WE WILL HAVE TO TALK ABOUT DYING: COVID-19

ALL CLINICIANS, SOME WORKING OUTSIDE USUAL AREA

How can we do this with confidence and empathy?

How do we have difficult conversations?

Have we done this often?

Out of comfort zone

Openness, compassion, dignity

...and have to do on the front line!

WHY IS THIS SO HARD?

I want to do my best

Before time

Hope

Death

Distressing

Outcomes of treatment

Expectations of treatment

REALISTIC UNREALISTIC

SLEEP MORE

AWAKE LESS

BECAME UNCONSCIOUS

STAY UNCONSCIOUS

BREATHING STOPS

SUPPORT + PREPARATION

You are not alone

We don’t get it right every time

We don’t use the words that cause harm

It’s ok to feel anxious and fearful

LISTENING

Power of silence

Leave space for questions

THINGS YOU MIGHT SAY...

Sick enough to die?

What am I saying is hard to hear?

Be prepared - we are hoping to stabilise you but...

It’s important to be honest with you

That didn’t come out right...

CAN I START AGAIN?

We are in a different place now

Check-in with yourself

THIS IS YOUR FINAL JOURNEY

REDMAP FRAMEWORK

READY - Can we talk about your care?

EXPECT - What do you know/want to ask?

DIAGNOSIS - We know/don’t know

MATTERS - What matters to you?

ACTION - This can help/this will not help

PLAN - Let’s plan good care for you + your family

CPR - We won’t use measures that cause harm

We won’t press on your chest if your heart stops beating

Because these things don’t work

Scotiana Quality & Safety Fellowship - NRS Scotland @SRFellowship