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 it is the right person; speak slowly in shorter sentences; check responses.

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

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

People are already anxious and afraid of what will happen. Avoid words 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 care for a person.
We are 'withdrawing' treatment.   Treatment is 'futile'.