

**1 In current circumstances, where/with whom does responsibility lie with to make this (DNACPR) decision/have a conversation about this?**

Covid 19 has not changed the process of DNACPR decision making but it has meant that more DNACPR discussions are taking place. In all situations the DNACPR form needs to be signed by a doctor (GP or consultant or appropriately trained Nurse who has been assessed as being competent).

Conversations can be started by any person who feels they have the necessary skills and knowledge to talk to a patient about their wishes. This may lead to a person saying they do not want to be resuscitated/go to ITU or be ventilated. (a patient can decide they do not want to be resuscitated but do not have a legal right to demand any treatment, including resuscitation).

Regarding a DNACPR decision on the grounds if it being an inappropriate treatment that is unlikely to be successful, this should be had by a health care professional who can explain the reasons to the patient/family.

**3. What if I'm grieving myself or trying to overcome a grief and find it difficult to continue the conversation with the family (given the scenario that I had already started a conversation)**

In the first instance, I would suggest you see if there is another member of staff who could have these conversations as you would be in a vulnerable position if you are grieving yourself.

If you have already started the conversation and become tearful or distressed you could say,

"I'm really sorry, I'm finding this conversation quite difficult at the moment...could I just have a minute". You could then come back to the conversation after a short break.

**5. What if family member/s is crying and does not want to hear the truth?**

**Do we still carry on or have the conversation at another time?**

If a family member starts crying, you should stop giving information (as they will not hear it) and listen to them. Use EMPATHY – "I can see this is very distressing for you", "This must be very difficult to hear". Use Acknowledgement.

Remember to use your body language, facial expressions, touch (if appropriate) to connect with them. Give them time.

You might ask "Can you tell me what's worrying you the most at the moment" to find out what their concerns are. This might help to establish why they don't want to hear their relative is deteriorating/dying. Often its because they don't want to confront the reality of what might happen.

It is important to 'stay with the conversation'. Try to be honest and brave and support the person with their distress (which is perfectly normal). If it's an important info giving conversation, then you could offer to revisit later.

**9. If a family member was to turn around and say, why didn't you tell me (given the person has passed on. How do we handle it? Though we did tell them the situation.**

It is important, as we discussed in the webinar, to start the conversation with finding out what the person already knows. “Can you tell me what you understand about your dad’s condition” or “How do you think your dad is doing”. Then you can fill in the gaps of knowledge – often done by comparing how they were last month/week/yesterday to how they are today.

If they say they didn’t know...you might say, “I can see this has come as a shock to you” and then listen to their response. Try not to be defensive but acknowledge their emotion. You might say “I’m so sorry you feel like that” – this doesn’t admit you have done something wrong but shows you empathise with how they are feeling.

Overall, you need to give them time to come to a new understanding of the situation. It will be hard for both of you, but it is important the family understand how things are and are allowed to express their emotions.