

COMMUNICATION WITH PATIENTS AND FAMILY IN THE TIME OF COVID-19



Healthcare practitioners require skilled and compassionate communication with patients, their families and each other, never more than in a time of high anxiety, great medical need and probable rationing of medical intervention. The following information guides such communication, and can be used as a script to ease difficult conversations.

IMPORTANT COMMUNICATION SKILLS TO REMEMBER:

Always start by checking the patient or family member's understanding of the situation and ask what they have been told before. They may reveal clues that you can use to advance the conversation.

- Present information in small, digestible chunks; avoid medical jargon.
- Use silence – this allows people to absorb what was said and show emotion.
- Acknowledge emotion: **NURSE** acronym
 - N**ame emotion: 'You seem to be upset/worried?'
 - U**nderstanding: 'Given what is happening, I can understand your concern.'
 - R**especting: 'You have been really patient under difficult circumstances.'
 - S**upporting: 'I understand that this is very hard. We will be here to help.'
 - E**xploring: 'Tell me more; I would like to understand what you're thinking.'
- Never say: 'There is nothing more that we can do for you/your mother...'.
Commit to excellent symptom management, compassionate communication and your presence.
- Consider linking family telephonically or online to say a final goodbye.



Below are a number of communication tips for specific scenarios, adapted for the South African setting from VitalTalk and made freely available during the COVID-19 crisis. You can find more information and the full guide on their website: <http://www.vitaltalk.org>

ADMITTING: When your patient needs to be transferred to hospital or the CCU

What they say	What you say
(Patient) How bad is this?	According to the information I have now and from my examination, your situation is serious enough that you should be in hospital. We will know more in the next day and will update you.
Do I need to say my goodbyes?	I'm hoping that's not the case, but I'm concerned that time could indeed be short. What is most pressing on your mind?

DECIDING: When things are not going well; goals of care; when the patient is not for CCU or resuscitation

What they say	What you say
I want everything possible to be done. I want to live.	We are doing everything we can. This is a tough situation. Could we pause for a moment so I can learn more about you? What can you tell me about yourself so that I can take better care of you?
I don't think my spouse would have wanted this.	Well, let's stop and talk about what he/she would have wanted. Can you tell me what he/she considered most important in his/her life? What meant the most to him/her, gave his/her life meaning?
I don't want to end up being a vegetable or on a machine.	I understand, and it is very important for me to know that. Tell me more about how you feel.
I am not sure what my spouse wanted – we never spoke about it.	You know, many people find themselves in the same boat. This is a difficult situation. To be honest, given his/her overall condition at the moment, if we need to put him/her on a breathing machine or do CPR, he/she will not make it. The odds are just against us. My recommendation is that we accept that he/she will not live much longer and allow him/her to pass on peacefully. I understand that this may be hard to hear. What do you think?

**RESOURCING: When scarce resource limitations force you to choose, and even ration
(NB: These are only to be used when our system goes into crisis mode.)**

What they say	What you say
Why can't my 90-year-old grandmother go to the CCU?	This is an extraordinary time. We are trying to use resources in a way that is fair for everyone. Your grandmother's situation does not meet the criteria for the CCU today. I wish things were different.
Should I not be in the CCU?	Your situation does not meet the criteria for the CCU right now. The hospital is applying special rules for CCU access as we are trying to use our resources in a way that is fair for everyone. Had this been a year ago, things might have been different – but these are unusual circumstances. I wish more resources were available.
My grandmother needs the CCU or she is going to die!	I know this is a scary situation, and I am worried for your grandmother myself. This virus is so deadly that, even if we could transfer her to the CCU, I am not sure she would make it. So, we need to prepare for the possibility that she could die. We will do everything we can for her to make sure she is comfortable.
It sounds like you are rationing us.	What we are trying to do is spread out our resources in the best possible way. I wish we had access to more resources so that we could accommodate every single person in this hospital.
How long will my mother stay on the ventilator?	<p>Your mother is very ill. We need to try ventilation to see if it will help. I think we will need to review daily/in about (insert timeline) days to see if it is still helping.</p> <p>(It will be much harder to have a subsequent withdrawal discussion if the initial conversation was: 'Your mother is very ill. Without ventilation she will die. We must ventilate her to keep her alive.')</p>
How can you just take her off a ventilator when her life depends on it?	I'm so sorry that her condition has become worse, even though we are doing everything. Given the current circumstances, we are following special guidelines that apply to everyone here. We cannot continue to provide critical care to patients who are not getting better. This means that we need to accept that she will die, and that she must be taken off the ventilator. I wish things were different. We will make sure that she is comfortable, not suffering and not alone.

