

COMMUNICATION SKILLS: ICU GOALS OF CARE CONVERSATIONS WHEN A PATIENT IS DYING DESPITE TRIAL OF CRITICAL CARE

Serious News by Phone #1: “Warning Statement” that Patient May Not Survive

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

[Give a concise “headline”]: “In the past few (hours/days) your loved one (has become more ill/has not improved). I am very worried about their chances of recovering. (Allow a pause for family to absorb this information). I wish things were different.”

[State Clearly What You Will Do] “I want you to know that we will continue to use all available medical treatments that we think will help your loved one recover from this illness. We would like to talk again in (*specify time*), unless they have a change in condition sooner.”

If family asks (at this time) for critical care and/or ventilator use to continue:

[2nd Headline] “I can see how worried you are. I want to reassure you that today I’m just calling to give you an update on your loved one’s condition and my concerns about how they are doing. I want to assure you that we are continuing to support them. I should mention that in some cases this illness worsens quite suddenly. We will continue to keep you updated. I would like to call you again later or tomorrow — is that okay?”

Serious News by Phone #2: Update Family With Rec to Remove Ventilator

[“Warning Statement” + Asking Permission]: “I’m calling to follow up on our last conversation. Would it be okay if we talk now?”

[Headline, part one]: “In the past few (hours/days) your loved one has gotten worse (if appropriate, add “and is now dying”).

(Allow a pause for family to absorb this information). Their condition has worsened to the point where we need to change the course of our care.” (Allow a second pause.)

[Headline, part two]: “I’m also calling to let you know that we are recommending that we remove the ventilator and allow for a natural and peaceful death.”

(Allow a pause; respond to emotions – see “Responding to Emotions” script below). “I wish things were different.” [State Clearly What You Will Do]: “I want you to know we will focus our care on treating symptoms to ensure your loved one’s comfort and allow a peaceful death. We will pay close attention to shortness of breath, or any other signs of discomfort, and give medications and other treatments that help your loved one feel more comfortable. (Allow a pause; respond to emotions – see below.)

[Headline, part three]: “Is it okay if I give you more information now about what to expect next? (Pause and wait for permission to proceed). For people who are as sick as your loved one, when we remove them from the ventilator, they usually die quickly, possibly even within minutes to hours.” (Allow a pause; respond to emotions – see below. Explain your institution’s visitation policy for dying patients).

[Offer Support]: “I know it must be so difficult not being able to be here. I want you to know we are going to be here to support you (and him/her) through this and keep you updated every step of the way. Is there anything you can think of right now that would be helpful?” (If asked, explain your institution’s resources for support of these families, e.g. social work or chaplaincy, etc.)

(Can offer to talk family through the process of saying goodbye – see “The 5 Things” script below, and say that you will support them to do it by phone or tablet device if they are not able to come in or are not allowed in-person visit because of hospital policy).

Modified: 4/14/2020

Owner: Jennifer Reidy, MD, MS, FAAHPM

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Responding to Emotions: “I Wish” and Other Empathic Statements

Responding to family concerns about triaging/limited beds/ventilators:

“I wish things were different. This is an extraordinary time we all find ourselves in.”

“I can’t imagine how difficult this is for you and everyone else who loves (patient’s name).”

“You have been an incredible advocate for your loved one. I can see how deeply you care.”

Responding to family anger:

“It is understandable that you would be angry. I wish I had treatments available that would help him/her recover. We will stay committed to doing our very best for your loved one with the treatments focused on their comfort.”

“It is understandable that you would be angry. I can see that you care about them a great deal. This is an extraordinary time we all find ourselves in.”

Responding to family grief/sadness:

“I want you to know that all of us here care deeply about you and your loved one’s experiences right now.”

“I can understand how difficult it is even under normal circumstances to have your loved one in an ICU. It must be unimaginably hard during this pandemic.”

The 5 Things: Offering Support for What to Say to a Loved One Who is Dying

[Preview + Asking Permission]: “Sometimes people wonder what to say when their loved one is dying. Is that something you are wondering about? Would it be helpful if I shared some things some people have found helpful?”

If yes, then:

[Headline: 5 Things to say]:

“Some of these things may feel right to you, and others might not. There is no order and you can use any of these 5 things that feel right to you. We think that even though your loved one is sedated and comfortable, that many patients retain their ability to hear, even when they are unconscious. So if you wish, this is the time to say good-bye. These are the 5 things to consider saying. You might want to write them down.”

- 1) Please forgive me (for anything I may have done that caused you pain)
- 2) I forgive you
- 3) I love you
- 4) Thank you (for being my father...)
- 5) Goodbye

“Many patients worry about their families and whether they will be okay after they die. It helps some patients to be reassured that their family will take care of one another after the patient dies.”

“Do any of those sound helpful?”

Validate what they want to say

“I think that is a beautiful thing to say”

“If my [daughter] were saying that to me, I would feel so valued and so touched.”

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"I think he/she can hear you even if they can't say anything back"

"Go ahead, just say one thing at a time. Take your time."

Expect emotion and respond

"I can see that he/she meant a lot to you."

"Can you stay on the line a minute? I just want to check on how you're doing"

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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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The Pause - after a patient dies (adapted from the Cleveland Clinic)

Moment of silence and/or words (by any team member):

We honor the person who has died and the importance of his/her life

We send out caring thoughts to his/her family and friends

We honor our work and efforts in caring for him/her