

OM
ETIK
OCH
OUTCOME



HUR BRA GISSAR VI?



Contents lists available at ScienceDirect

Journal of Critical Care

journal homepage: www.journals.elsevier.com/journal-of-critical-care



Patients' perceptions and ICU clinicians predictions of quality of life following critical illness☆



Michael E. Detsky^{a,b,c,*}, Rachel Kohn^{a,d,e,f}, Aaron M. Delman^a, Anna E. Buehler^a, Saida A. Kent^a,
Isabella V. Ciuffetelli^a, Mark E. Mikkelsen^{c,f}, Alison E. Turnbull^{h,i,j}, Michael O. Harhay^{a,e,g}

^a Palliative and Advanced Illness Research (PAIR) Center, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, United States

^b Sinai Health System, Toronto, ON, Canada

^c Interdepartmental Division of Critical Care Medicine, University of Toronto, Toronto, ON, Canada

^d Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, United States

^e Leonard Davis Institute of Health Economics, University of Pennsylvania, Philadelphia, PA, United States

^f Division of Pulmonary, Allergy and Critical Care Medicine, Department of Medicine, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, United States

^g Department of Biostatistics, Epidemiology and Informatics, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, United States

^h Outcomes After Critical Illness and Surgery (OACIS) Group, Johns Hopkins University, Baltimore, MD, United States

ⁱ Division of Pulmonary and Critical Care Medicine, School of Medicine, Johns Hopkins University, Baltimore, MD, United States

^j Department of Epidemiology, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, United States

HUR BRA GISSAR VI?

A B S T R A C T

Purpose: To determine how patients perceive their quality of life (QOL) six months following critical illness and to measure clinicians' discriminative accuracy of predicting this outcome.

Materials and methods: This prospective cohort study of intensive care unit (ICU) survivors asked patients to report their QOL strictly at six months compared to one month before their critical illness as better, the same, or worse. ICU physicians and nurses made six-month QOL predictions for these patients.

Results: Of 162 critical illness survivors, 33% ($n = 53$) of patients reported six-month QOL as better, 33% ($n = 54$) the same, and 34% ($n = 55$) worse. Abnormal cognition and inability to return to primary pastime or original place of residence ($p < .05$ for all) were associated with worse self-reported QOL at six months in multivariable regression. Predictions of patient perceptions of QOL at six months were pessimistic and had low discriminative accuracy for both physicians (sensitivity 56%, specificity 53%) and nurses (sensitivity 49%, specificity 57%).

Conclusions: Among survivors of critical illness, one-third each reported their six-month post-ICU QOL as better, the same, or worse. Self-reported six-month QOL was associated with six-month function. **ICU clinicians should use caution in predicting self-reported QOL**, as discriminative accuracy was poor in this cohort.

APPROPRICUS

Perceptions of Appropriateness of Care Among European and Israeli Intensive Care Unit Nurses and Physicians

Ruth D. Piers, MD

Elie Azoulay, MD, PhD

Bara Ricou, MD

Freda DeKeyser Ganz, RN, PhD

Johan Decruyenaere, MD, PhD

Adeline Max, MD

Andrej Michalsen, MD, MPH

Paulo Azevedo Maia, MD

Radoslaw Owczuk, MD, PhD

Francesca Rubulotta, MD, FRCA

Pieter Depuydt, MD, PhD

Anne-Pascale Meert, MD

Anna K. Reyners, MD, PhD

Andrew Aquilina, MD

Maarten Bekaert, MSc

Nele J. Van Den Noortgate, MD, PhD

Wim J. Schrauwen, MSc

Dominique D. Benoit, MD, PhD

for the APPROPRICUS Study Group
of the Ethics Section of the ESICM

Context Clinicians in intensive care units (ICUs) who perceive the care they provide as inappropriate experience moral distress and are at risk for burnout. This situation may jeopardize patient quality of care and increase staff turnover.

Objective To determine the prevalence of perceived inappropriateness of care among ICU clinicians and to identify patient-related situations, personal characteristics, and work-related characteristics associated with perceived inappropriateness of care.

Design, Setting, and Participants Cross-sectional evaluation on May 11, 2010, of 82 adult ICUs in 9 European countries and Israel. Participants were 1953 ICU nurses and physicians providing bedside care.

Main Outcome Measure Perceived inappropriateness of care, defined as a specific patient-care situation in which the clinician acts in a manner contrary to his or her personal and professional beliefs, as assessed using a questionnaire designed for the study.

