TedTalk

http://ed.ted.com/on/5AD389V3#review

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End-of-Life Care in the Intensive Care Unit

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The Intensive Care Unit

The Intensive care unit (ICU) caters for patients with severe and life threatening illnesses and injuries, which require constant, close monitoring and support from specialist equipment and medications in order to support and ensure normal bodily functions.

Typically have higher staff-to-patient ratio, usually 1:1 Nurse patient ratio.
Nature of the ICU

- Highly technological care
- Curative focus – primary goals are to help patients survive acute threats to their lives while preserving and restoring quality of life
- 60- 70% of ICU patients are not capable of making decisions due to illness/sedation
- 1-2% of all hospital beds
- Costs €1,500- €3,000 per day depending on therapies
Place of Death – in Irish Hospitals

- Wards: 68%
- ICU: 20%
- A&E: 12%

National Audit of End of Life Care (2010). Audit of 1,000 patients deaths (18+)
Deaths in ICU – international research

- Approx 20% of all hospital deaths occur in ICU
- 42% of patients who die in hospital have spent part of their last 3 days of life in a specialist unit
  (Cybulski 2011, Canada)
- Death can be sudden/unexpected
- 70 - 90% of patients who die in ICU do so after a decision to limit or withdraw therapy
  (Truog 2001; USA, Carlet et al 2004; France)
Paediatric deaths in ICU

• 20% of all adults who die in hospital will die in an ICU. Most patients die in ward settings.

• In children’s hospitals, it’s the opposite.

• Case study: Our Lady’s Children’s Hospital, Crumlin
Paediatric deaths in ICU (Crumlin Hospital)

PICU 86%
Cardiac 7%
Wards 6%
HaemOncology 1%

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Total 2010-2014</th>
<th>% Deaths</th>
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<tbody>
<tr>
<td>PICU</td>
<td>51</td>
<td>54</td>
<td>52</td>
<td>45</td>
<td>64</td>
<td>266</td>
<td>85.8%</td>
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<tr>
<td>Cardiac</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>10</td>
<td>23</td>
<td>7.4%</td>
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<tr>
<td>Wards</td>
<td>7</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>17</td>
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<tr>
<td>HaemOncology</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>1.3%</td>
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<tr>
<td>Total</td>
<td>62</td>
<td>62</td>
<td>59</td>
<td>51</td>
<td>76</td>
<td>310</td>
<td>100.0%</td>
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</tbody>
</table>
Limitation of Treatment

Where a treatment which might be beneficial is continued to a predetermined upper limit, dose or time period.

e.g. Limit of vasopressors, period of CVVH (Dialysis)

(CCaNNI 2009)
Withholding Treatment

A treatment which might be beneficial in a different scenario or patient is not initiated. e.g. A decision is made not to re-intubate a patient or not initiating CVVH (CCaNNI 2009)
Withdrawal of treatment

A treatment which might be beneficial in a different scenario or patient is reduced and stopped.

e.g. Inotropes, DNaCPR

(CCaNNI 2009)
Decisions to withhold or withdraw life support

4,248 ICU deaths in 17 European countries
Mater Hospital. ETHICUS study

1999/2000 – 70% of patients who died in ICU had a decision made to withhold or withdraw life-sustaining therapy but only 72% of decisions were documented.

(Collins, Phelan, Marsh & Spring 2006)
Withdrawal of care

Dialysis
↓
Diagnostic tests
↓
Vasopressors
↓
IV Fluids
↓
Monitoring
↓
Artificial feeding
↓
Ventilation

(Faber-langendoen 2000)
Challenges in End-of-life care in ICU?

Curative Vs Comfort
Discussion
References