CCRC
OSLER COVID CLINICAL RESPONSE COMMITTEE

COVID-19 and Goals of Care - Honoring Patient's Wishes **January 18, 2021**

The COVID Clinical Response Committee (CCRC) has been asked to provide additional guidance on ensuring we meet patient's goals of care and offer critical care to those who will benefit.

This is an approach to goals of care discussions which combines physician expert assessment of medical benefit from specific interventions with patient wishes regarding treatments, quality of life, and end-of-life care.

This is distinct from a triage protocol where capacity constraints could limit how many patients may be offered critical care.

1. Osler Critical Care Physicians have reached consensus on offering critical care under the current Health Care Consent Act in Ontario.
2. Every patient who has COVID-19 infection requires a goals of care discussion. Critical care discussions are framed based on the patient's capacity to benefit from being placed on life support. The decision should be considered prior to initiation of a discussion.
3. Many COVID-19 patients remain capable ('able to understand and appreciate the risks, benefits, and implications of healthcare decisions') despite severe hypoxemia. Prior to the COVID-19 pandemic, this situation was unusual. If a patient is capable (in the judgement of the assessing physician; the patient is capable is the assumption if unsure), all goals of care and consent discussions should directly involve the patient as per the Health Care Consent Act.
4. In the judgement of the treating physician, if the patient is not capable then the physician should follow the hierarchy outlined in the Health Care Consent Act to identify the substitute decision maker.
5. In the initial discussion by non-critical care physicians, we recommend that the discussion indicate that the decision about who will benefit from critical care is a decision that requires input from a critical care physician and at times, multiple opinions on this question.
6. Patients fall into 3 possible categories:
    a. Not a candidate for critical care as patient is unlikely to benefit
    b. Unclear if patient will benefit from critical care, with high risk of mortality or morbidity and critical care interventions may be offered but not recommended
    c. Patients who are likely to benefit from critical care interventions.
7. Patients in categories "b" and "c" should have a goals of care discussion focused on their wishes with regards to critical care framed around expected outcomes of morbidity and mortality.
8. Patients in category "a" should be provided an explanation as to why they are not candidates for critical care and further discussion should be framed around ongoing medical management vs transition to palliative care.
9. Ultimately, the final step of this process is to propose a treatment plan and obtain consent from the capable patient or substitute decision maker. Where the patient is capable, the patient should be invited to have whatever support or family present for this discussion they desire (albeit virtually).
10. As provincial critical care capacity becomes increasingly overwhelmed, there may be a shift in who qualifies for access to critical care but this requires provincial direction and/or an order from Cabinet.

Approved by Osler Medical Advisory Committee, 10 February 2021