

Guide for Serious Illness Conversations with Hospitalized high-risk COVID-19 Patients

CONVERSATION FLOW	SUGGESTED LANGUAGE
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 you with the best possible care, is this okay? ”
2. ASSESS UNDERSTANDING AND PREFERENCES	“ What is your understanding of how COVID-19 is affecting people like you? [eg people who are older and/or frail, people with significant comorbidities] “What information about what is ahead would you like from me?” ”
3. SHARE INFORMATION & PROGNOSIS: *Frame as a “ wish...worry ” or “ hope...worry ” statement *Allow silence & explore emotion	EG “COVID - 19 is a viral illness that spreads like the flu. We know it is particularly serious in patients like you. I wish we were not in this situation, but I’m worried that you could get much sicker very quickly. If that happens you are at risk of dying in a short period of time.”
4. EXPLORE KEY TOPICS: a. Goals b. Fears c. Sources of strength d. Family e. Notify	“If things get worse, what would be most important to you? ” “ What are you most afraid of right now?” “ What gives you strength as you think about what may be ahead with this illness?” “ How much does your family know about what’s important to you?” “ Is there anyone you would like me to contact? ”
5. CLOSE THE CONVERSATION	“ I’ve heard you say that ____ is important you right now. Keeping this in mind, and what we know about this illness, I recommend that ____.” “ How does this plan seem to you? ” “ We will do everything we can to help you through this. EG: “I’ve heard you say that not suffering if you become more short of breath is important to you. Keeping in mind what we know about this illness, and what you’ve shared with me, I recommend that we admit you to hospital and treat you with oxygen and medicine to help with your shortness of breath. If things worsen, we will not send you to the intensive care unit as that will only prolong your suffering. But we will continue to aggressively treat your symptoms so you remain comfortable. How does this sound?”
6. DOCUMENT & COMMUNICATE WITH KEY CLINICIANS	1. DOCUMENT in CERNER by creating a free text note and title it GOALS OF CARE. Or you may document this note in the GOALS OF CARE Powerform 2. Ensure the correct CODE STATUS / Option is chosen 3. Personally inform provider(s) who should know

Suggested adaptations for different clinical situations:

1. The patient is an ICU candidate:

- There are two additional questions in the original Serious Illness Conversation Guide that could be useful:
 - *“What abilities are so critical to your life that you can’t imagine living without them” OR “What does meaningful quality of life look like to you?”*
 - *“If you become sicker, how much are you willing to go through for the possibility of gaining more time?”* (i.e. are they willing to go through a potentially prolonged ICU stay for the possibility of survival?)

2. Communication is with a family member, as the patient is unable to communicate their wishes:

- Follow the same format and flow for the conversation, but focus on eliciting the family member’s best estimate of what the patient (use the phrase *“your loved one”*) would say or want in this situation.

3. Patient/Family member insists on ICU despite it not being an option:

- Consider requesting a consult from ICU, and/or geriatrics so they can share their perspective with the family.
- Re-iterate/Focus on the active medical treatments that you will continue to provide to the patient, and Frame ICU in terms of the prolongation of suffering as opposed to provision of cure.
- Use wish/worry/wonder: *“I wish this weren't the case, but I worry that if we bring you to the ICU, you will suffer more. I wonder if we can take this opportunity to ensure you have a peaceful death.”*
- Offer ongoing support: *“We will be here for you/your loved one no matter what happens”*

Other phrases that may be useful:

- Say *“Allow natural death”* instead of *“Do not resuscitate.”*
- Speak about the *“body”* rather than the person. *“I know you/your loved one is a fighter, but your/their body is too weak to fight this illness.”* OR *“Your dad's lungs are too weak to recover, even with a breathing machine.”*



How you want to be treated.