Royal College of Physicians

Talking about dying 2021

Recommendations for physicians

We developed *Talking about dying* in 2018 because we knew that many healthcare professionals understandably struggled to broach the subject of death and dying with their patients. Three years later this is still true, and during the COVID-19 pandemic many physicians have dealt with lots of death and dying in difficult circumstances.

All specialties treat and care for people who may be sick enough to die. It is the responsibility of all physicians to drive improvements in end of life care.

These recommendations were part of the 2018 report and are still relevant. We hope you find them useful in beginning conversations with patients about what lies ahead.

- All healthcare professionals reviewing patients with chronic conditions, multiple long-term health conditions or terminal illness should initiate and encourage shared decision making, including advance planning of care in line with patient preferences ('advance care planning'). This can and should be addressed in outpatient clinic, as well as on the wards.
- 'End of life' marks the last phase of life, which may be many months or sometimes years. Conversations about the future can, and should, be initiated at any point; they do not need to wait until the last weeks to days of life. When future loss of mental capacity is anticipated, early conversations become more pressing and physicians need to be proactive in initiating them.
- A conversation is a process. Any professional at any time in the patient's healthcare journey, regardless of whether they are in the community, primary, secondary or tertiary care, should engage with a willing patient. It is not a one-off, tick-box event.
- Conversations do not have to reach 'a conclusion' within the same sitting. There may need to be several discussions before any firm decision is made, and encouraging a patient to think about their preferences does not always need to end with a written plan. Documenting how far the dialogue has reached each time, eg in the notes, discharge summary or clinic letter, enables the threads of that conversation to be picked up next time, even if by somebody else.
- Hospital physicians must ensure that such conversations begun in hospital clinics or prior to hospital discharge are communicated to a patient's GP in a timely way, to be picked up and explored further if necessary.
- If you are unsure whether to have the conversation at all, ask the patient if it is something they would like to discuss and how much information they want. Even if they don't wish to discuss it at this point, you will have planted the seed to make it easier for them to raise the subject when they are ready.
- Be aware of the language you use with patients, their loved ones and other professionals. Use clear language and avoid euphemisms.
- Ensure that all the relevant people take part in conversations about the future; this will depend on individual patient preference, but involving family/friends, carers and health and care professionals from other sectors should be considered.
- The Resuscitation Council UK's ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) process can be used to support conversations and documentation.
- Include reflection in your mortality and morbidity meetings, such as:
  - was this death expected?
  - were the patient's priorities for end of life care (such as place of care and death) known?
  - were they adhered to?
  - were there missed opportunities for advance care planning?
  - could feedback from the bereaved inform practice in your department?
- Offer feedback to team members, particularly junior doctors leading these conversations for the first time. Consider a structured workplace-based assessment using the Second Conversation Project tool.

Mythbusters about palliative care and CPR can be found at www.rcplondon.ac.uk/projects/outputs/talking-about-dying-2021-how-begin-honest-conversations-about-what-lies-ahead. There you can also find the full original 2018 report, which includes case studies and references. If you have any questions or comments, please contact us via policy@rcp.ac.uk.