Results Of 1651 respondents (median response rate, 93% overall; interquartile range, 82%-100% [medians 93% among nurses and 100% among physicians]), perceived inappropriateness of care in at least 1 patient was reported by 439 clinicians overall (27%; 95% CI, 24%-29%), 300 of 1218 were nurses (25%), 132 of 407 were physicians (32%), and 26 had missing answers describing job title. Of these 439 individuals, 397 reported 445 situations associated with perceived inappropriateness of care. The most common reports were perceived disproportionate care (290 situations [65%; 95% CI, 58%-73%], of which "too much care" was reported in 89% of situations, followed by "other patients would benefit more" (168 situations [38%; 95% CI, 32%-43%]). Independently associated with perceived inappropriateness of care rates both among nurses and physicians were symptom control decisions directed by physicians only (odds ratio [OR], 1.73; 95% CI, 1.17-2.56; $P=.006$); involvement of nurses in end-of-life decision making (OR, 0.76; 95% CI, 0.60-0.96; $P=.02$); good collaboration between nurses and physicians (OR, 0.72; 95% CI, 0.56-0.92; $P=.009$); and freedom to decide how to perform

APPROPRICUS

Vård upplevd som olämplig (“inappropriate”)



Akut moralisk stress + utbrändhetsrisk

APPROPRICUS

82 IVA

10 länder

1953 IVA-läkare/-sköterskor

APPROPRICUS

3 enkäter

1. IVA
2. Klinikern
3. Upplevd orimlighet

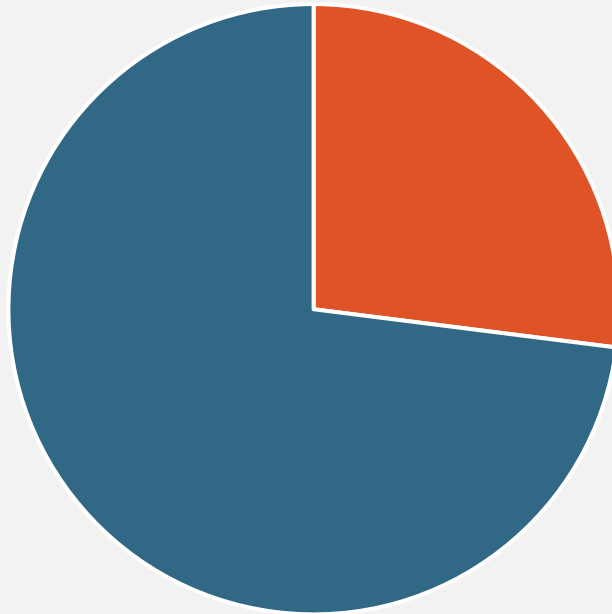
APPROPRICUS

Upplevd orimlighet-enkäten

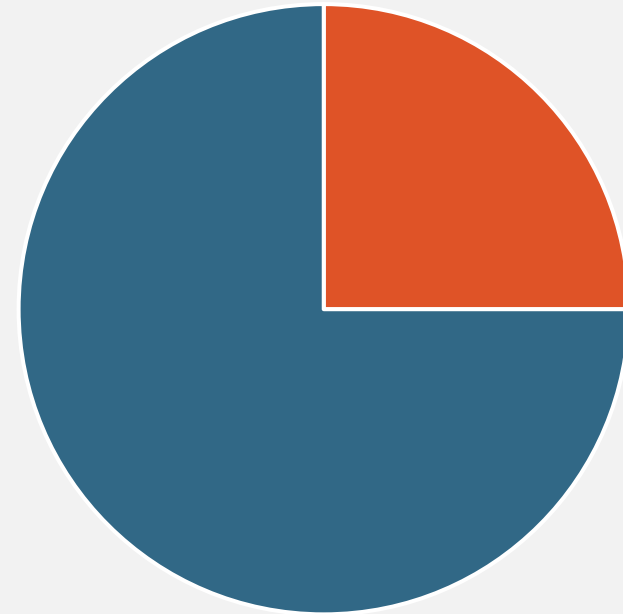
1. Felaktig vårdnivå ift prognos
2. Dålig compliance
3. Andra patienter hade gagnats mer av vården
4. Felaktig information var given till familj
5. Patientens åsikt respekteras ej
6. Alla parter var inte inblandade i vårdnivå-diskussionen
7. Patienten får inte god vård

