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PALLIATIVE CARE AND APPROACHING CONVERSATIONS WITH COVID-19 PATIENTS

Webinar date: **April 23, 2020**

Disclaimer: Information on COVID-19 is changing rapidly and much of the research is preliminary. Assessment and management protocols are suggestions only; they do not take the place of clinical judgement. Please check with your own health authorities and local medical health officers as policies and support for the suggested approaches to patient care may vary between regions.

This summary was prepared by Dr. Pippa Hawley.

Webinar Summary

Brief Summary of Panel Members' Key Points

Dr. Pippa Hawley

- People still need regular palliative care: need to adapt system to accommodate infection control concerns
- SICG actually easier to train on via phone, as can read from script which you wouldn't do in person
- COVID-19 has pushed patients to consider their own mortality and is a great "opener" for discussion about goals of care and their values

Mr. Wallace Robinson

- The serious illness conversation approach leads the conversation toward each patient's goals and fears, better than fear of rationing
- Our conversation should begin by hearing the pt/SDMs understanding of COVID, followed by our understanding and what we estimate of their prognosis

- In the urgency of the COVID pandemic, we should strive to adhere to what we know is best practice, esp. Interprofessional practice

Dr. Fify Soeyonggo

- Anticipatory planning is critical when caring for frail and elderly patients diagnosed with COVID-19
- Early and clear communication with COVID-19 patients and their families in regard to a management plan
- Early communication with local support systems to see what resources are available to support COVID-19 patients

Dr. Ross Taylor

- Challenges to health care professionals of having difficult/serious conversations with the patient when distanced either because of PPE or physically being separated- useful strategies to facilitate communication
- Challenge of engaging with family and coordinating practical aspects of care in the community- discharge planning and medication management
- Challenge of supporting health care professional colleagues- when to call for help, and how to prevent and recognize distress/burnout

Summary of points raised in discussion

- Need to study the impact of wearing Personal Protective Equipment (PPE) on staff, patients and families
- Differences caring for young adults who may die, more need for identification of surrogate decision-makers, as legal default (parent if unmarried) may not be preferred choice
- Observation that there is less taboo about discussing dying amongst younger people, unclear if this is widespread and generational or a BC-centric perspective only
- Need to expedite paperwork for Advance Care Planning (ACP), e.g. facilitate virtual signing of ACP documents and wills, or allow verbal consent
- Document verbal discussions to provide direction to staff
- Bereavement care will be even more challenging than usual due to delayed funerals and social distancing
- Don't forget that health care professionals will also experience grief and bereavement
- Use all avenues to allow families to connect safely, e.g. through windows, use of creative IT strategies
- Use communication tools available, e.g. "Wish, Worry, Wonder", SPIKES mnemonic, Serious Illness Conversation Guide (see UBC Division of Palliative Care CORONAVIRUS page for links to resources)

- Tools are just that, not meant to be mandatory way of navigating conversations: keep it natural and listen, so that you can respond to cues from the person/people you are talking with
- Acknowledge and label emotions, including your own ("I am uncomfortable having to have this conversation over the phone, but….")
- Dying from COVID-19 at home is challenging, due to unpredictable and fast deterioration, need for rapid escalation in doses of opioids for dyspnea and sedatives for hypoxic delirium, anxiety and severe dyspnea
- Patients may be better provided with palliative care in hospital
- Important to debrief with colleagues and family after a death
- Clinical Frailty Sale is a useful prognostic indicator for aiding decision-making around ventilation
- High troponins also bad prognostic indicator
- Not enough time to arrange MAiD
- Be careful not to miss collaboration with allied health professionals- don't lose the model of interprofessional palliative care
- Show your face to patient before putting in PPE if possible, to reduce anonymity and help establish rapport in difficult circumstances

Resources

- **UBC Palliative Care Coronavirus Response:** https://palliativecare.med.ubc.ca/coronavirus/

Thanks to the speakers on the video:

- **Dr. Pippa Hawley,** Head, UBC Division of Palliative Care, Medical Director, BC Cancer Pain & Symptom Management/Palliative Care Program
- **Mr. Wallace Robinson**, Lead, Advance Care Planning – Providence Health
- **Dr. Fify Soeyonggo**, Palliative Care Physician – Fraser Health
- **Dr. Ross Taylor,** Palliative Care Physician and Hospitalist – Vancouver Coastal Health
- **Dr. Bruce Hobson** (moderator), Family Physician