[TJS1] TSCCM-JSICM Symposium 1

Ethics and end of life
Chair: Hidenobu Shigemitsu (Tokyo Medical and Dental University, Department of Intensive Care Medicine, Japan), Dusit Staworn (Phramongkutklao College of Medicine, Thailand)
Fri. Mar 1, 2019 10:20 AM - 11:20 AM 第11会場 (国立京都国際会館1F Room C-2)

[TJS1-3] Communication of palliative care in ICU: Listening to patient and family members of ICU patients
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The communication is essential and core component of Advance Care Plan in ICU, especially in the end of life decision-making. Key communication strategies include establishing context, acknowledging through attentive listening, making it safe for them to die, planning goals of care, and being honest. Intensive Care team and healthcare professional must discuss the prognosis, symptom control, goal of care and decision making with patient and family center/preference. So they can help to be support and empathic with reflective feeling, emotional of patient and family until at the end of life care and bereavement phase. Advance Care Planning discussion about end of life can be heart-wrenching, painful, and difficult for patients, families, and health care professionals. In the intensive care unit, several barrier of end of life conversations are logistics, inadequate communication, time, and education on the circumstance/condition, and difference of culture. The difference of patient and family preference leading to futile care or palliative care. The aim of this condition is to present palliative care as a reasonable option to support the intensive care unit team in assisting terminally ill patients. Updates regarding diet, mechanical ventilation and dialysis in these patients will be presented. Additionally, the hospice-model philosophy as an alternative to the intensive care unit/hospital environment will be discussed. If they can not make the decision, team should consult to biomedical ethic team due to avoid the conflict of interest between patient/family and intensive care team.

The COMFORT model is the essential for discussion at end of life communication.

C : communication via a narrative clinical stance identifies the importance of clarity in verbal language along with the use of nonverbal techniques.(leaning forward and eye contact)

O : Orientation and opportunity include knowing the patient and family’s health literacy and incorporating the patient and family’s cultural background in the delivery of information.

M : Mindful communication is active and empathic listening, it is a willingness to be present and attuned to the patient and family’s suffering.

F : Family and the patient are interwined, so caregivers should understand the conversation and conformity patterns within all families.

O : Openings often occur during pivotal moments; through communication strategies, nurses assist patients and families in managing these situations.

R : Relating entails acknowledging that patients and families need time to accept the diagnosis and prognosis.

T : Team demonstrates the interprofessional group composition and skillset needed in the provision of high quality palliative care and end-of-life care.

Also the intensive care team should be empathic expression and compassionate care for patients and families.
families.

The **NURSE tool** guide in verbal expressions of *Empathy*.

**Naming**: State your observation of the patient’s emotion.

**Understanding**: Legitimize the patient’s emotion.

**Respecting**: Praise or acknowledge the patient’s work.

**Supporting**: Let the patient know she is not alone.

**Exploring**: Ask the patient to elaborate on her feelings.