NOTIFYING: When you have to inform someone telephonically

What they say	What you say
Yes, I'm his daughter. I am five hours away.	I need to discuss something serious with you. Are you in a place where you can talk?
What is going on? Has something happened?	I am calling about your mother. Are you in a place where you can talk? We are doing everything we can for her, but I am concerned because her condition is worsening.
What is going on? Has something happened?	<p>I am calling about your mother. Are you in a place you can talk? We are caring for her in the best possible way and the breathing machine is not helping. (Silence)</p> <p>I know this is going to be hard to hear. We have to take her off the machine now and we are expecting that she might die within (insert timeline)... (Silence)</p> <p>I can imagine not seeing her makes it so much worse. Although she is not fully awake, would it be helpful if I held the phone to her ear for you to say a few words? I can also pass on a message to her.</p>
What is going on? Has something happened?	I am calling about your father. I am afraid I have bad news for you. He was admitted to hospital diagnosed with COVID-19. I am sorry to inform you that he died a short time ago.
Crying	<p>I am so sorry for your loss. (Silence)</p> <p>(If you feel obliged to say something: 'Take your time. I am here.')</p>
I knew something was coming, but I didn't realise it would happen this fast.	<p>I can only imagine how shocking this must be. It is very sad.</p> <p>(Silence - wait for them to resume).</p>

ANTICIPATING: When you are worried about what might happen

The situation	What you can do
That patient's son is going to be very angry.	Before you enter the room, take a moment for one deep breath. What is the anger about? (Love, responsibility, fear?)
I don't know how to tell this adorable grandmother that I can't put her in the CCU and that she is going to die.	Remember what you can do: You can hear what she is concerned about, you can explain what is happening, you can help her prepare and you can be present. These are gifts.

Managing emotions in ourselves

What you are thinking	What you can do
I should have been able to save that person.	Note: Am I talking to myself the way I would talk to a good friend? Could I step back and just feel? Maybe it is sadness, or frustration, or just fatigue. Those feelings are normal. And these times are distinctly abnormal.
I cannot believe we do not have the right equipment/how mean that person was to me/how everything I do is blowing up in my face.	Note: Am I allowing everything to get to me? Is all this analysing really about something else? (i.e. I feel sad, I feel powerless, our efforts seem pointless) Under these conditions, such thoughts are to be expected. We do not have to let them drag us down. Can we just notice and feel/share them? Can I step into a less reactive, more balanced place as I move on to the next thing?
I am afraid of burnout, and of losing my heart.	Can you look for moments every day where you connect with someone, share something or enjoy something? It is always possible to find little pockets of peace, even in the middle of a maelstrom.

TALKING TO RELATIVES

A guide to compassionate phone communication during COVID-19

Introduce

Hello my name is
Grace | Doctor | Sister

Speak slowly

I'm calling to give
you an update
on your brother,
Frank.

Open with a question

Are you OK to
talk right now?

Establish what they know

Can you tell me
what you know about
his condition?

Share info in small chunks



**PAUSES
SIMPLE LANGUAGE**



**EUPHEMISMS
JARGON**

Helpful concepts

Honesty with
uncertainty

There are treatments that might help Frank get better, such as giving him oxygen to help with his breathing. But if his heart stopped, we wouldn't try to restart it, as this wouldn't work.

Hope for the best,
plan for the worst

We hope Frank improves with these treatments, but we're worried he may not recover.

Sick enough to die

Frank is very sick and his body is getting tired. Unfortunately, he's now so unwell that he could die in the next few hours/days.

I'm so sorry
to tell you this
over the phone,
but sadly Frank
died a few
minutes ago.

Comfort and reassure

Is there anything you can tell me about Frank to help us look after him? What matters to him?

We've been looking after him and making sure he's comfortable.

Allow silence

LISTEN

I am so sorry.
Please, take your time.

EMPATHISE

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

ACKNOWLEDGE

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

Ending the call

Do not rush

Before I say goodbye, do you have any other questions about Frank?

Next steps

Do you need any further information or support?

Afterwards

Chat with a colleague. These conversations are hard. **#weareallhuman**