

Palliative care in ICU: Not there yet, but one step further

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Context

- “Rescue” culture and advanced technology ↑ survival¹.
- Aging population, complex and chronic conditions²
- Dying in the ICU: Frequent (20%)³ → Majority Treatments limitation⁴
- Many trajectories^{5,6} “Gray zone” and uncertainty⁷
- Multiples barriers^{8,9}
- Recommendations^{10,11}

Problem

The patient

- Many unmet needs¹²
- Multiple interventionist acts last months of life¹³

The family

- Contribution under recognized and undervalued¹⁴
- Many symptoms: depression → PTSD¹⁵
- Variability of care satisfaction¹⁶

The nurses

- Ill-prepared¹⁷
- Little involved in decision making¹⁸
- Frustration → moral distress¹⁹

The team

- « Disciplinary silos »²⁰
- Significant differences in perceptions and attitudes²¹

Preliminary study

Goals: Reveal dimensions and facilitation conditions of «good palliative care» in the ICU.

Method: Qualitative approach (phenomenological)

Results: “Good palliative care” in ICU is expressed by the consideration of six dimensions of the person. (Guay et al. 2011)²²

Three themes summarizes the facilitating conditions

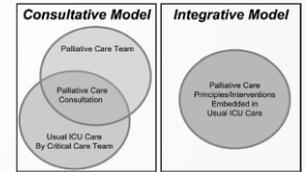


Follow-up study

- **Goals:** To develop, implement and evaluate an intervention to promote palliative care approach in the ICU.
- **Method.** Action research design²⁴
- Emerging, flexible and collaborative approach
- Enhances consensus in decision-making.
- Produced a change that make sense and improves practice ‘in real life’

Interventions

- Multiple components
- Interdisciplinary
- Structure-process-outcomes
- **Development:** Recommendations & Guidelines
- **Implementation:** Few studies describe the implementation process
- **Evaluation:** mainly retrospective and global



(Nelson, 2010, p. 2508)²⁵

Study phases

Phase I: (2 cycles- 16 months)

Development of the interventions

3. Selection of intervention components (Stake holder group)



1. Common understanding of current situation (n = 17)

2. Collective analysis of needs, suggestions & research contribution

Results

Two main components

- Educational
- Interdisciplinary

Phase II & III

(3 cycles- 12 months)

Educational component

Intervention implementation and evaluation process through pilot case study²⁶

6 sessions (2 hrs) : Day-evening-night (N=23 nurses) (Theory-case discussion)

- Palliative care philosophy
- Ethical issues
- Interdisciplinary concept
- Pharmacotherapy



Conclusion

The integration of a palliative approach in intensive care is a progressive and iterative process.

Action research design promotes empowerment and ownership of practice change process and sustainability.

Interdisciplinary component

Mr. Théodor: Chronic critical illness (CCI)²⁷. LOS: 569 days in ICU (Individual interviews: n = 9)

Structure

- Cultural changes takes time !
- CCI: Growing challenge to ICU
- This case study offers an operational definition of palliative care in the ICU through an integrative model

Process

- Early proactive discussions and regular patient-family meeting: improves successful goal-directed care.
- Identification of medical decision-maker: Reduces ambiguities and conflicts

Outcomes

Educational component: Experiential, case-based discussion → effective strategy to foster palliative care approach.

Interdisciplinary component: •Improved teamwork, and family satisfaction