1. Frail/Elderly or Serious underlying comorbidities
2. Hospital (ED or Admitted)
3. Severe COVID-19 Illness



**Goal:** To discuss health situation and prepare for likely EOL. To make recommendation for palliative care approach given poor prognosis with combination of COVID and previous serious underlying illness.

**Example situation:** 88 yr patient from home (or retirement home or LTC), end-stage dementia, fully dependent for ADLs and IADLs

\*\* FOR LTC Patients: A level of care designation/form is not sufficient. They are not legal documents and cannot be used as consent to either provide or withhold care or transfer. The healthcare provider must first provide updates on the current clinical situation (a requirement of informed consent) before decisions about treatment and/or transfer are made.

\*\*A DNRC form can direct pre-hospital first responders not to initiate CPR but this will be confirmed via conversation with the patient/SDM on admission to hospital based on a conversation that takes the current situation into consideration.

### Step 1: Ask about Illness understanding (for underlying illness AND COVID)

“Tell me about any other medical conditions you know about – do you know what to expect in the future with that illness?”

“Tell me what you know about how COVID affects patients like your mother...”

### Step 2: Based on their answer, provide information about their underlying illness

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**If good understanding:** *“You are right...your mother’s dementia is quite severe and even if she didn’t have COVID, it puts her at a high risk of dying in the near future...”*

**If poor understanding:** *“I think it is important that I share some information about (medical condition)...what we do know about (medical condition) is that it is very serious – and even without COVID makes your (relative) at a much higher risk of dying in the near future.”*

**Ask:** *Is this new information?*

Anticipate an emotional response and acknowledge and support. Then, provide more information.

*Unfortunately, now, your mother also has an infection with COVID...*

*I’m sure you’ve heard a lot about COVID already – but just to give you the most up to date information, COVID-19 is a virus like the flu. There is no specific treatment or cure for it. It causes cough, fever and in severe cases, pneumonia. We also know that when people with other serious health problems such as your mother get COVID, that they tend to get very sick and have a much higher chance of dying.*

*I’m sorry to be so blunt, but I think it is important to talk about this...*

### Step 3: Provide opportunity for reaction and emotional response by

- **Naming the emotion:** *“this is the first time you are hearing this...it must be so shocking to hear that your mother is so sick...I wish it weren’t the case...”*
- **Exploring:** *“tell me more about ... “; “this must bring up other questions...”*
- **Supporting:** *“it is so understandable that you feel this way – I wish I had different news...”*

### Step 4: Make a recommendation

*Based on what we know, I’d like to make a recommendation about how we should care for her. Is that okay?*

*I’d recommend that we give her any treatment to give her the best chance of recovery. These are treatments such as oxygen and antibiotics if she needs. In fact, and I really hope this happens for your mother, many people will recover with these treatments.*

*But I need to be totally honest...and it isn’t easy to hear this... If she continues to get sicker, even with the oxygen and other medications, I’d recommend we continue to care for her with oxygen and any medication that she needs to be comfortable. The reason is that at that point,*

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*we know that using more intensive measures such as putting her on a breathing machine (a ventilator) would not help*

*I'm wondering, if she were able to tell us, what would she say to that plan...*

### **Step 5: Wait for response from patient/SDM; expect emotions and even if they disagree, don't judge the response, and respond supportively**

Explore the feelings around the reaction by:

**Naming:**

*"This isn't what you were expecting..."*

**Exploring:**

*"Tell me more about your (relative) and what would matter to them most ..."*

*"Have you and your (relative) ever talked about what things might happen at the end of their life?"*

*"Is there anything they wanted to make sure happened or anything that was important to them?"*

### **Step 6: If patient/SDM disagrees with recommendations**

Contact ICU (or designate) team member to assess and communicate with patient or family whether critical level care is possible.

In the meantime, code status should be FULL CODE.

### **Step 7: Confirm the treatment plan and document the conversation**

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### ***Guiding Principles for these conversations to be attached to all conversations:***

#### **General information about the conversation guides**

- These are suggested conversation guides only. They offer you language to use, but you will need to adapt to the specific situation you are facing.
  - For example, if the emotion is not shock, but is sadness, name that emotion: “you are right to feel so sad...you obviously care so much about your (relative)...” “you are right to be frustrated and upset...it is difficult news that I am telling you...”
- Communicate with key health care team members who can help support these conversations and the patients
- Make sure you are talking to the correct SDM when the patient is incapable
- Document your conversations
- Know what’s available at your own site or region
  - Visitor Policy
  - Resource allocation policies
  - Palliative care supports from regional palliative care team
  - Availability of social work and chaplaincy support
- Know what resources your institution has to provide patient/families about COVID-19 and any triage information

#### **General tips about communication (from Fraser Health Services BC)**

Within your own scope of practice, provide information directly and honestly to the best of your knowledge

- Allow silence as time permits
- Acknowledge and explore emotion as it occurs. Do not just talk about facts and procedures
- Make a recommendation. In these distressing times, patients & families need to hear your professional opinion.
- Listen more than you talk.
- Avoid premature reassurance, instead align with the patients in hoping things may improve
- Focus on patient-centred goals and priorities not medical procedures
- Do not offer a menu of interventions, especially those that are not clinically beneficial
- Use the wish, worry, wonder framework...
  - I wish allows for aligning with the patient’s hopes
  - I worry allows for being truthful while sensitive
  - I wonder is a subtle way to make a recommendation

If you have any feedback about these guides, please email [rachel.dragas@HPCO.ca](mailto:rachel.dragas@HPCO.ca)



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### Additional Resources

**Hospice Palliative Care Ontario**  
**Speak Up Ontario**  
**Ontario Palliative Care Network**  
**VitalTalk**

hpcoco.ca  
speakuontario.ca  
ontariopalliativecarenetwork.ca  
vitaltalk.org