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- She is an inpatient clinical practitioner and educator in palliative care with research and professional interests in medical education, wellness and resiliency, communication, underserved medicine, global health, and correctional medicine.

- She is thankful for the opportunity to have spent clinical time with the Mulago Palliative Care Unit as well as the critical care team in Mulago.
Palliative Care in Critical Care

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Roadmap

- Dying in the ICU
- Models of palliative care in critical care settings
- Palliative care needs in critical care settings
- Communication in critical care
- Mulago ICU Case
- Future of palliative care in critical care
Dying in the ICU

Why is dying in the ICU different?

- Invasive interventions
- Sudden onset conditions
- Neurological damage
- Uncertain prognoses
- Unclear quality of life
- Discussions around stopping interventions
- Multiple providers (consultants)
- Reliance on surrogates
- Prolonged dying, isolation
- Expensive
Models of Palliative Care in Critical Care

- **Integrative Model**
  - Critical care providers trained on palliative care

- **Consultative Model**
  - Palliative care providers consulted for cases
Models of Palliative Care in Critical Care

- Combined Model
  - Critical care providers trained in primary palliative care
  - Palliative care consulted for challenging cases
  - Palliative care and critical care provide training for critical care nurses, staff, and trainees
Palliative Care needs in Critical Care

- **Communication**
  - Prognostication (including triggers)
  - Assessing understanding, sharing information
  - Shared decision making (extubation, comfort care, code status)
  - Future care discussions, goals of care documentation

- **Symptom Management**
  - Pain; Non-pain: delirium, nausea, constipation, dry mouth, dyspnea, wounds
  - End of life care

- **Spiritual/Social Support** – interdisciplinary team
  - Bereavement, care after death, debriefing

- **Education**
  - Provider education: trainees, critical care providers/staff

Aslakson et. al, 2014; Faber-Langendoen et. al 2000
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Communication
Language is Important

- Do you want us to do everything?
- Can we withdraw care?
- She won’t survive this, she will die soon.
- There is nothing more that we can do.
- Of course, he is my father!
- No! aren’t you a doctor and supposed to care!
- How do you know? Are you God?
- I hate this hospital, they don’t care, I want to take my wife somewhere else.
Guiding Language Principles

- Families are in shock, communication takes time
- Think about what you are giving and offering, not what you are taking away
- Be honest about prognosis, and uncertainty
- Humanize your patient, focus on their current and future qualities of life
Language is Important

- I am worried that he is dying despite all our best medical therapies.
- I worry we are prolonging her death, and I want to make sure she is comfortable and not suffering.
- I wish we had a cure…
- I am hoping for a miracle too…and I want to talk about how we can best care for her now.
- I am hoping we can better support her to be comfortable. How do you feel about transitioning our care and focusing on her comfort?
Case: Mary

32 G3P3 with HIV, admitted with prolonged labor c/b C-section, eclampsia with status epilepticus, arrest with anoxic brain injury, with complications including endometritis, renal injury, ventilation with aspiration pneumonia, hypertension.

- Mental Status: Non-verbal, opening eyes but not tracking or following commands
- Physical: requiring ventilator, tube feeds, recurrent infections, autonomic insufficiency, not requiring dialysis
- Social History: Husband with children (14, 10, infant with her mother and sister), family with limited finances
- Goals of care: unknown prior to admission
Case: Mary

32 G3P3 with HIV, a/w prolonged labor c/b C-section, eclampsia with status epilepticus, cardiac arrest with anoxic brain injury, with complications including endometritis, AKI, ventilation with aspiration pneumonia, HTN.

- Family conference with husband
  - Explored understanding
  - Shared information about prognosis
  - Patient’s joys, husband’s hopes, worries
  - Guiding resident in family conference, debriefing

- Communication
  - Felt improving, hoping she would come home in days, return to prior state
  - Worries about child care, care of patient, finances
  - Expressed her great joy was caring for her children
  - Felt she would want more time near family and the chance to improve
Future of Palliative Care in Critical Care

- **Research**: palliative care needs in the ICU
- **Education**: trainees, critical care providers
- **Prognostication**: decision-support tools
- **Communication**: encouraging patient and family involvement in decisions
- **Documentation**: goals of care/surrogate
- **Support**: family bereavement
- **Protocols**: comfort care, extubation
- **Ethics**: withdrawal, compassionate extubation
Thank you!
Questions?