

# COVID-19 CONVERSATIONS

## Goals of Care Conversations with a Family Member of a COVID-19 Patient in the Hospital



Adapted from [VitalTalk](#), here is a suggested script for goals of care discussions with a family member of a COVID-19 positive patient in the hospital.

### Check in on the family.

**Doctor:** Hello. Is this Mr./Ms. \_\_\_\_\_? I'm Dr. \_\_\_\_\_  
calling from \_\_\_\_\_ (name of hospital) \_\_\_\_\_.

**Family Member:** Hi, yes this is \_\_\_\_\_.

**Doctor:** I am calling to check in on you and your family. Now that your father has tested positive for COVID-19, you must have a lot of concerns.

**Family Member:** Yes. I'm very worried.

**Doctor:** Anyone would be worried. These are very uncertain times. This must be difficult for you all. *(Give a moment of silence to allow for emotion.)*

**Family Member:** It is...

### Ask about coronavirus COVID-19.

**Doctor:** I would really like to address some of your concerns today. Is it okay if we talk about what COVID-19 means for your father?

**Family Member:** Please.

**Doctor:** May I first ask if you are the person who makes medical decisions for him?

**Family Member:** Yes. I'm his health care proxy. I have the papers.

**Doctor:** Perfect. I'd like to make sure I'm talking to the right person.

**Family Member:** That's me.

### Lay out the issues and concerns.

**Doctor:** I need to give you some background. Most people who get COVID-19 have a mild or moderate illness. Those who most often get a severe pneumonia with COVID-19 are older and have existing medical problems. Your father has some of the conditions we worry about when a patient has also been diagnosed with COVID-19.

**Family Member:** You know, I've heard that on the news but have been afraid to think about it.

**Doctor:** Well that's a very normal reaction. COVID-19 has put all of us in a tough situation.

**Family Member:** Yes. And I know that you are so busy.

**Doctor:** We are doing our best under the circumstances and that is why I want to make sure we talk so the medical team can understand the person your father is. We want to make sure we give him care that makes sense. First let me say, I hope your father has a mild case and can recover. We can make sure he gets all the treatments he needs. However, if his COVID-19 becomes severe, I am worried that it is life threatening and he will not have a good outcome.

**Family Member:** I was afraid you would say that.

**Doctor:** It's not what anyone wants to hear about a person that we love.

**Family Member:** No.

**Clinician:** *(Give a moment for emotion.)*

*Over, continues on page 2*

# COVID-19 CONVERSATIONS

## Goals of Care Conversations with a Family Member (Continued)



### Motivate them to make the best decision for their loved one.

**Doctor:** I know this is difficult. I'm really hopeful that nothing we talk about today is necessary, but I want to ensure we give your dad the best care possible. In that case, if the worst-case scenario happened and he develops serious distress as a result of COVID-19, do you think he would want aggressive treatment? It may help to understand what this could mean. When we resuscitate and intubate patients, only 17% come back to the same level of function they had before the resuscitation. That statistic is only for those without underlying conditions. This virus makes this rate much lower and we know that most people with underlying conditions, (i.e. congestive heart failure, COPD, cancer, etc.) who are ventilated have a very poor chance of coming off the ventilator and that they will lose function. This may mean loss of life or independence for the remainder of the patient's life.

**Family Member:** Gosh...that is a big decision. I'm not sure. What do you think?

**Doctor:** I can see that you want the best for him.

**Family Member:** Absolutely.

**Doctor:** Let me put it another way. If he was sitting in a chair watching himself and what was happening with his illnesses and COVID-19, what do you imagine he would tell you?

**Family Member:** Oh, he would say, "enough already." But I don't know.

**Doctor:** It sounds to me like if you were to put on his hat and become him, he'd say "enough already." But when you put on your hat, you're saying, "I don't know." It must be really difficult to make these types of decisions for someone you love, but you know him best and that's why he trusted you to make these decisions. He knew you would make the right decision for him.

**Family Member:** Yes. I'm not ready to lose him.

**Doctor:** Tell me more.

**Family Member:** He's always been there for me and my kids. He's the backbone of the family. He always believed in me.

**Doctor:** Would he believe in you now? To speak for him?

**Family Member:** When you put it like that, I know the answer. I just don't like it.

**Doctor:** It's not the kind of decision anyone wants to make. It does sound like you two may have talked about this?

**Family Member:** He told me when he was first diagnosed with dementia, back then he was just a little forgetful. We were driving to the park to walk the dog. He turned to me and said, "Remember: when I can't do this anymore, it's time to let me go."

**Doctor:** Wow, thank you for telling me that.

**Family Member:** I had kind of forgotten about that. It's funny—I can see him saying it to me.

**Doctor:** Hmm. That kind of memory is a gift. Would it be okay to honor that?

**Family Member:** Now it's clear to me.

**Doctor:** Thank you for sharing this today. So just to clarify: today you've decided to forgo aggressive treatment such as intubation to be put on a ventilator and resuscitation for your dad. We will instead focus on comfort care, providing IV medications and nutrition. Is that correct?

**Family Member:** Yes, that is what my dad would want. Thank you, doctor. I really appreciate you doing this.