ICU
MANAGEMENT & PRACTICE

Family-Centred Care at End of Life in the ICU

Recent research on end-of-life (EOL) care in the ICU has focused on the importance of communication between ICU clinicians and patients' families. This research has highlighted the impact of such communication on family symptoms in the months following a patient's death.

During the COVID-19 pandemic, restricted visiting policies in ICUs have undermined the quality of communication between clinicians and families, which can increase the risk of post-ICU burden for bereaved families who experience communication as unsatisfactory.

Communication between patients and doctors and families and doctors should not be limited to providing information but should also include empathy, active listening, and attention to each individual and their culture.

This article discusses four papers emphasising the significance of effective communication between ICU teams and families of patients at risk of death. These papers cover various aspects of care and support that can potentially affect the practices of ICU teams in providing better support to family members.

The first paper highlights the importance of culturally sensitive communication in the ICU. The authors found that culture influences the needs of patients and families at the end of life, and too few patients had a cultural assessment done. They concluded that to provide culturally sensitive care, a multidisciplinary assessment should be built into routine daily care, addressing components such as facilitating cultural and religious rituals, involving religious leaders, using interpreters, and managing differences in cultural values and beliefs.

The second paper discusses the Three Wishes Project (3WP), which facilitates the personalisation of the dying process for patients and families by implementing their wishes. The study found an improved rating of end-of-life care with 3WP, suggesting that personalising the dying process by implementing tailored wishes can improve care.

The third paper is a qualitative study highlighting the importance of continuity and presence in communication and relationships. The study includes 19 family members of patients who died from severe COVID-19. The study revealed important themes, including difficulties associated with distance relationships with ICU clinicians, the experience of solitude, the risks of separation from the patient, disrupted EOL rituals, and the feeling of stolen moments. The findings highlighted four avenues of improvement:

- The importance of safeguarding the bond between patient and family
- Prioritising communication between clinicians and families
- Preserving EOL rituals
- Providing effective social support in times of social isolation

The last paper demonstrates the positive impact of a three-step communication and support strategy for family members of patients dying in the ICU. The strategy comprises three meetings with relatives: an initial meeting to prepare families for the patient's death, a visit to the ICU room during the dying process to provide active support, and a meeting to offer condolences following the patient's death. The three steps significantly reduced the number of relatives with prolonged grief symptoms.

This overview of these four studies highlights the critical components of family support at the end of life in the ICU. The key components include

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establishing patient and family wishes from the beginning of ICU admission, providing emotional support and empathy, continuity of care and communication, involvement of the ICU team in family support, and closure for families around the death of their loved one.

Source: Intensive Care Medicine

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