APPROPRICUS

Läkare

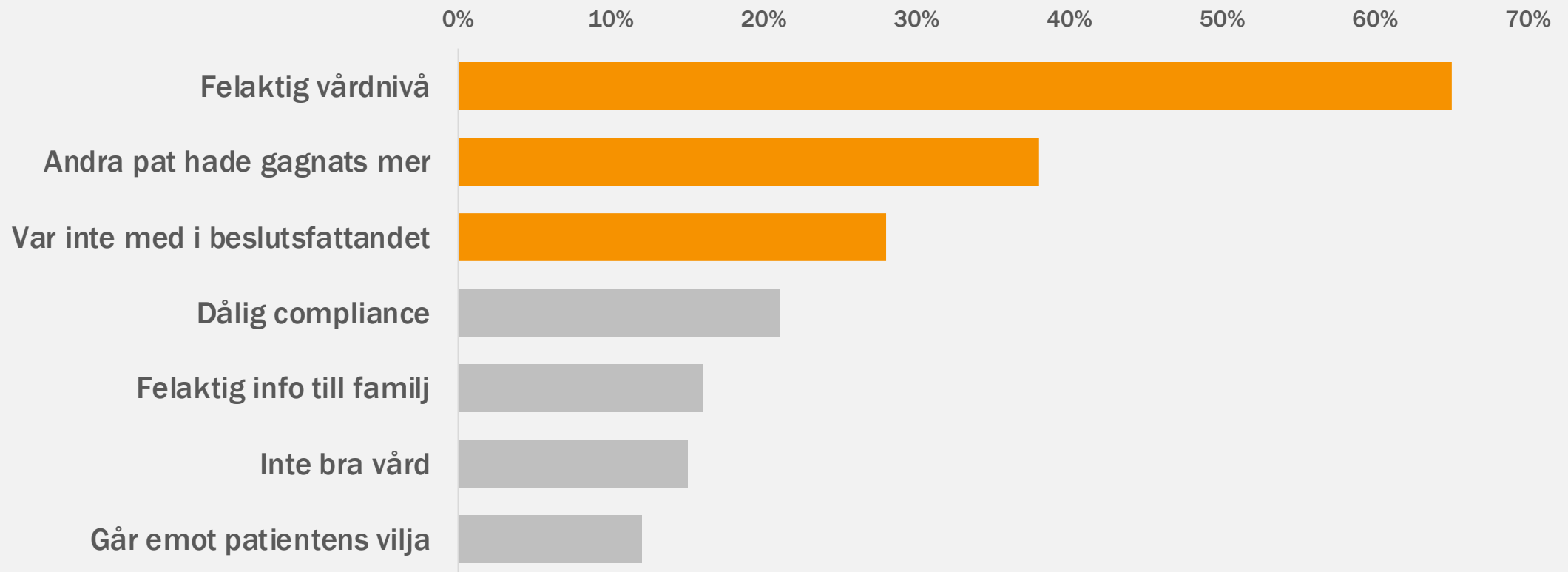


Sköterskor



APPROPRICUS

Orsaker till orimlig vård



VAD HÄNDE SEN?

APPROPRICUS → DISPROPRICUS

EDMC-FORMULÄRET

3 klimatfaktorer för gott etiskt beslutsfattande

1. “A clinician with his own background, values and history becomes aware of a specific patient situation and opens an interdisciplinary discussion”
2. En god teamledare uppmuntrar att tala ut
3. Att dela åsikter, värderingar och idéer stimulerar etisk medvetenhet

DISPROPRICUS


- Tanke:** Att ha avvikande vårdnivå-uppfattning kräver ett bra klimat
- Mål:** Är det etiska klimatet associerat med det prognostiska värdet av uppfattningen vad gäller patientens 1-års outcome?

DISPROPRICUS

ORIGINAL



Outcome in patients perceived as receiving excessive care across different ethical climates: a prospective study in 68 intensive care units in Europe and the USA

D. D. Benoit^{1*} , H. I. Jensen^{2,3}, J. Malmgren⁴, V. Metaxa⁵, A. K. Reyners⁶, M. Darmon⁷, K. Rusinova⁸, D. Talmor⁹, A. P. Meert¹⁰, L. Cancelliere¹¹, L. Zubek¹², P. Maia¹³, A. Michalsen¹⁴, S. Vanheule¹⁵, E. J. O. Kompanje¹⁶, J. Decruyenaere¹, S. Vandenberghe¹⁷, S. Vansteelandt^{17,18}, B. Gadeyne¹, B. Van den Bulcke¹, E. Azoulay⁷ and R. D. Piers¹⁹ on behalf of the DISPROPRICUS study group of the Ethics Section of the European Society of Intensive Care Medicine

© 2018 The Author(s)

Abstract

Purpose: Whether the quality of the ethical climate in the intensive care unit (ICU) improves the identification of patients receiving excessive care and affects patient outcomes is unknown.

