



CAEP | ACMU

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>

A duty of care



- 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



CAEP | ACMU

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 who 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 be clear about your values and priorities for your health care.

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 tough decisions based on medical issues only.

What are my options?

If there are not life support machines left, you would not have a choice. But this is an important time to think about what you would want. People often have thoughts about life support machines. Some people say, "I would like to have a life support machine if one is available." Others may say, "I want a life support machine if there is one, but first consider others who may be more likely to survive." A third group of people may say, "I do not want any kind of life support or breathing machine. If it comes to that, please let me have a natural death."

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 and your loved 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 life support machine, if a machine is available.
- I want one IF IT 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 DON'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?

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

(Note: This is not a legal document.)

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 most important step.
- 4) Complete a medical 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. Please continue to reach out to your medical team with any questions you may have.

The discussion - PROPPS



- **P**reparation and purpose
- **R**elevant wishes – patient/family understanding
- **O**ur understanding and prognosis
- **P**atient goals and values
- **P**air treatments with goals
- **S**ummarize and clarify

The discussion - PROPPS



- Preparation and purpose

The discussion - PROPPS



- Preparation and purpose
- Relevant wishes – patient and family understanding

The discussion - PROPPS



- Preparation and purpose
- Relevant wishes – patient and family understanding
- Our understanding and prognosis

The discussion - PROPPS



- Preparation and purpose
- Relevant wishes – patient and family understanding
- Our understanding and prognosis
- Patient goals and values
 - goals, fears, suffering, trade-offs, decision-makers

The discussion - PROPPS



- Preparation and purpose
- Relevant wishes – patient and family understanding
- Our understanding and prognosis
- Patient goals and values
 - goals, fears, suffering, trade-offs, decision-makers
- Pair treatments with goals

The discussion - PROPPS



- Preparation and purpose
- Relevant wishes – patient and family understanding
- Our understanding and prognosis
- Patient goals and values
 - goals, fears, suffering, trade-offs, decision-makers
- Pair treatments with goals
- Summarize and clarify

The process



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

Table. Communication Tips

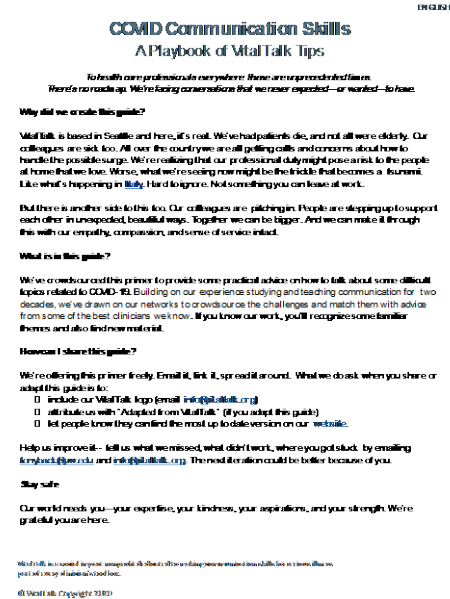
Do	Don't
Give a direct, honest prognosis ^{99,101}	Avoid responding to a patient request for information about prognosis ¹⁰²
Provide prognostic information as a range; acknowledge uncertainty, eg, "we think you have weeks to a small number of months, but it could be shorter or longer" ¹⁰³	Provide vague,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

<https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1916912>

When resources are limited



- Honesty
- Transparency
- Accountability
- Institutional guidance and support



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



CAEP | ACMU

THANK YOU.
