

Communication challenges with Covid-19.

3. Goals of care (GOC) and decision-making conversations in acute illness

In a pandemic, decision-making about treatments may shift between business as usual (BAU) and crisis mode. The framework for goals of care and decision-making conversations are similar.

Business as usual (BAU):

Establishing which treatment choices are likely to be of benefit for an acutely unwell individual ideally depends on a process of *shared decision-making*. This considers the treatments likely to be successful and the patient's priorities and goals. It results in *Shared Goals of Care* and clear documentation of the treatment plan in the case of further deterioration

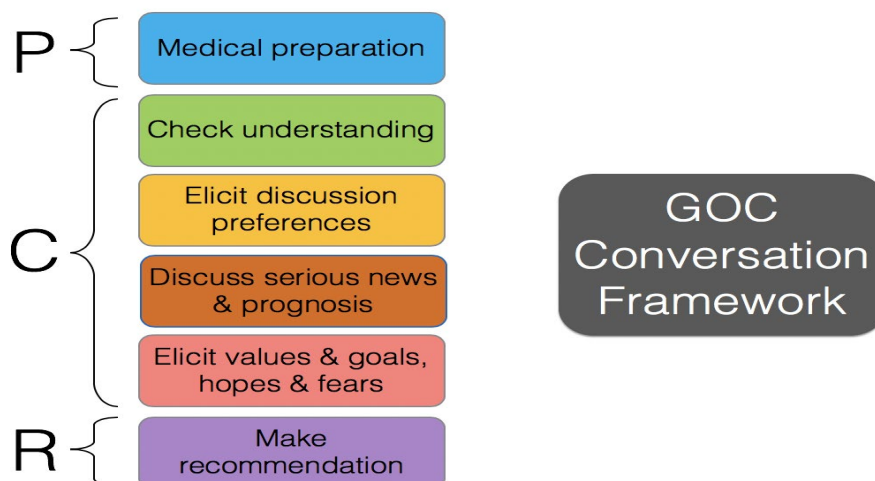
Crisis standards of care

This occurs when treatments that might ordinarily be available to a particular population are overwhelmed and management for some people switches earlier to ward-based supportive treatment or palliative symptom control only. These decisions will be determined by principles/guidelines that have been determined at a high level. It is still important to talk to patients and to document the treatment decisions should deterioration occur. The process for communication is similar, with the proviso that when crisis mode occurs, patients may be more frightened, healthcare professionals may have less time and be more anxious themselves, and family and whānau may not be present.

Remember: 'the smallest kindness' can make all the difference. You are not powerless.

Framework for goals of care (GOC) and decision-making conversations in acute illness

This framework is similar in BAU and crisis mode and guides the *process* of communication.



Framework: PCR	BAU: normal resources available	Crisis mode: some treatments become limited	Examples for crisis mode with emphasis on acknowledging emotion
Preparation			
Do this <i>before</i> seeing the patient	Which medical interventions are likely to help this patient if s/he deteriorates acutely? Check if any preexisting advance care directives/ACP	Which medical interventions are likely to help <i>and are available</i> if s/he deteriorates acutely? Check if any preexisting advance care directives/ACP	Particularly important to know what is available before talking to the patient, as this will frame your conversation. Think: <i>what treatment decisions do we need to make in case this person deteriorates further?</i> <i>Will help guide conversations</i>
Conversation –these four steps help build trust and rapport and show the patient that you genuinely care about them.	With the patient and others as appropriate	May have limited or no visitors	
1. Check understanding	Find out what the patient understands.	Find out what the patient understands.	<i>Introduction and acknowledge the situation: I am so sorry we are in this situation/you have had to come to hospital/you are feeling so unwell.</i>
2. Elicit discussion preferences	Find out how much they want to know and should anyone else be present?	Find out how much they want to know. May not be possible to have others present	<i>Can I start with what you understand so far?</i> <i>Are you the sort of person who likes to talk about what is happening or would you rather take things as they come? /Is there someone else we should talk to?</i> <i>“That is very helpful to know- thank you.”</i>
3. Discuss serious news and prognosis	Give them the information they need/want	Give them the information they need/want	If they want to know give small chunks slowly, with pauses guided by their needs. <i>The virus has caused a severe pneumonia and your condition is stable at the moment. We do not to talk about what might happen if you get sicker however.</i> <i>Or I am afraid the news is not good. [Pause]</i>

<p>4. Elicit hopes and fears</p>	<p>Ask what would be important to them if they got sicker</p> <p>Ask what their main concerns are</p>	<p>Ask what would be important to them if they got sicker</p> <p>Ask what their main concerns are</p>	<p><i>The virus has caused a severe pneumonia and we don't think you will survive without more intensive treatment such as ICU. [Pause]</i></p> <p><i>Or</i></p> <p><i>The virus has caused a severe pneumonia and I am not sure if you will pull through [Pause]</i></p> <p><i>I know this is not what you wanted to hear/I am so sorry we are in this situation.</i></p> <p>[Slowly and with eye contact/connection]: <i>If you were to get sicker, despite everything we do, what would be most important to you?</i></p> <p><i>What are the things you are most worried about?</i></p>
<p>Recommendation</p>			
<p>This is a recommendation about medical treatments. It is much more likely to be accepted if you have taken the earlier steps to build connection and trust.</p>			<p><i>It has been really helpful to discuss all this. In light of your illness and what you have told me would it be ok if I make a recommendation?</i></p> <p><i>My recommendation is that we do everything we can, with the equipment we have, to get you through this</i></p> <p><i>OR</i></p> <p><i>We will do all we can with what we have to help you recover AND if things are not going well we will keep you comfortable</i></p> <p><i>OR</i></p> <p><i>I am worried that you won't pull through this and I think we should focus on your comfort</i></p> <p>[AND is much better than BUT]</p>