

“There is No Easy Way to Say This...”: Communication Challenges in the COVID-19 Intensive Care Unit

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Communication with patients and their kin is a vital component of intensive care.¹ Clinical communication (history taking, explanation of diagnosis, counselling and motivation, outlining daily progress and discussion of treatment options) between the treating clinical team and the patient fosters trust and understanding and helps elicit patient cooperation in the ongoing treatment.^{2,3} Non-clinical communication (small talk, sharing anecdotes, morale-boosting talk, etc.) is just as important, as it creates a sense of kinship, empathy, and compassion.⁴ However, the ongoing coronavirus disease-2019 (COVID-19) pandemic has overhauled our approach toward communication in the intensive care unit (ICU). Healthcare providers in the COVID-19 ICU are donned with level 3 personal protective equipment (PPE). This consists of a coverall, N-95 mask, goggles, and face shield, which are known to make speech, hearing, and vision difficulties.^{5,6} Speaking is difficult and uncomfortable;⁷ thus, patient communication is often trimmed to just the essentials. Non-clinical communication inevitably suffers, despite being essential to patient motivation and cooperation. Additionally, non-verbal communication through body language and facial expressions becomes indiscernible.⁶ Unfortunately, this communication impairment is occurring even as an increasing number of COVID-19 ICU patients are being diagnosed with anxiety, depression and other mental health issues.⁷ The social stigma attached to COVID-19 infection worsens the feeling of isolation and loneliness. Thus, at a time when patients are most in need of patient, kind and empathetic conversation, healthcare workers are unable to provide them with this. It is no wonder then, that we are observing an increased incidence of psychiatric disturbances in COVID-19 patients, while in the hospital as well as in the post-discharge scenarios.

On the other hand, communication with the patient's family presents a different set of challenges. Good communication offers the family a clear understanding of the patient's condition, progress or deterioration and helps set realistic expectations regarding the outcome and recovery.¹ In particular, breaking bad news is a skill which benefits from in-person counselling and non-verbal cues conveying sympathy.^{1,4} However, social distancing norms have necessitated restrictions on hospital visitors. Family members are often discouraged from visiting the hospital, making communication challenging. Telephonic communication, while effective, lacks the personal touch necessary at this difficult time for the family.

Finding a solution to the problem is tricky. Tools like talking maps have been developed to guide healthcare workers to deal with

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patient fears and difficult decisions.⁸ However, these fail to take into account the impracticality of expecting healthcare workers in full PPE to have long talks with patients as in non-COVID-19 times. One way to address the issue without placing unrealistic expectations on the donned team may be to designate a “communication team.” This practice has been followed in our institution since the advent of the pandemic. The team consists of clinicians who are aware of the patient's clinical course but are not donned in PPE. The team telephonically communicates with the family daily to inform them of the patient's clinical progress and to resolve their queries. Additionally, regular video calling between the family and the patient offers some solace and support to the patient. The latter has been widely used as the communication tool of choice across the globe during the pandemic,⁸ and while it cannot replace the personal touch of face-to-face counselling, it may offer an acceptable compromise. We conclude that the communication challenge in the COVID-19 ICU is an underrecognized but important aspect of patient care, which deserves serious attention from policymakers to achieve quality healthcare and the satisfaction of all stakeholders.

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