How to talk to your loved ones & healthcare team about your wishes & goals if you become sick with COVID-19 (New Coronavirus)

What we know about COVID-19 (Coronavirus):
–This is a new virus that seems to be easily spread by contact between people
-Can make people of <u>all ages</u> sick; Acts differently than influenza ("the flu")
-There is no human immunity to this virus & there is no vaccine

COMMON SYMPTOMS OF COVID-19
–dry cough, shortness of breath, fever, fatigue, muscle aches, sore throat, headaches, nausea/vomiting, diarrhea, runny nose, change in smell/taste.

TREATMENTS FOR COVID-19
–There are **no** treatments that will cure/kill the virus in people with COVID-19.
–There are treatments to help symptoms while your body tries to heal and recover from the lung infection/pneumonia & stress on the heart and kidneys that can happen from infection.
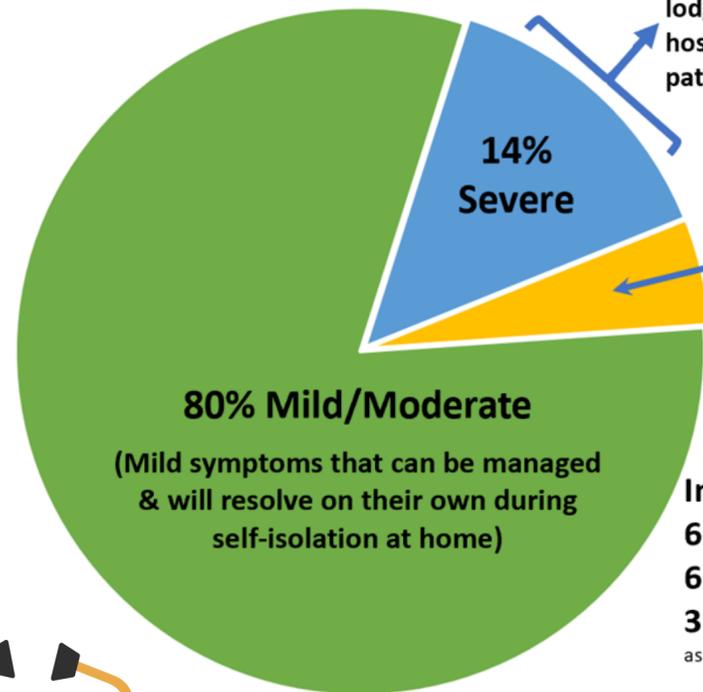–Treatments for your symptoms can be given anywhere (home, lodges, nursing homes, hospitals).

RISK FACTORS
for SEVERE ILLNESS & DYING from COVID-19

Being male
Age older than 60

Having health conditions like:
*high blood pressure *diabetes *heart problems
*cancer *chronic lung problems
*history of strokes

Severity of Illness (All Ages)
Data from China up to Feb 2020

Those with severe illness may be treated at home, lodge, nursing home, or hospital, according to patient's wishes & goals.

14% Severe

6% Critical: Intensive Care Unit (ICU)

80% Mild/Moderate
(Mild symptoms that can be managed & will resolve on their own during self-isolation at home)

In Canada,
62% ICU =60+yrs
62% Severe =60+yrs
31% ALL cases=60+yrs
as of Mar 31, 2020

DEATH RATES BY AGE FROM COVID-19:
(From Italy & China)
AGE 80+: 15-20%
70+: 8-13%
60+: 4%
50+: 1%
10-49: 0.2-0.4%
Canadian data not yet available

OUTCOMES OF CRITICAL ILLNESS (INTENSIVE CARE UNIT-ICU)

KNOWN ICU OUTCOMES FROM COVID-19:
-**UK: One third (1/3) of all patients** who needed a breathing tube / more invasive treatments survived to leave ICU.
-**China: 3-14% of all patients** who needed a breathing tube survived; **38% survived** being treated in ICU overall.

We don't have information on longer term recovery for patients with COVID-19 after ICU.

What we do know about older adults with chronic conditions who need the ICU for any reason
–a breathing tube or after CPR (chest compressions) after heart stops–:

<u>What happens after people 65+ yrs have a breathing tube put in?</u> <u>What happens after people 67+ yrs w/ chronic conditions get CPR in hospital?</u>

Ouchi et al J Am Geriatr Soc. 2018
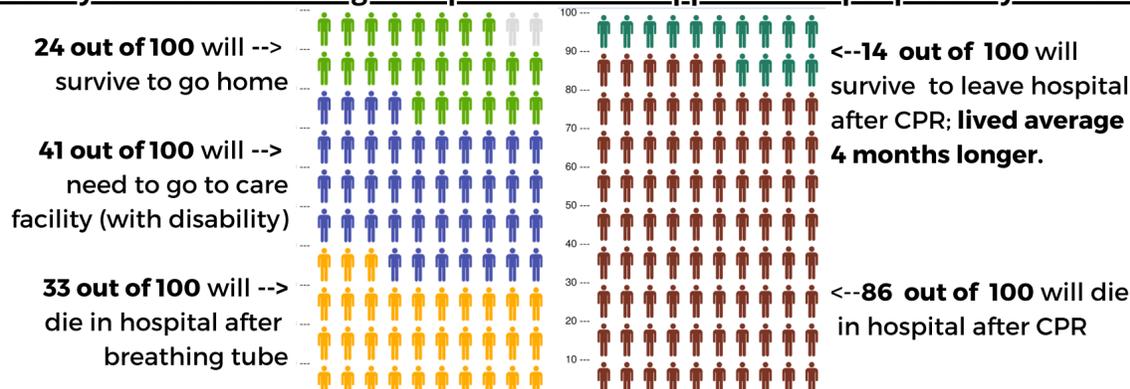
Stapleton et al Chest 2014

