

Managing end of life discussions in patients with COVID-19: patients and relatives

Suggested phrases for initial conversation with patients or relatives (via telephone):

“Hello my name is.....(*name and role*).....”

“Can I check who I am speaking to please?”

“I’m sorry we’re not able to speak in person at such an incredibly difficult time for you and your family.”

“I need to talk about ...(*name*)...and the impact that the virus has had on their health”

Establish what they already know

Try to give information gradually and in simple language

“Unfortunately we have reached the limit of what medicine can do in this situation. Despite the treatment we’ve given they continue to deteriorate and we now think they are dying.”

“We will be stopping all the treatment that hasn’t been working and focusing on making sure they are comfortable. They will have medication, if needed, to make sure they are settled and not distressed.”

“I’m so sorry that due to the safety concerns with this virus visiting remains limited even not things have changed.” **[Please give clear guidance about visiting that is allowed]**

“I want to reassure you that myself and the whole team are doing absolutely everything we can to keep comfortable and ensure that they do not feel alone. Please understand that this is very different to how we would want this difficult time to be for you.”

If appropriate and able offer to pass on a message or videolink (see separate guidance)

Suggested phrases for difficult or follow-up questions:

Rationing response:

“We base our decisions on individual patients and the effect the virus has on them. However, we have to acknowledge this is an extraordinary time and the pressure on the hospital is incredibly high.”

“In some situations, potential treatment options wouldn’t be of benefit to everyone and we sadly cannot prevent everyone from dying.”

If appropriate: “Unfortunately, due to(*name*)..... underlying health problems the virus has had a significant effect on them. We have now reached the limit of treatment that can help.”

In the event that a patient is being discharged home for end of life care:

“I’m sure you appreciate that NHS resources are under incredible pressure at this time, so unfortunately we need to reserve hospital treatment for those who have a chance of recovery.(*name*)..... condition is so serious that we feel medical treatment would only cause distress, not prevent them from dying.”

“The important care needed at this time can be given by the community healthcare teams. We will ensure they are referred to the correct teams and have access to the medication they need to keep them comfortable.”

Please ensure that anticipatory medication is prescribed and consult the COVID-19 symptom management guidance if needed.

It may be beneficial to continue oxygen if the patient is hypoxic and breathless.

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