

The content of family meetings will be determined by the patient's illness and clinical course since admission. Clinical handover should include a summary of communication with the family to date. Discussions should include (where relevant):

- establishing the family's understanding of the patient's illness
- updating the family and sharing information about the patient
- treatment goals and realistic expectations of the treating team, the patient and the family
- the treatment options available
- any previously expressed patient preferences or opinions, and family preferences and opinions

Family members face complex and distressing information and need time to understand the nature and severity of the patient's critical illness and to accept the possible outcomes.

At the initial family meeting there may be uncertainty about the patient's prognosis. If it becomes clear that death is likely, this should be clearly explained to the family at subsequent meetings. If permanent loss of brain function has occurred or appears inevitable, the process of neurological determination of death should be explained in simple, everyday language so family members understand that, when death is determined neurologically, the patient has died.