

#### Is it worth the risk? Balancing patient care and provider safety

Merril Pauls MD, CCFP(EM), MHSc



### Heroic responses





https://archive.defense.gov/news/newsarticle.aspx?id=123491





- We are expected to tolerate some risk in our work
- Pandemic conditions bring heightened awareness and a new calculus

## Managing risk



- Exempting high-risk physicians
- Resuscitation and AGMP policies
- Cleaning/decontamination procedures

Lack of appropriate PPE

### Institutional leadership



- Equipment preserving strategies
- Articulated plan for shortages
  - prioritization of high-risk areas
  - enacting the plan
  - authority to direct supplies
  - specific practices in critical shortages

### Additional considerations



- Reciprocity principle
- Solidarity and working together
- Public pleas



#### Goals of Care Discussions Merril Pauls CCFP(EM), MHSc



# Goals of Care Discussions (GOCD)



- Why now?
- A general approach
- When critical care capacity is exceeded

### GOCD and a pandemic



- Ethical imperative to identify those who already have advance directives
- Ethical imperative to identify those would would not want resuscitative care/would not benefit from such care if critically ill

### GOCD and a pandemic



 Ethical responsibility to identify patients who would be willing to forego care if scarce?

#### Life Support at a Time of COVID

#### The coronavirus pandemic and life support machines /

This is an unusual time, and we are facing large numbers of very sick people right now. Some people are getting so sick that they need a life support machine (like a ventilator or breathing machine – see picture).

Because of the current pandemic, we may not have enough life support machines for everyone who needs them. We hope this doesn't happen, but it has already happened in other places. Especially now, we want to beclear about your values and priorities for your health care.



Manage Weig in case or factored days, spaces

We are committed to giving the best care to people, no matter what.

How do we decide who gets a life support machine and who does not?

If there is a shortage, we have a team of doctors and nurses who are reviewing all cases of people who need life support machines. This team will be making lough decisions based on medical issues only.

#### What are my options?

If there are not life support machines left, you would not have achieve but hits is an important time to think about what you would want. People often have thoughts about if is support machines. Some peoplesay, if would like to have on life support machine if one is ownible? Obtaismay say, if wont of life support machine if items is one, but first consider allows who may be more likely to survive? A third group of people may say, "I do not wont only kind of life support or breaching machine. If it comes to that, please left me have on natural what."

For people who do not get life support machines, our number one priority is always to relieve pain and suffering. We will focus our efforts on making sure people are comfortable.

Your health care team analyzaur lawest ones need to know what you want if you need a life support machine.

#### If you become sick enough to need a life support machine, what would you want?

- I WANT to receive a Re support machine, if a machine is available
- Involtone IEIT is AVAILABLE, but first consider others who may be more likely to survive. I understand this would mean that I am more likely to die.
- I IDON'T WANT ONE, even if it is available. I understand this would mean that I am more likely to die.

#### Are you sure that your answer above reflects your wishes?

- II Yes, I understand and my onswer above reflects my wishes
- B No, I need to ask questions and talk to a doctor and my loved ones before I can be sure

#### What are the next steps?

Even if you do not know the answers to the above questions right now, you should do 4 very important things.

- 1) If you already have one, please provide copies of your medical power of attorney form or other advance directives (like a Colorado MOST form, CPR directive or medical living will to your healthcare team.
- 2) If you do not have a medical power of attorney, decide who would speak for you if you can't speak for yourself.
- 3) Talk to this person so they know what is truly important to you. This is the must important step.

4) Complete americal power of attorney form if we do not already have one in your computer chart. This is a hard time for everyone. We're all in this together. Whatever happens, we will always provide you with the best care we possibly can. Prease continue to reach out to your medical team with any questions you may have.

Colorado Program for Patient-Centred Decisions



- Preparation and purpose
- Relevant wishes patient/family understanding
- Our understanding and prognosis
- Patient goals and values
- Pair treatments with goals
- Summarize and clarify



Preparation and purpose



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### The process



- Ask listen talk
- Emotions and empathy
- Focus on goals not treatments
- Negotiate hope

Table.	Comm	unicatio	on Tips
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Do	Don't	
Give a direct, honest prognosis <sup>99,101</sup>	Avoid responding to a patient request for information about prognosis <sup>102</sup>	
Provide prognostic information as a range; acknowledge uncertainty, eg, "we think you have weeks to a small number of months, but it could be shorter or longer" <sup>103</sup>	Provide vague, eg, "incurable" or overly specific information, eg, "you have 6 months"	
Allow silence <sup>104</sup>	Talk more than half the time <sup>104</sup>	
Acknowledge and explore emotions <sup>105</sup>	Provide factual information in response to strong emotions	
Focus on the patient's quality of life, goals, fears, and concerns <sup>33</sup>	Focus on medical procedures <sup>106</sup>	

### When resources are limited



Honesty

- Transparency
- Accountability
- Institutional guidance and support

DIGUST

#### COMD Communication Skills

#### A Playbook of Vital Talk Tips

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#### Why did we create this guide?

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But there is another side to this too. Our colleagues are piloting in People are stepping up to support each offer in unequested, besufful ways. Together we can be bigger. And we can make it firrough this with our empathy, composition, and serve of sorvice induct.

#### What is in this guide?

Wive construct or Utifu prime (oprovite) some practical advise ontwer to fait advise some official tepise related to COAD-19. Building on our experience studying and teaching communication for two obscides, wive via two no our networks to corrow our one challenges and match them with advise from some of the best clinicians we know. If you know our work, you'll receptive some bimitier homes and also fordnorm starting.

#### Howcan I share this guide?

We're offering this primer freely. Email it, link it, spread it around. What we doask when you share o adapt this guide is to:

- 0 include our VitalTalk logo (email info@pitalialk.org)
- 0 attribute us with "Adapted from MatTalk" (if you adopt this guide)
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#### Slay safe

Our world needs you—your expertise, your kindness, your aspirations, and your strength. We're grateful you are here.

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https://www.vitaltalk.org/wp-content/uploads/COVID-Guide-English-1.pdf



#### THANK YOU.