

Informed Assent¹ Recommendation: When CPR/Intubation/Ventilator is Nonbeneficial

[“Warning Shot’ + Asking Permission]: “I am afraid that I have some serious news to share with you. Would it be okay if we talk about it?”

[Give a concise “headline”]: “The test results show that it is highly likely you (your loved one) have COVID-19. I am very worried that you (your loved one) have developed a serious complication in which the virus has affected your (loved one’s) lungs.”

[Align with Patient or Family] “I want you to know that we will use all available medical treatments that we think will help you (your loved one) recover from this illness.”

[Make an Informed Assent Recommendation] “If this infection becomes severe, despite our best efforts, we know that in people who already have serious medical conditions, invasive treatments like CPR and ventilators (breathing machines that require a tube down into your lungs) do not help people survive and would only cause harm. Therefore these treatments are not a good choice for you. (Allow a pause for family to absorb this information). I wish things were different.”

(Three options – Choose one based upon clinical condition and patient preferences).

Response 1: Patient Could Benefit from Time-Limited Trial of BiPAP / HFNC* (DNR+DNI)

“If you do become sicker, we recommend a trial of a different type of breathing support, called [BiPAP or High Flow Oxygen], which doesn’t require a tube down into the lungs. We hope this treatment can support your (loved ones) breathing while the lungs recover. We will monitor you (your loved one) closely and hope for improvement. If your (loved one’s) condition worsens, and the illness is not survivable, we will change our treatment plan to focus on your (loved ones) comfort during the dying process. (Allow a pause for family to absorb this information). I wish things were different.”

* Note: BiPAP and high flow oxygen are considered **aerosolizing procedures** requiring negative pressure rooms and should only be offered if there is potential benefit.

Response 2: Frail / High-Risk Patients, Unlikely to Benefit from BiPAP / HFNC, Recommend Time-Limited Trial Supportive Care (DNR + DNI)

“If you do become sicker, we will do our best to support you with oxygen and medicines for your breathing. We hope these treatments will allow your lungs to recover. We will monitor you closely and hope for improvement. If your condition worsens despite this, and the illness is not survivable, we would change our treatment plan to focus on your comfort during the dying process. (Allow a pause for family to absorb this information). I wish things were different.”

Response 3: Actively Dying (Likely Prognosis Hours to Short Days), Unlikely to Benefit from BiPAP / HFNC, Recommend Comfort-Focused Care (DNR + DNI)

“Because of the severity of this illness and your (loved ones) other medical conditions, we will focus our care on treating symptoms to ensure your (loved ones) comfort and allow a peaceful death. We will pay close attention to shortness of breath, or any other signs of discomfort, and we will give medications and other treatments that may help you (your loved one) feel more comfortable. (Allow a pause for family to absorb this information). I wish things were different.”

[Respond to Emotion + Explore Values]: (Optional based on response).

Exploring Concerns: “Given what I shared, what concerns you most?”

Responding to family concerns: “I wish we had a treatment available that would help your family member recover from this. We will do our very best to care for them with the treatments we do have available.”

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COMMUNICATION SKILLS: ED GOALS OF CARE CONVERSATIONS FOR HIGH RISK PATIENTS

We will continue to hope for the best, and if things don't go the way we are hoping, we will make sure they are comfortable during the dying process. (Allow a pause for family to absorb this information). I wish things were different."

Responding to family anger: "It is understandable that you would be angry. I wish I had treatments available that would help. We will stay committed to doing our very best for your loved one with the treatments we do have."

[Closing Statement Based on Expectant Triage]: (Optional based on response).

"Even if our care focuses on comfort and we anticipate you (your loved one) will die, we will continue to reassess the situation. Some patients unexpectedly stabilize when receiving comfort-focused treatments. We will keep you updated."

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Additional Resources: <https://www.vitaltalk.org/guides/covid-19-communication-skills/> and <https://www.capc.org/blog/capc-releases-covid-19-response-resources-toolkit/>

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REFERENCES

1. Curtis JR, Burt RA. Point: the ethics of unilateral "do not resuscitate" orders: the role of "informed assent". Chest. 2007 Sep;132(3):748-51; discussion 755-6.
2. Field Manual for Palliative Care in Humanitarian Crises. Waldman and Glass, Oxford University Press, November 2019. <https://oxfordmedicine.com/view/10.1093/med/9780190066529.001.0001/med-9780190066529-chapter-2>

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