

COURAGEOUS CONVERSATIONS

Primary Care Training Workshop

Courageous Conversations COVID-19

Learning points from scenarios 1, 2, 3 and 4

- Acknowledge difficulties of isolation and of restricted family contact.
- Acknowledge difficulties of remote consulting.
- Give patient a degree of control “is now a good time to speak?”, “Is it okay to go on?”, “Tell me if you’ve had enough for now”.
- What do they understand about what is happening to them?
- Have they thought about their future care? Are they happy to discuss this?
- Check practical issues – food and medicine supply, any help from nursing or social care staff?
- If patient is unaware of the seriousness of their condition, consider a ‘warning shot’ e.g. “I’m afraid things are not looking good”.
- Leave silence after this – wait to see if patient asks for clarification or shows understanding.
- Answer patient’s questions honestly but be clear of why they are asking and what they mean – don’t assume if you’re not sure.
- Discuss reasons for decision not to admit to hospital, use oxygen, ventilate, etc and disadvantages of hospital admission for frail, elderly patients.
- Make it clear that they will still receive care and treatment focused on comfort and relieving symptoms.
- Be willing to say, e.g. “I think your chance of recovery is small” and in response to “Am I going to die?”, be willing to say that this is quite likely, but not certain.
- Be ready to give information about the likely progress of symptoms and mode of dying.
- Consider discussion of DNACPR/Allow Natural Death documentation
- Discuss means of keeping in touch with family – phone, Skype, WhatsApp or recorded messages – it will be important for them too.
- Offer to speak to family members.
- Check understanding.
- Offer review – say when, who and how to access your team if necessary.

