Dying With Dignity
In the Intensive Care Unit

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The Essence of Patient Care

“One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient.”

Francis Peabody (1881-1927), Boston City Hospital, JAMA 1927
On Dignity

• **Dignity:**
  – the state or quality worthy of honour or respect

• **Goal of Dignity-Conserving Care:**
  – caring for patients in a manner consistent with their values at a time of incomparable vulnerability

• **In ICU:**
  – when they cannot speak for themselves
In The Words of Harvey Chochinov

- **Airway**
- **Breathing**
- **Circulation**

Of resuscitation

- **Attitude**
- **Behaviour**
- **Compassion**
- **Dialogue**

Of dignity-conserving care
The ‘A, B, C and Ds’ of Dignity-Conserving Care

• **Attitudes:** affect our practice

• **Behaviours:** enhance patient dignity

• **Compassion:** sensitivity to the suffering of another & desire to relieve it

• **Dialogue:** acknowledging the person beyond the illness
Critical Illness Triggers…..

• Existential questions about
  – purpose
  – meaning
  – relationships
  – destiny

• Spirituality
  – the ways in which a person thinks and lives in relationship to transcendent – matters beyond the range of physical human experience
Overall Goal:
To improve the quality of the dying experience for patients and their families
3 Objectives:

• For patients, to dignify their death and celebrate their life

• For family members, to humanize the dying process and create positive memories

• For ICU clinicians, to foster patient and family-centered care and inspire a deeper sense of our vocation
Rationale:

• An individualized approach to end of life care acknowledges that the dying person and their family members are uniquely human

Design:

• Mixed-methods demonstration project

Setting:

• 21-bed closed medical-surgical teaching ICU
Premise of the 3 Wishes:

• Eliciting and fulfilling a set of 3 wishes in the hope of bringing peace to the final days or hours of a patient’s life

• Wishes may be those of
  – the patients
  – their family members
  – their clinicians
  – 3 Wishes Team
Mixed-Methods Design

Qualitative Data
- Family & Clinician Interviews
- Letters & Field Notes
- Wish Interpretation

Quantitative Data
- Patient Demographics & Life Supports
- Family & Clinician Demographics
- Family QEOL-10 Survey
Quantitative Methods: Wish Interpretation

- Source
- Category
- Complexity
- Cost
- Timing
- Realization
Qualitative Methods: Interviews

- Semi-structured interviews
- 1 family member per patient
- 3 clinicians per patient
- Recorded, transcribed, coded with N-Vivo
- Inductive theme identification
- Descriptive analysis using content analysis
- Multidisciplinary triangulation
### Advanced Life Supports In ICU

<table>
<thead>
<tr>
<th></th>
<th>Administered Any Time in ICU [median duration, IQR]</th>
<th>Withdrawn Just Before Death</th>
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<tbody>
<tr>
<td>Mechanical ventilation (N=39)</td>
<td>100% 6 days (3-14 days)</td>
<td>66.7%</td>
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<tr>
<td>Inotropes (N=28)</td>
<td>71.8% 4 days (2-6 days)</td>
<td>20.5%</td>
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<tr>
<td>Dialysis (N=16) (New receipt)</td>
<td>41.0% 5 days (1-15 days)</td>
<td>23.1%</td>
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Families/Friends Interviewed

- Partner
- Child
- Sibling
- Friend
- Other
Clinicians Interviewed

- MD
- RN
- RT
- Spiritual Care
- Other
Wish Categories

- Humanizing The Environment
- Tributes
- Connections
- Rituals
- Paying It Forward
“The most significant, meaningful aspect, or memorable aspect to me was collaborating with my team and presenting this concept to the family, which completely overwhelmed them. Then going through with the plan and participating in this celebratory last supper with them. It was a phenomenal experience.” [Nurse]
“Sometimes it's learning from the family. Sometimes we’re not the expert. ‘You know your mother. You understand your culture. What can we do?….. Help us….. so that it’s meaningful for all of us.’ This pilot project puts an entirely different lens on the camera and allows people to practice differently.” [Social Worker]
“...and they started to remember things about the patient and talk about significant things in his life and who he was and what these words represented. I just saw that somehow, it was calming for them...it gave them time to really sit and talk and remember.” [Nurse]
<table>
<thead>
<tr>
<th>Wish Categories &amp; Examples</th>
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<tr>
<td><strong>Humanizing The Environment</strong></td>
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<tr>
<td>Movie night</td>
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<td>Using a patient’s nickname</td>
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<td>Personal keepsakes in the room</td>
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<td>Favourite music</td>
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Personalizing Dying in the ICU

Dignifying The Patient

Giving Voice To The Family

Calling Forth Clinician Compassion
"This program honours the everyday hero. Someone who may go unnoticed but whose life counted, and was a good person." [Mother]
"So my Mom's lying there, cognitively dead. Her heart's still beating, she's on life support, and ..... you have no idea who she really was. And this - it was just wonderful. [It] struck a chord because it allowed me to ... talk about her, and, you know, give the staff .... a vision of who she was." [Daughter]
"I do feel that the whole process with the 3 Wish Program and everything that we went through with this family - it just helped.....pull it all together.... it did make the experience seem dignified and peaceful. It didn't necessarily feel like we were letting someone go, it felt more like we were wishing someone well." [Resident]
A special collaboration

Critical Care
Palliative Care
Spiritual Care
“I think that it dignified the whole process. At that point, he wasn’t conscious. The conversation... gave him a voice when he was not there... you know, the offering of the wishes gave him a presence in the room.” [Chaplain]
Intensity

Time

dignity - conserving care

humanism

technology
Ensuring death with dignity begs for reflection, time and space to create connections that are remembered by survivors long beyond a death.

It calls for humanism from all ICU clinicians to promote peace during the final hours or days of a patient’s life, and to support those in grief who are left behind.
Ensuring death with dignity in the ICU epitomizes the art of medicine, and reflects the heart of medicine. It demands the best of us.
Thank You
To Everyone
For Coming!