



A GUIDE TO COMPASSIONATE PHONE CONVERSATIONS DURING COVID-19

SERIOUS ILLNESS CONVERSATION GUIDE

Fred is a 72 year old gentlemen who is hospitalized with COVID-19. He has underlying COPD and heart disease. His sister is his decision maker and his closest relative. Fred is not doing well and you are phoning to update his sister.

1 SET UP THE CONVERSATION

“I’d like to talk about what may be ahead for you with this illness and do some planning about what is important to you so that I can make sure we provide Fred with the best possible care, is this **okay?**”

2 ASSESS UNDERSTANDING AND PREFERENCES

3 SHARE INFORMATION AND PROGNOSIS*

Frame as a “**wish...worry**” or “**hope...worry**” statement. Allow silence and explore emotion

INTRODUCE

Hello my name is Grace, I am a Physician, and I have been caring for Fred.

SPEAK SLOWLY

I’m calling to give you an update on your brother, Fred.

COMPASSIONATE APPROACH

OPEN WITH A QUESTION

Is there someone there with you?

- ▶ **If yes** - good
- ▶ **If no** - do you have someone you can call after this discussion? You might want a pen to write some things down.

RECOGNIZE CAREGIVER CONTEXT

Are you okay to talk right now? If not, when is a better time to call?

WELCOME SUPPORT PERSON

This is a difficult time filled with a lot of stress. Having others with you right now is important so they can remind you of what we talked about, and provide comfort.

During COVID-19

- ▶ Many people feel so much guilt that they can’t be at the bedside *and fulfill traditional protocols.*
- ▶ It has to be this way right now to protect the health of family members and the community.
- ▶ If it could be any other way, we would want you to be with Fred.

ASK

ESTABLISH WHAT THEY KNOW

What is your understanding of how people with COPD, like Fred, are affected by COVID-19?

What information about what’s ahead would you like from me?

Can you tell me what you know about Fred’s condition?

TELL

SHARE INFO IN SMALL CHUNKS

I want to share with you, my understanding of where things are with Fred’s health.

- ✓ Pauses
- ✓ Simple language

- ✗ Euphemisms
Eg: comfortable vs dying
- ✗ Jargon
Eg: palliative care

HONESTY WITH UNCERTAINTY

Given Fred’s conditions, here are some things we think can help keep him comfortable, such as giving him oxygen to help with his breathing.

ACKNOWLEDGE POSSIBILITY OF DEATH

We hope Fred improves with these treatments, but I’m worried that he could die.

Fred is very sick [provide details]. I wish this was not the case, but I’m worried that he is now so unwell that he could die in the next hours to days.

IN THE EVENT THAT FRED DIES

Skip the “Explore” step and move to the “Allow Silence” step

I’m sorry to tell you this over the phone, but sadly Fred passed away a few minutes ago. I’m sorry that for your own safety you can’t be here right now.

4 EXPLORE KEY TOPICS*:

- a. Goals
- b. Fears
- c. Sources of strength
- d. Family
- e. Notify

EXPLORE

Can you tell me what you know is important to Fred?

Can you tell me what you know about Fred's priorities and wishes?

ALLOW SILENCE

LISTEN

EMPATHIZE

ACKNOWLEDGE

I am so sorry. Please, take your time.

It must be hard to take this in, especially over the phone.

I can hear how upset you are. This is an awful situation.

5 CLOSE THE CONVERSATION*

"I've heard you say that ___ is important to you right now. Keeping this in mind, and what we know about this illness, I recommend that _____."

ASK

DON'T RUSH

Before I say goodbye, do you have any other questions about Fred? The next steps are [site specific info].

ENCOURAGE OTHER SUPPORTS

Do you need any further information or support?

AFTERWARDS

SELF-CARE

Chat with a colleague. These conversations are difficult.

6 DOCUMENT AND COMMUNICATE WITH KEY CLINICIANS

- Document in Electronic Medical Record (EMR) or patient's chart.
- Ensure updated **MOST form** (10-111-5171) is completed.
- Personally inform provider(s) who should know.
- Ensure family is updated, if appropriate.

*MORE EXAMPLES:

Step 3 E.g., "COVID-19 is a viral illness that spreads like the flu. We know it's particularly serious in patients like Fred. I wish we were not in this situation, but I'm worried that Fred could get much sicker very quickly. If that happens Fred is at risk of dying in a short period of time."

Step 4 "If things get worse, **what would be most important to Fred?**"
"What gives Fred strength as you think about what may be ahead with this illness?"
"Is there anyone you would like me to contact?"

Step 5 "**How does this plan seem to you?**"
"**We will do everything we can** to help Fred through this.
E.g., "I've heard you say that Fred not suffering if he becomes more short of breath, is important to him. Keeping in mind what we know about this illness, and what you've shared with me, I recommend we treat Fred with oxygen and medicine to help with his shortness of breath. If things worsen, we won't send Fred to the intensive care unit as that will only prolong his suffering. We will continue to aggressively treat Fred's symptoms so he can remain comfortable. How does this sound?"

Adapted with permission from Talking to relatives infographic by Dr. Antonia and Dr. Louise Robinson, Palliative Care Team, West Middlesex Hospital. The Serious Illness Conversation Guide has been added to and modified by Northern Health Palliative Care and Northwest Working Group which included representation from: Patient Voices Network, patient partners, physicians, NH PQI & NH QI, with input from Northern Health Patient Partners with lived experience. The original content can be found at <https://portal.ariadnelabs.org> and is licensed by Ariadne Labs under the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. Ariadne Labs licenses the original content as-is and as-available, and makes no representations or warranties of any kind concerning the original content or concerning this material, which Ariadne Labs has not reviewed or endorsed.