DISPROPRICUS

3040 läkare och sköterskor (436 i Sverige)

32500 dagliga uppfattningar (3439)

1620 patienter (149)

68 IVA (5)

13 länder

DISPROPRICUS

Personligt formulär:

Kön, ålder, antal arbetade år, religiositet

Medarbetarenkätts-liknande frågor

Samarbetsklimat

Ledarskapskultur

Vård i livets slutskede

Sjukvårdkostnader

DISPROPRICUS

”Ange dagligen rimligheten av vårdnivån hos dina patienter”

Disproportionate care: Vård som inte längre motsvarar förväntad överlevnad eller livskvalitet eller sker mot patients vilja

DISPROPRICUS

Vad visade studien då?

DISPROPRICUS

Ca 10% uppfattades ha felaktig vårdnivå,
varav 90% “för mycket”

DISPROPRICUS

- BRA:** Aktivt seniort (läkar)ledarskap faciliterar interdisciplinär reflektion + beslutsfattande
- MEDEL+:** Seniora doktorer uppmuntrar sköterskor att delta i interdisciplinärt beslutsfattande, i huvudsak kring EoL
- MEDEL-:** Seniora doktorer anses kunna ta EoL-beslut, men uppmuntrar inte sköterskor att delta
- DÅLIGT:** Kliniker uppfattar behov av förbättring inom alla faktorer

DISPROPRICUS

Avvikande uppfattning från 1
inte alls lika prediktivt som från 2

DISPROPRICUS

Andel med minst 2 avvikande uppfattningar

BRA:	11%
MEDEL⁺:	7.2%
MEDEL⁻:	18%
DÅLIGT:	12%

DISPROPRICUS

Combined outcome: Död, inte hemma eller dålig QoL vid 1 år.

Sannolikheten för outcome **utan** ≥ 2 avvikande uppfattning 57.1%

Sannolikheten för outcome **med** ≥ 2 avvikande uppfattningar 94%

DISPROPRICUS

Ingen skillnad i

- incidens av behandlingsbegränsningar mellan klimaten
- tid till behandlingsbegränsningar mellan klimaten (11% efter 14d)

