

COVID-19 Conversation Guide for Crisis Standards

SET UP

This is a difficult and scary time with the coronavirus. I want you to know that we are doing everything we can to give you/[patient] the **very best care**. I'm hoping we can talk now about your/[patient's] care and what's important to you/[them]. **Is that okay?**

Is there anyone that you want to join us by phone or video?

ASSESS

What is **your understanding** now of where things are with this infection?

Can I **share some information** about how we are able to care for patients in the hospital right now and how that might affect you/[them].

SHARE

We are in a **very difficult situation**. Because so many people are very sick with this infection, we are following a set of rules for this circumstance.

We are **hoping that you/[they] will recover** from this infection, and **we're doing everything we can** to make that happen. However, because of your/[their] [underlying condition], and how sick you/[they] are now, **we are not able to use certain intensive treatments for you/[them]**, like breathing machines or CPR [or dialysis]. **[PAUSE]**

I wish so much that we were not in this situation.

EXPLORE

What are you **most worried about** right now?

IF...the patient or family expresses worries about dying

I am worried about that because this virus is so deadly. Even if we could transfer you/[them] to the ICU, it is unlikely that you/[they] would survive.

IF...the patient or family asks why they can't go to the ICU

This is a time unlike any that we've experienced. We are trying to use treatments to help the most people. [Patient] is so sick that they are very unlikely to survive, even with these intensive treatments. For this reason, they do not meet criteria for the ICU [or breathing machine].

IF... the patient or family expresses concern that you are killing them

I hear that this feels unfair and wrong. I am so sorry that we are in this very terrible situation. Even though it may not feel like it, please know that we are committed to your loved one and to you.

CLOSE

If this is where we are, what are the things we could do that would **make the most difference** to help you/[patient] **feel as comfortable and secure as possible?**

I've heard you say _____ . Here is what we plan to do next: _____ .

We will do **everything we can** to help you/[them] and your family get through this.



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CONTEXT AND DESCRIPTION

What? This communication tool offers language to assist clinicians in having conversations with patients who have suspected or confirmed COVID-19 if the number of patients who need critical care exceed available resources, or *Crisis Standards of Care*. If such conditions occur, some patients will not be eligible to receive intensive care with mechanical ventilation or other life-sustaining interventions. **We designed this tool with the hope that it will never have to be used.**

Why? Communication under crisis conditions presents a profound challenge to clinicians and systems. Patients and families are likely to experience fear and grief over their own or a loved one's death and anger about what may seem an unfair situation. The possibility of such conditions has been a great source of distress for clinicians and a matter of public concern. Clinicians have a critical role in communicating with patients and families in ways that express compassion and commitment to caring, no matter the situation.

Who? The Guide is for all clinicians tasked with informing patients who will not meet eligibility for ventilatory or other critical care support amidst crisis standards of care.

Where? Inpatient setting: emergency department, the medical floor, or ICU

When? Upon determination of ineligibility for mechanical ventilation or other life-sustaining treatments.

Tips for successful use:

1. This guide should be used in concert with robust mental health services for the patient and family (e.g. social work, psychiatry)
2. Read the guide aloud before using it with a patient or surrogate. Determine and highlight the appropriate language, e.g. "you" or "them."
3. Use the exact words on the Guide to reduce your cognitive load.
4. Use pauses to allow silence and acknowledge [emotions](#) when they arise.
5. When working with surrogates, consider using video where possible.
6. When working with interpreters, have a discussion with the interpreter in advance to review the Guide and discuss potential challenges.
7. Never struggle alone: Debrief with a colleague for support and self-care.

Health Inequities in Crisis Standards of Care

Due to systemic inequities, members of underserved and marginalized communities, including people of color and those with disability, have experienced disproportionate burden of both Covid-19 infection and the health conditions that predispose patients to poor outcomes. As such, health inequities are inextricably linked to factors that can determine access to mechanical ventilation under crisis standards of care. If such standards are in place, patients may raise questions about decisions that feel unfair and reflect understandable mistrust due to past and current disparities. When these concerns are raised, we advise clinicians to acknowledge these inequities, validate these concerns, explore and respond to the emotions that they engender, and share appeal procedures where applicable.

