

PERSONALIZING DEATH IN THE ICU: THE THREE WISHES DEMONSTRATION PROJECT

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Introduction: Death in the technological setting of the intensive care unit (ICU) is common. The overall goal of the 3 Wishes Demonstration Project is to improve the quality of the dying experience.

Objectives: The specific aims are: 1) For patients, to dignify their death and celebrate their lives; 2) For family members, to humanize the dying process and create positive memories; and 3) For clinicians, to foster patient-centered and family-centered end of life care, and inspire a deeper sense of vocation.

Methods: Using a mixed-methods study design, we enrolled dying patients, their families and 3 of their clinicians from a 21 bed medical-surgical ICU. We elicited and honoured a set of 3 wishes with the goal of bringing peace to the final hours or days of a critically ill patient's life, and to ease the grieving process for families. Quantitative data included demographics, processes of care, and Quality End-of-Life Care-10 (QEOL-10) scores. Qualitative data collection involved semi-structured interviews which were digitally recorded, transcribed verbatim, then analyzed using a qualitative descriptive approach.

Results: Participants included 39 dying patients, one of their family members, and 117 clinicians caring for the dying patient in the last 72 hours. Wishes were interpreted and classified in 5 domains: humanizing the environment (e.g., flowers, pet therapy, music therapy, bringing personal mementos into the room), tributes (e.g., tea party, final toast, word cloud, planting a tree in the patient's favourite park), connections (e.g., sponsoring a memorial meal, finding a lost relative, skype and email reunion with family and friends), rituals and observances (e.g., firework display, blessing, renewal of wedding vows, wedding) and 'paying it forward' (e.g., unsolicited family donations to other families in the 3 Wishes Project, contributions to charities important to the patient, organ donation). Most wishes were simple and inexpensive, or priceless. Many wishes (62%) were antemortem, but some (38%) were post mortem. QEOL-10 scores were high. The interview participation rate was 100%. The central theme that emerged from the interviews was personalizing dying in the ICU. Eliciting and customizing the 3 Wishes honoured patients by individualizing and humanizing the dying process, and empowered families to participate in their loved one's end of life care. For clinicians, the 3 wishes project offered a model of interprofessional care, engendering respect for all, and promoting death with dignity.

Conclusion: The 3 Wishes Demonstration Project facilitated personalization of the dying process in the ICU through a deliberate integration of spiritual care and palliative care into critical care practice. Quantitative and qualitative data from this mixed methods study demonstrated the key concept of dignity, and helped to create the comfort, preparedness, and interpersonal connection remembered by survivors after death.

References: N/A