DISPROPRICUS

För ≥ 2 -patienter var risken för död
högre i gott klimat än i dåligt

DISPROPRICUS

Från och med ≥ 2 avvikande uppfattningar
var mediantid till död 5d resp 14d

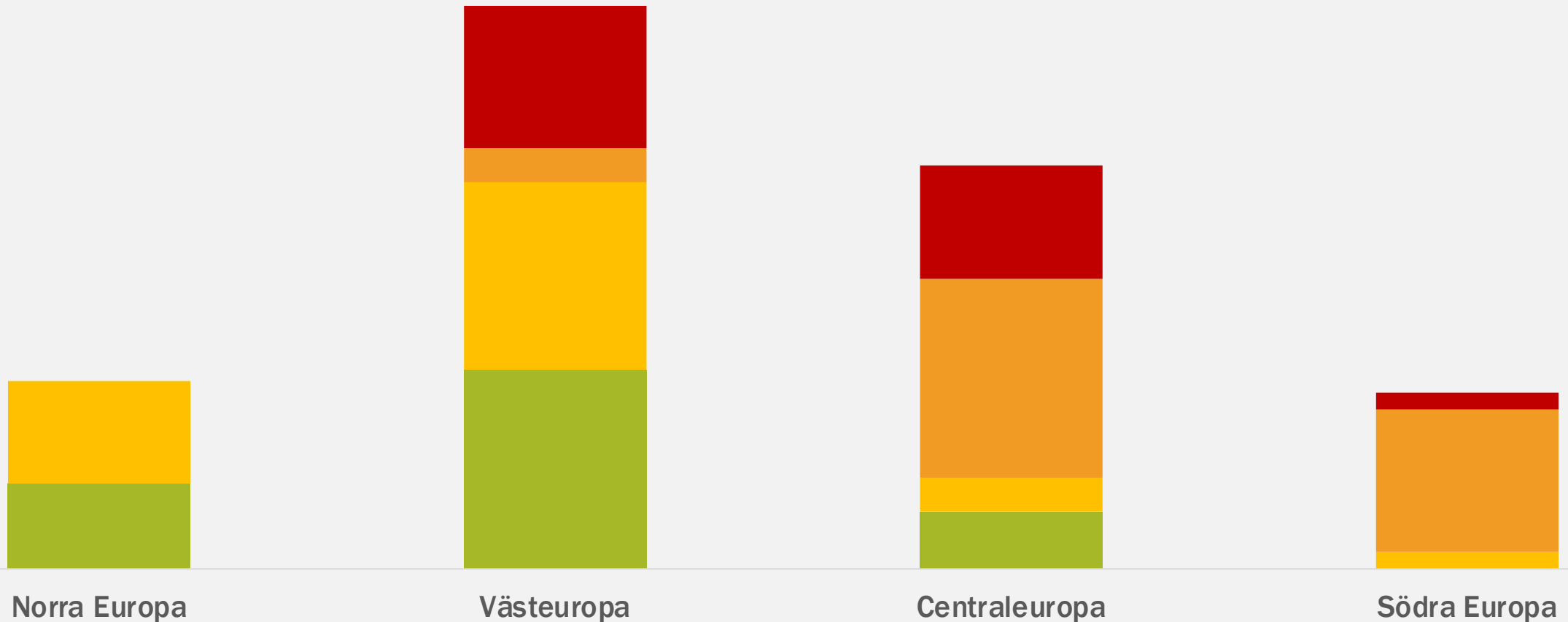
DISPROPRICUS

Risk för död i det goda klimatet var högre om
2 doktorer > doktor+ssk > 2 ssk

DISPROPRICUS

Norra Europa	25,0%	30,0%	0,0%	0,0%
Västeuropa/USA	58,3%	55,0%	0,0%	41,7%
Centraleuropa	16,7%	10,0%	58,3%	33,3%
Södra Europa	0,0%	5,0%	41,7%	25,0%

DISPROPRICUS




DISPROPRICUS

Intensive Care Med (2020) 46:46–56
<https://doi.org/10.1007/s00134-019-05829-1>

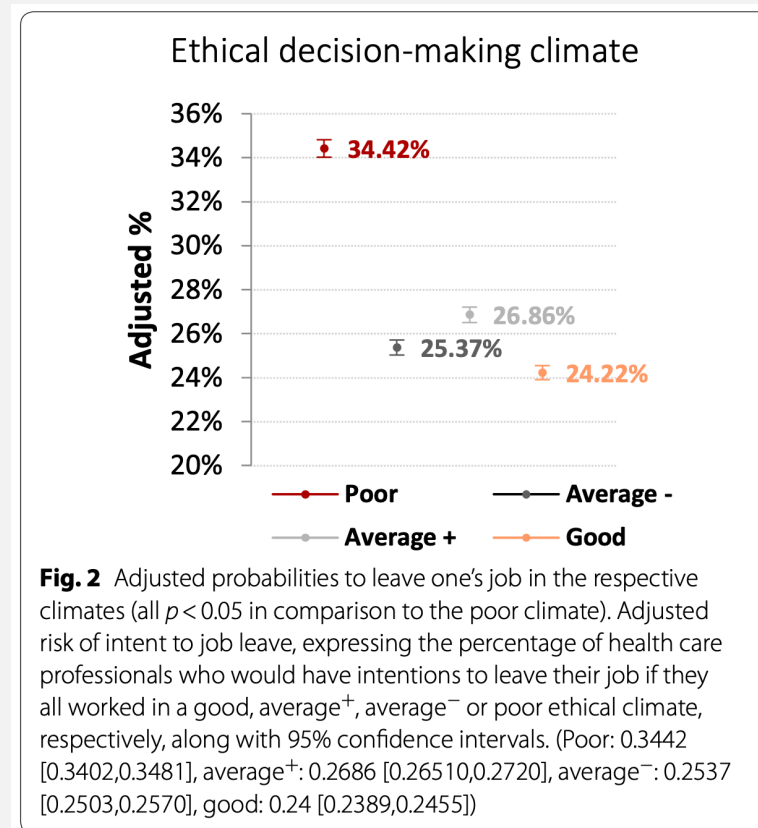
ORIGINAL

Ethical climate and intention to leave among critical care clinicians: an observational study in 68 intensive care units across Europe and the United States



Bo Van den Bulcke^{1*} , Victoria Metaxa², Anna K. Reyners³, Katerina Rusinova⁴, Hanne I. Jensen⁵, J. Malmgren^{6,7}, Michael Darmon⁸, Daniel Talmor⁹, Anne-Pascale Meert¹⁰, Laura Cancelliere¹¹, László Zubek¹², Paulo Maia¹³, Andrej Michalsen¹⁴, Erwin J. O. Kompanje¹⁵, Peter Vlerick¹⁶, Jolien Roels¹⁷, Stijn Vansteelandt^{17,18}, Johan Decruyenaere¹, Elie Azoulay⁸, Stijn Vanheule¹⁹, Ruth Piers²⁰ and Dominique Benoit¹ on behalf of the DISPROPRICUS study group of the Ethics Section of the ESICM

DISPROPRICUS



**VAD
HAR
VI
GJORT
LOKALT?**