–**50% of age 70+** who survived being in the ICU (for any reason) have severe disability 1 yr later.

24 out of 100 will --> survive to go home

41 out of 100 will --> need to go to care facility (with disability)

33 out of 100 will --> die in hospital after breathing tube

<--**14 out of 100** will survive to leave hospital after CPR; **lived average 4 months longer.**

<--**86 out of 100** will die in hospital after CPR

–**50%+ <u>all ages</u>** who survive CPR are left with memory & thinking problems from brain damage, and ongoing serious health issues.

CPR is less helpful when people with chronic health conditions become very sick --ie heart/lung/kidney/liver problems, diabetes, cancer, dementia-- so CPR is usually not recommended in these situations.

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How do you use this information to make decisions about the care you would want if you were to get sick from COVID-19?

Talking about what's important to you, and what your priorities & wishes are will help your loved ones and your doctor make plans for your care. It can help your loved ones speak for you, if you become too sick to speak for yourself. This process is called <u>Advance Care Planning</u>.

It can be hard to have these conversations about your health, but you will be helping your loved ones make future decisions and you will also have some peace of mind knowing that you've helped to make it less stressful for your loved ones.

1
THINK about your present health condition:
Do you have chronic health conditions such as:

–Diabetes   –Heart problems   –High blood pressure

–Cancer   –Kidney problems   –Lung problems

–History of Strokes   –Immunocompromised state(s)

What is your FUNCTION like?
This gives you information about your overall health:

Do you need help with daily activities like getting dressed, toileting, feeding, walking?

Needing help with these may point to your body not coping as well with infections.

2
THINK about what's important to you in daily life, and what level of health you would want to get you back to: (Adapted from Ariadne Lab's Serious Illness Conversation Guide)

Where would you want to be taken care of if you were to get very sick from COVID-19?
Please be reassured that you will always receive care and treatments to control your symptoms –such as medications to treat your breathing & improve your comfort- at any location, be it home, nursing home, lodge or hospital. Keep in mind that with COVID-19, being in the hospital can be quite stressful for patients.

What are your most important goals if your health situation worsens?
{To prolong your life as long as possible? To live longer, but focus on quality of life? To live the rest of your life focussed on comfort in your own home?}

What are your biggest fears & worries about getting sick from COVID-19?

What abilities are so critical to your life that you can't imagine living without them? If these functional abilities could not be regained with treatment in the ICU, **would you still want to go to the ICU, or would you want to be treated in hospital, or at home?**

If you become sicker, how much are you willing to go through for the possibility of gaining more time?

If you don't improve with all reasonable efforts that have been tried –based on your goals and wishes-, your healthcare team will focus on controlling your symptoms and making you comfortable & allow for a natural death if this happens.

3
CHOOSE the RIGHT substitute decision-maker to speak on your behalf if you become too sick to be able to speak or make decisions for yourself:
Choose someone you **trust** to make the decision that **YOU** would make, based on your values, beliefs and priorities.
Is this person willing & able to support you and **speak up for you and what you would want**, if needed? **ASK them!**
Will this person be able to make decisions during stressful situations?
Complete a Personal Directive to name your substitute decision-maker.

4
TALK to your substitute decision-maker, loved ones & family doctor about what you would like for your care if you were to get sick from COVID-19:
Discuss what you've thought about regarding what you would want if you were to get very sick from COVID-19.

What is **most important to you to guide decisions** that may need to be made?

Book a visit with your regular/family doctor (by phone during these pandemic times) to talk about your priorities & wishes, and to make your plans.

5
WRITE DOWN your wishes, goals and who your substitute decision-maker is:
Each country/province has its own **legal documents &** may have **medical forms** that document your priorities & goals for your healthcare team to use. **Talk to your family doctor about what forms you need to fill out.**
Check out www.advancecareplanning.ca for more info.

In **Alberta**, Canada, we use **Goals of Care Designation medical orders** to describe the focus of your health care.
Keep your **Personal Directive with your Goals of Care Designation forms near your fridge (in Green Sleeve if you have one)** in case paramedics are called to your home. **Check out www.conversationsmatter.ca for more info.**

Written by: Dr. Amy Tan, MD, Associate Professor, Dept of Family Medicine, Cumming School of Medicine, University of Calgary. Visit http://amytanmd.ucalgaryblogs.ca/ for references.

April 5, 2020 v3