

Making Impossible Conversations Possible: Resources for Professionals and Families During the COVID-19 Pandemic

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The current pandemic has necessitated immediate changes in how conversations about death and illness occur. Routine face-to-face communication between professionals, patients and their families is now impossible, with a sudden, unplanned shift to a reliance on telephone calls. This can heighten levels of anxiety and stress, particularly when sharing the news of a bereavement or test results. Given the pressures on staffing and the high number of deaths, junior staff or those who have little experience of breaking bad news are being tasked with informing families of a relative's death. Moreover, the high frequency of these calls during the outbreak is having an emotional impact on even the most experienced and specialised staff. Critically, current evidence shows that the quality of communication has a long-term impact on both professionals' and families' psychological and physical wellbeing.

The absence of relatives' hospital visits means that the patient's role as a crucial figure for children within the family (e.g. as a parent or grandparent) is often invisible. However, these important relationships must not be overlooked, as research shows that the effectiveness of communication with children about illness and death can have far reaching consequences for their psychological wellbeing. Although adults understandably want to protect children from the devastating news of a loved one's death, studies indicate that children are very aware of changes within the family and in the absence of information attempt to make sense of the situation on their own. Children's conclusions can often be "more dire than the truth" and their developmental understanding means that children may be at risk of unnecessarily blaming themselves for a person's death.

Our previously published Series in the Lancet on how children are told about the diagnosis of their own or a parent's, life-threatening condition concluded with a framework to guide healthcare professionals with these life-changing conversations. Over the last 2 months we have adapted this framework to create COVID-19 specific resources. Of critical importance is

1) ensuring that staff identify if the deceased had children in the family (under 25 years) and
2) supporting families with how to tell the children this news. We have developed animations and step-by-step infographic guides with suggested phrases to help structure these important conversations. These include resources for healthcare and care home workers, and guides for adults who have the unenviable task of telling children about the death of a loved one. The latter is particularly pertinent at present when families are isolating together in close proximity, affording adults little time or privacy to plan how to break the news to their children.

The far-reaching impact of COVID-19 extends to many other areas of care which have had to move rapidly to telephone consultations. For example, paediatric oncology teams must now give test results such as diagnosis/relapse or changes to treatment over the phone. Again, parents are then faced with conveying this life-changing information to their children at home, without the direct support of the oncology team. In response, we have also developed guides for staff and parents to help them with this unenviable task.

All our resources are freely available here:

www.psych.ox.ac.uk/research/covid_comms_support

and include translations into Spanish and Urdu with Portuguese, Cebuano, Tagalog and Polish currently being finalised.