

Community advance care planning conversations due to COVID-19: for telephone or face to face interactions

Suggested phrases for setting up the conversation with patients or relatives (with permission):

“Hello my name is.....(*name and role*).....”
“Can I check who I am speaking to please?”

This is not intended to be a script.

Please ensure that you are responding to people’s concerns and directly addressing questions that are important to them.

“I’m calling to talk to you about something very important and quite difficult. I’m sorry we’re not able to speak in person in the way I would usually like to.”

“As you may know the situation with coronavirus is very serious and it’s important that we’re honest with people about this. Although many people have a very mild illness, we see that others can become seriously unwell and die.”

“As we gain experience, we’re learning that the virus seems to have a more serious effect on those with other health problems, and that they often don’t respond to the treatments we can offer.”

“At this time, we’re having to contact people who are known to us and to talk about what this might mean for them. It’s very important that we have clear plans in place to ensure that you get the care that is right for you.”

“While we hope you will not become seriously unwell, it feels important to prevent your family from having to have these difficult conversations if you did.”

Suggested phrases for particular issues or follow-up questions:

“Because of(*health problem*).... we know that treatments such as ventilation wouldn’t be able to help you if you became seriously unwell. Although it’s hard to talk about this, it is important to do so.”

“As ventilation is the main in hospital treatment that can be offered for coronavirus, we need to think about what benefit going into hospital would have for you if you did become unwell. You also need to know that unfortunately visiting is restricted in hospital if you have coronavirus – even if someone is very unwell or dying – so this needs to be a consideration for you and your family.”

“If you did become seriously unwell it’s likely that all the care you might need could be provided at home. This would include treatment for your symptoms, as well as care if you were sadly to die from this virus. This would allow your family to be with you at this time.”

If there is no DNACPR in place already:

“In the event you did become seriously unwell, and your heart was to stop, resuscitation would unfortunately not be able to restart your heart. For this reason, it’s important I fill in a DNACPR form to ensure that we’re not doing something that wouldn’t work and that would cause you and your loved ones unnecessary distress.”

“Thank you for having this difficult conversation with me today. I will document this on your healthcare records and will put the DNACPR form in the post for you.”

Please document this discussion on the EPaCCs template and ensure that a DNACPR form is completed.

If advice is needed please contact:

Specialist palliative care team: Monday to Sunday 9am – 5pm 01924 543 801 (Bleep 249)
Out of hours please contact: On-call palliative care consultant via MYHT switchboard
Wakefield Hospice: 01924 331 400 Prince of Wales Hospice: 01977 708 868