Is the ICU a proper place for end-of-life-care?

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AIM

To explore and describe end-of-life care (EOLC) in the ICU environment from the perspective of close relatives and nurses
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RESULTS

Study 1  n=74

• 30 % estimated that patients often or almost often died in multi-bed rooms

• 76 % had waiting areas located within the ICU

• 21% almost often offered families follow-up services

• 25 % used some kind of guidelines for end-of-life care
RESULTS
Study 2  n=192

- 46 % died within 24 ours after admission
- 40 % died without their next of kin at their bedside
- 46 % of deaths occurred in multi-bed rooms
- 21% died during resuscitation
- 72 % of deaths were preceded by an end- of-life decision (withholding or withdrawing)
The analysis of the interviews with close relatives (study 3) resulted in seven themes:

1. Being confronted with the threat of loss
2. Maintaining a vigil
3. Trusting the care given
4. Adapting and trying to understand
5. Facing death
6. Needing privacy and togetherness
7. Experiencing reconciliation
The interpreted whole study 3

“To be piloted”

Nurses piloted the close relatives past the hidden reefs and through the dark waters of a strange environment, unfamiliar technology, distressing information and a wait tinged with uncertainty.
Environmental obstacles against doing one’s utmost

- difficulties in creating privacy and dignified farewells for the relatives
- lack of influence in the decision-making process
- lack of time and support
Many patients died:

- After a short stay in the ICU (46 % ≤ 23 h)
- In multi-bed rooms (46%)
- Without the presence of a next-of kin (40 %)
Papers:


Thank you!

Isabell Fridh EfCCna
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