## ICU MANAGEMENT & PRACTICE

VOLUME 23ISSUE 5



Bringing Back the Forgotten Puzzle Piece: Family Empowerment in the Care of the Critically Ill Patient, B Lobo-Valbuena, S Garcia-Manzanedo, AR Alcaraz, M-M Garcia-Arias, F Gordo

The Internet and the Rise of Artificial Intelligence in Critical Care Medicine: Opportunities, Threats, and the Practitioner-Patient Relationship, L Hawryluck, MJ Douma, PG Brindley

Administering Care to Critically Ill Patients with FAST HUGS IN BED PLEASE - Revisited Mnemonic, E Arriaga-Morales, OR Pérez-Nieto, D Cuellar-Mendoza, GBE Sánchez de la Barquera, AC Siller-Serna, E Deloya-Tomas Long-Term Home Ventilation in Children: Facing the Challenge, M Pons, E Esteban, P Corniero, GD Carrillo, FJC Lasaosa

Treating the Whole Human In Intensive Care – Patient-Centred Outcomes in Sepsis, Surgery and Trauma, LA Belon, J Poole

Acute Subarachnoid Haemorrhage - An Epidemiological Perspective, E Brogi, L Querci, A Chierega

## **Patients and Families**

## **Jean-Louis Vincent**

Editor-in-Chief ICU Management & Practice Professor Department of Intensive Care Erasme Hospital Université libre de Bruxelles Brussels, Belgium

JLVincent@icu-management.org

Ƴ@ICU\_Management

Collaboration between critical care doctors, patients and families is essential to managing critically ill patients. Promoting open communication, shared decision-making, and emotional support is essential to ensure a patient-centred approach in critical care settings.

Communication plays a crucial role in a critical care setting. Critical care teams are trained to manage complex medical situations in the ICU. They oversee the care of critically ill patients, coordinate with other healthcare professionals, and make decisions about treatment plans. They have the expertise and skill to manage lifethreatening conditions by utilising advanced medical technologies and coordinating a multidisciplinary team. The patient must be actively involved in their care decisions. Informed consent, communication about treatment options, and understanding the implications of medical interventions are essential aspects of their participation. At the same time, patients are often unable to decide for themselves, and their relatives are their substitutes in the decision-making process. The relatives provide emotional support, may have to make decisions on behalf of the patient and serve as a bridge between the critical care team and the patient. They often become part of care discussions, especially if the patient cannot communicate.

With so many players involved in the care of critically ill patients, effective communication becomes critical between critical care doctors, patients, and families. Doctors need to explain medical conditions, treatment options, and potential outcomes in an understandable way to the patient and their families. When needed, decisions about treatment plans, life-support measures, and end-of-life care should be made through shared decision-making involving the patient, their family, the doctors and the entire team. The critical care team also needs to provide emotional support to patients and their families. Coping with critical illness can be extremely challenging, and empathy and understanding are essential components of care.

In this issue, our contributors discuss strategies for clinicians and researchers to work with patients and families to advance clinical care, the rationale for patient and family engagement in the ICU, and opportunities to strengthen this engagement and promote patient and family involvement in care delivery.

As always, if you would like to get in touch, please email JLVincent@icu-management. org.

Jean-Louis Vincent