

Talking with people and families about planning care, death and dying

RED-MAP is a 6-step approach developed in Scotland. It is used in all care settings.

- Suggested phrases are adapted to the person or family, place of care and context of the discussion.
- If talking by phone; check you have the right person, speak slowly in shorter sentences; check response.

Ask for help and support from colleagues, senior staff or a specialist. Second opinion if needed.

 RED-MAP	
Ready	<p>Try to build a relationship. Eye contact and tone matter. Speak to and about people by name <i>Hello Mr X, my name is..., I am (your title). My role in the team looking after you is...</i></p> <p>Outline reason for discussion. Check who should be involved and how best to do that.</p> <p><i>*We need to talk about your treatment and care. Who else do I need to speak to?</i> <i>*We are doing our best to care for you, but we are worried about your condition.</i> <i>*I'm sorry we are having to speak on the phone not in person at this difficult time.</i></p>
Expect	<p>Find out what the person and family know and expect. Explore initial questions or worries.</p> <p><i>*I'll explain what is happening, but do you have any questions or worries just now?</i> <i>*Can I ask what you know about your health problems and how you are now?</i> <i>*Do you know what an infection like Coronavirus might mean for (person's name)</i></p>
Diagnosis	<p>Share information; tailored to people's understanding and how they are feeling. Explain what we know in short chunks with pauses to check for a response. Acknowledge and share uncertainty. Keep terms clear and simple. Kindness matters.</p> <p><i>*You are less well because.... Yes, (person's name) is seriously ill...</i> <i>*We hope you will improve with..., but I am worried about how you are doing...</i> <i>*If treatment with (...) doesn't help or stops working, it is possible he'll not get better.</i> <i>*I am sorry to tell you (person's name) is very ill now... She could die with this illness...</i></p>
Matters	<p>Pause to let people take in information. Find out what matters to this person and family.</p> <p><i>*Can we talk about what's important for you now and what we can do to help?</i> <i>*Please tell us how you'd like to be cared for and any things you do not want.</i></p>
Actions	<p>Talk about realistic, available options for treatment, care and support for people. Be honest and clear about what will not work or help. Options depend on best place of care.</p> <p><i>*For people who depend on others at home or in a care home, it may be better to care for them in a familiar place when they are very ill and dying, if that's possible.</i> <i>*Intensive care and ventilation do not help everyone. Can we talk about that?</i> <i>*Has anyone spoken about cardiopulmonary resuscitation or CPR? CPR is treatment to restart the heart. CPR does not work when a person is in very poor health or dying.</i> <i>*Whatever happens, we will continue to care for you and your family.</i> <i>*We will give treatment and care for symptoms like breathlessness, pain or distress.</i> <i>*It is difficult when a person and their family can't be together. We will try to help.</i> <i>*We don't know how quickly things will change, but we will keep you updated.</i></p>
Plan	<p>Use available forms and online systems to record and share care plans and DNACPR decisions</p> <p><i>We record and share plans we make for treatment and care so everyone knows about them.</i></p>



People are already anxious and afraid of what will happen. Avoid words and phrases that can make them feel abandoned or deprived of treatment and care. Use realistic medicine language.

There is nothing more we can do. Ceiling of treatment or treatment limits for a person.
We are withdrawing treatment. Further treatment is futile.

Talking about medication for symptoms and/or palliative care comes after we have shared information and any bad news so people know that a person is very unwell and could die.