Guide for Professionals: 26/3/20

Talking with patients and families about death and dying

During this emergency, we need to talk with people who are deteriorating due to underlying health problems and/ or infection with Coronavirus and their families using clear, sensitive and effective language.

RED-MAP is a 6-step approach to conversations about deteriorating health and dying developed in Scotland and with SPICT partners in the UK and internationally. It is suitable for use in all care settings.
- Each step is adapted to the individual person/ family, place of care and circumstances of the discussion.
- If talking with people by phone; check you have the right people, speak slower in shorter sentences

Seek advice and support from colleagues, a senior team member or a second opinion if needed.

	RED-MAP
Ready	Try to build a relationship with people. Eye contact, touch and tone help when wearing mask. *Hello Mr X, I am (your title and name) and my role in the team looking after you is….* Outline reason for discussion and check who should be involved. **We need to talk about your (person's name) treatment and care. Who needs to be involved?* **I'm sorry we are having to speak on the phone not in person at this difficult time.* **We are doing our best to look after you, but we are worried about your/ their condition.*
Expect	Find out what the person/family know and expect. Explore initial questions or worries. **I'll explain what is happening but do you have any important questions or worries for now?* **Can I ask, what you know about your (person's name) health problems?* **Do you know what an infection like Coronavirus might mean for you (person's name)?*
Diagnosis	Share information tailored to current understanding of the person/ family and their situation. Explain what we know in short chunks with pauses to check their response. Avoid jargon. Acknowledge and share uncertainty. Showing kindness makes a big difference to people. **You (person's name) are/is less well because…. Yes, you/they are very unwell now because….* **We hope you (person's name) will improve, but it's possible you/ they will not get better.* **We are doing our best to treat you (person's name) but you/ they are not improving.* **I'm so sorry but you (person's name) are/is very unwell now, …. We think you/they may die….*
Matters	Pause to let people take in information. Find out what's important to this person/ family. **Can we talk about what matters most to you now and what we can do to help?* **It is important for us to know about things you'd like and any things you do not want.*
Actions	Talk about realistic, available options for treatment, care and person/family support. Be clear about what will not work or help. Options depend on best place of care. **For people who already depend on others for most care needs at home or in a care home, it may be better to look after them well in a familiar place when they are very ill and dying.* **Intensive care with a breathing machine does not work for people in poor health.* **Has anyone spoken about cardiopulmonary resuscitation or CPR? CPR does not work for people with these health problems so we make a plan for good care and record that decision.* **We will focus on treatment and care to manage symptoms like breathlessness, pain or distress and do our best to look after people in hospital wards, at home and in care homes.*
Plan	Use available forms and online systems to record and share care plans and DNACPR decisions *We will record the plans we have made for your (person's care) and share it with other professionals and teams who may be looking after you/ them.*

Patients and families are already anxious and afraid of what will happen. Avoid words and phrases that can make them feel abandoned or deprived of treatment and care. (ANZICS 2014)

There is nothing more we can do. *Ceiling of treatment or treatment limits for a person.*
We are withdrawing treatment. *Further treatment is futile.*

Talking too early about how drugs or palliative care can help people die comfortably causes distress. This step comes after we have shared information and bad news so that the patient/ family know this person is very unwell and at high risk of dying.