

Transcript of Withdrawal of Active Treatment in an Intensive Care Setting Video Script

Narrator:

Sometimes a patient will continue to deteriorate despite all of our clinical interventions. At this point, the best thing for them may well be the withdrawal of active treatment. This can be a difficult and distressing conversation for everyone involved, but communicating with compassion, honesty and clarity is part of our duty as healthcare professionals. After discussing this with your team taking the time to speak to relatives and where possible the patient is important. Their views, wishes, hopes and fears should be at the centre of all discussions.

It is always worth considering if the patient is suitable for organ or tissue donation. In clinical circumstances where this is appropriate, sensitively involve the family in this discussion. Perhaps the patient has previously expressed a wish to become an organ or tissue donor.

The actual words you use matter – families remember them and the way you talk about withdrawing treatment can change how they see it. It doesn't mean that care stops. It means we change the focus. So, how do we prepare for the conversation?

Familiarise yourself with your patient's recent care, personal and clinical circumstances. Know who it is you are going to speak to and what has been discussed so far. Try to identify any cultural, faith or spiritual beliefs or wishes. Set aside enough time and try to avoid interruptions. If possible, take the nurse who's looking after the patient with you. They are a key part of the team and are likely to have established a relationship with the family. Don't try to rush through the conversation. Avoid jargon, allow silence, allow time.

Doctor:

My name is Lucy Ferguson, I am one of the intensive care doctors looking after your husband Bob. Would you mind telling me what has been explained so far about how Bob is doing and then I can build on things from there?

I am sorry to say that despite providing all the treatment options that we know can help in this situation, Bob is not responding and is continuing to deteriorate.

No, we are not giving up on Bob, but the treatments that we are currently providing are not helping him recover and we feel they are no longer working. We have a duty to consider whether the downsides of the treatment are outweighing the upsides and in Bob's circumstance, we think that the burden is now greater than the benefit. To continue as we are would not be in Bob's best interests as sometimes these treatments can be unpleasant and not always kind when there is no expectation of a good outcome.

Bob can't speak for himself right now, but if he could, what do you think he would want to happen?

Narrator:

Listening to families and respecting their wishes is very important but ensure that they do not feel that the burden of decision making lies purely with them.

Doctor:

Whilst we will never stop caring for Bob we think that we have come to the point where we should change the focus of his care from trying to cure him to comfort and dignity.

Do you have any questions Sarah?

We are going to remove the treatments that are potentially prolonging Bob's death. We will remove the breathing tube in his throat and Bob will breathe room air. We will also take away the drips supporting his heart, the tube in his nose and the antibiotics and monitoring. This will allow you to focus on Bob.

Sometimes, if people are requiring a lot of support, they can die quite quickly once treatment is withdrawn. But we cannot predict exactly when a person will die. Bob may not die immediately, but we will continue to care for him and support you during this time.

No. Our key priority is Bob's comfort - he will receive pain relief and sedation to ensure he remains comfortable.

Narrator:

Switch off alarms and turn away bedside monitors. Stop any unnecessary medical interventions.

Try to provide for any special requests or wishes, like all being at the bedside, quiet music or faith rituals.

Major clinical decisions such as active withdrawal of treatment can impact on us personally, making us feel worried, upset or uncertain. Sharing the burden of responsibility for these decisions within your clinical team is important, both for the resilience and wellbeing of individual members of staff and as a reflection of the multi-disciplinary environment which we work within.

It is important to remember that every patient whose care is in our hands is an individual. Although death may be sad it is a part of life. One of our most important roles and privileges as healthcare professionals is to provide care and dignity for patients and their families at life's end.

The film was produced in March 2017 and can be found at www.sad.scot.nhs.uk or <https://vimeo.com/252514130>

For more information visit www.sad.scot.nhs.uk or contact supportarounddeath@nes.scot.nhs.uk