‘Serious Illness conversations via phone or videocall’ - A COVID Workforce Implication or ‘just’ modern times?

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Covid-19

• My outpatient clinic has gone from 2% phone and 98% face-to-face consultations, to 98% video or phone consults in a very short space of time.

• (since you asked, 2% hospital car park consults, with patient/carer staying safely in the car)
I was not quite prepared for:

• Bad News consults by video call/phone
• DNACPR and Advance Care Planning Consults by video call/phone
• Ceilings of Treatment conversations by video/phone
• Telling a relative/friend that their loved-one has died
Communication challenges
BBC Most Searched: “How do I speak to someone who is grieving?”
5 point check before you switch on video AccuRx/AttendAnywhere or pick up phone

• 1) Preparation prior to the call:
• Environment: Check the surrounding setting is ok, if you are in a setting that is noisy, or where there are other people who may be laughing, eating or talking loudly, then a bad news consult via video or phone could be misplaced here. Consider warning colleagues nearby that you are about to have a serious conversation.
• Regarding the bad news, how much does the person suspect already?
• Have a plan for what to do next. Further tests, any investigations, non-pharmacological and pharmacological options. Think about follow-up, is it needed quite soon to clarify questions?
• If I’ve had multiple difficult phone or video conversations in a short time, do I need to take a break before going into the next one? Important to know own limitations and take a rest, even if it’s just a few minutes. Take a comfort break, especially if it is likely that you are going into a long conversation.
2. Calling, introducing and checking

• **Calling and checking**: I always fully introduce myself and my role and where I work, and double-check who is at the other end of the call.

• Is it ok or even safe for them to talk right now? Are they alone or is there anyone around? Would it be better to call a bit later?
3. Warning shot

• Give a warning shot of what may be coming: I nearly always preface that I have some difficult news. I might say something like: “I am sorry, but there is some news that is not good, and I wanted to let you know about this.” If someone asks me to stop there, I do so, and offer a further phone or video call. They are not ready yet, but will feel a need to speak later. They need time to prepare.
4. Tell the News

- **Tell the News**: Give a summary of what you know. I do this with compassion, but also without too much prelude or hesitation. People want to know *now*, in my experience, so don’t make them wait with too many platitudes. I once heard a doctor talk about the weather before giving bad news. So if you have been given permission to proceed, don’t make small-talk. I sometimes intersperse this with questions checking what the person I am talking to already knows, or if they need a break, but then I try to align this with the newest news. I often find that people have already suspected and thought about the different bad news scenarios. “Yes, doctor, this is what I was fearing all long.”

- I use non-medical words as much as possible. I also do this when I’m talking to a doctor-patient or a nurse-patient, in my experience they often prefer not to have too many acronyms and technical terms thrown at them at distressing times.
5. Closing

• **Closing** the conversation: I try to bring them back into the now and the next few days. What will you do now? Shall we make a plan together? Are there people you need to tell? Who is there to support you? I often phone back sooner if there aren’t many people to support.
Summarising

• I also try to ask the person to summarise a bit about what we talked about. It allows them to ask questions. Sometimes, the white noise that breaks into our brains after a sentence like: “Your cancer has spread” or “Your husband has just died”, is so intense, that nothing beyond that is heard or understood. So I never assume that any other points I have tried to cover will be remembered, but a summary at the end can allow the person to come back with questions that are important to them and help clarify things.

• I always write the conversation down. It helps me restart things next time I call, and we can focus on big themes during the first conversation. This is also helpful if I go off sick (a lot of my colleagues are off with Covid-19 and I am just waiting for when I get it) and someone else needs to pick up the conversation at follow-up. Some patients have even asked me whether they can record the consultation so that they can discuss it with those close to them, and I don’t have an issue with this at all.

• In closing, I say good-bye, if needed I’ll state my name again and how to get in touch at the hospital, and what the follow-up will be. I try to find a way of expressing that we, as healthcare professionals, know how difficult this all is, and I make reference to the fact that I much prefer seeing people face-to-face. If needed, I will also highlight support agencies and charities, particularly local ones, that can provide a listening ear.
Video Communication in Covid19
Cardiff Six Point Toolkit

Table 49.3 Discussing death—the toolkit in action

<table>
<thead>
<tr>
<th>Tool</th>
<th>Doctor</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question-open</td>
<td>How have you been?</td>
<td>Have you had any recent symptoms?</td>
</tr>
<tr>
<td>Reflect</td>
<td>Is it all?</td>
<td>Is this all you want to talk about?</td>
</tr>
<tr>
<td>Question-focused</td>
<td>Do you feel that this is a death?</td>
<td>Do you feel that this is a death?</td>
</tr>
<tr>
<td>Reflect</td>
<td>Can you tell me what you mean by this?</td>
<td>Can you tell me what you mean by this?</td>
</tr>
<tr>
<td>Reflect</td>
<td>It is frightening</td>
<td>It is frightening</td>
</tr>
<tr>
<td>Acknowledge</td>
<td>I am sorry that things are difficult</td>
<td>I am sorry that things are difficult</td>
</tr>
<tr>
<td>Silence</td>
<td>...</td>
<td>...</td>
</tr>
<tr>
<td>Reflect</td>
<td>Sorry</td>
<td>Sorry</td>
</tr>
<tr>
<td>Focussed question identification</td>
<td>Have you spoken about this with your family?</td>
<td>Have you spoken about this with your family?</td>
</tr>
<tr>
<td>Summary</td>
<td>So can I summarise what I’ve heard you feel</td>
<td>So can I summarise what I’ve heard you feel</td>
</tr>
<tr>
<td>Summary</td>
<td>...and you have been kept well informed about your condition</td>
<td>...and you have been kept well informed about your condition</td>
</tr>
</tbody>
</table>

Use of the toolkit

- The toolkit consists of a series of 18 questions and prompts that can be used to guide the conversation. Each question is designed to help the doctor or nurse to understand the patient’s perspective and to build a rapport.
- The toolkit can be used in any clinical setting where a doctor or nurse is discussing a patient’s end-of-life care.
- The toolkit is designed to be used in conjunction with other clinical tools and resources.

The questions in the toolkit are designed to help the doctor or nurse to:
- Understand the patient’s perspective
- Build a rapport with the patient
- Understand the patient’s goals and expectations
- Help the patient to make informed decisions about their care
- Help the patient to express their wishes and preferences

The toolkit can be used in any clinical setting where a doctor or nurse is discussing a patient’s end-of-life care. It can be used during consultations, tel consultations, and even during telephone calls. The toolkit can also be used in conjunction with other clinical tools and resources.

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References:

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Conflict of Interest:
The authors declare that they have no conflict of interest.

Ethical Approval:
All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Consent for Publication:
Written informed consent was obtained from the patient for the publication of this case study.

Data Availability:
The datasets generated and/or analysed during the current study are available from the corresponding author on reasonable request.
Resources

- [http://talkcpr.wales](http://talkcpr.wales)
- [http://Advancecareplan.org.uk](http://Advancecareplan.org.uk)

E-Learning for Health in UK has set up a new weblink to what they have now called “Resources to support staff with difficult conversations and end of life care”. New telephone/video call checklist on ‘Giving news of a death to a loved one’ [https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_45016_45128&programmeId=45016](https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_45016_45128&programmeId=45016)

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- #TalkCPR #TalkACP