

COVID-19: Evidence-based advice for health workers having difficult conversations about end of life

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A Loughborough University academic is providing guidance to clinicians who are likely to be having—and training people who will have—difficult conversations with patients suffering from COVID-19 or those closest to them.

Professor Ruth Parry, an expert in healthcare communication and interaction, has outlined a series of evidence-based principles with the help of her Loughborough colleague Becky Whittaker, Sharan Watson, of the University of Derby, and Dr. Ruth England, of Royal Derby Hospital.

The team shared the recommendations with NHS Health Education England and these have been used to develop a series of open access resources that aim to support healthcare staff who will be having difficult conversations in relation to the [coronavirus](#).

The principles, which have also been added to the International Association for Hospice and Palliative Care's COVID-19 resources list*, are based on research by Professor Parry and other communication scientists worldwide who have recorded and analysed thousands of difficult conversations across various health and social care settings in the UK, Australia, Japan, and the US.

Professor Parry, who receives funding from the National Institute for

Health Research (NIHR), says her guidance steers away from providing recommended phrases or scripts as it is important to equip [health workers](#) with the tools to communicate flexibly according to individual circumstances.

Having a conversation by phone, conversations where the staff member who is to do the talking is wearing PPE (Personal Protection Equipment), and conversations with people who have varying degrees of knowledge and distress are all examples of circumstances that can impact how a conversation should be constructed.

What's more, Professor Parry says giving difficult news over the phone or when wearing Personal Protection Equipment are circumstances that staff would normally want to avoid—in normal circumstances, the health services strive to ensure that these difficult conversations are led by highly experienced professionals, face-to-face, and in calm environments.

Professor Parry has divided her advice into key areas. They include (with a brief overview of what they cover):

Prepare yourself and the environment as best you can

Health workers should clarify in their mind what they want to say and why, and find a comfortable and private setting, as best they can.

Start the conversation with 'signposting'

Conversations should be started by giving the person on the receiving end an outline of what will follow—for instance, if it is an update, and/or that there is a decision to be made.

How to show compassion and empathy throughout

This can be portrayed through tone of voice, phrases that attend to emotion, and showing understanding without claiming one can possibly fully understand how the person on the receiving end is feeling.

What does the person you are talking to know, expect, and feel?

Health workers should find out what the person they are talking to already knows and how they feel about it as this will help them fit what they go on to say to the individual person they are talking to.

Are they with someone, can they talk to someone afterward?

If this is a phone call, finding out who is with a person or who they could talk to afterward is important, says Professor Parry, but this question should not be asked right at the start of a conversation as it could easily be heard as very bad news. Even when there is very bad news to come, building toward it gradually is better than clearly signalling it from the start; a gradual move toward the news reduces the risk of sending the person on the receiving end into severe shock.

Bring the person (further) toward an understanding of the situation—how things are, what has happened or is likely to happen

Professor Parry's advice is to describe some of the things that are wrong with the unwell person, in such a way that the person speaking is forecasting that bad news is going to come. The point is to bring about

gradual recognition, rather than shock.

Dealing with crying

Deliveries should be modified to be softer and more lilting if this happens. Speakers should allow silence, repeat brief further sympathy – "I'm so sorry," and acknowledge the distress before moving on and giving more information

Moving toward the end of the conversation with 'screening' – 'are there things you would like to ask, that I have not said, or explained enough?'

Phrases like 'anything else' should be avoided because, in some circumstances, this can be interpreted as the speaker not expecting there to be anything else. Offering "Are there things I have not covered or explained enough?" removes the implication that the person has not understood things.

Moving toward the end of the conversation with words of comfort and attention to what happens next

If possible, health workers should try to deliver something that is of comfort and that they can say truthfully, says Professor Parry. They should also explain what happens next, advise who the person they are talking to can contact for support and, if necessary, explain how pain or other symptoms will be controlled.

Professor Parry has also provided advice to help somewhat reduce the emotional burden on the healthcare worker—for example, she recommends they find someone to debrief with before and after a

difficult [conversation](#).

Of the importance of the guidance and what she hopes it will achieve, Professor Parry said: "Healthcare workers are now having to have break bad news and have difficult conversations on an unprecedented scale.

"The kind of research I do makes it possible to pin down, to articulate, precisely how skilled, compassionate [healthcare staff](#) communicate, and pass this on to others.

"I hope that our guidance will help all staff having to break bad COVID-19 news to patients or their loved ones, to feel confident and able to communicate well, whilst looking after their own wellbeing."

More information: The full guidance document:
www.realtalktraining.co.uk/app...-conversations-2.pdf

Provided by Loughborough University

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