



When it's Time to Say Goodbye:

Withdrawing Ventilatory Support in the Intensive Care Unit

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Extremely Difficult Decision

- Usually the family or surrogate decision maker who decides
- Only about 26% of the population have made their wishes known through an Advance Directive (Anderson, Laux, Lin, Rao, 2014)
- Critically ill patients usually have cognitive barriers that impede decision-making
- Families experience less emotional distress when patients have clearly communicated their wishes (Cohen, Gupta, 2011)

Moral Distress in Families

- **No ethical distinction between withholding ventilator support and withdrawing it per AMA**
- **Families misperceive they/healthcare providers are “causing” their loved one’s death by withdrawing ventilatory support.**
- **Families are exhausted and not functioning optimally.**

The Importance of Communication

- **Good communication between healthcare providers and surrogate decision makers can reduce family conflict (White, 2016).**
- **“Effective communication improves family satisfaction, clinical decision-making, and the psychological well-being of family members” (Arnold, Chaitin, Wood, 2016, P.1)**
- **Compassionate delivery of difficult news is better absorbed by families (Rider, 2011)**
- **Families need to have information reinforced.**

Processing Grief

- Can be an aid in appropriate decision-making
- Sharing stories, expressing gratitude = healing
- How well families communicate with one another is an important indicator of coping skills
- “Unfinished business” with our loved one who is critically ill and/or dying impedes decision-making.
- Chaplain’s role is to accompany family members throughout their grief process

Saying Goodbye

- Families need to be encouraged to talk to their loved one who is dying
- Families with spiritual belief system cope better with saying goodbye
- Story telling is an excellent way for families to keep memories of their loved one alive
- Playing music, a special memento on the bed, reading Scripture are all ways to add dignity and beauty to this difficult experience
- Families sometimes express relief their loved one will not be suffering any more
- Tension between family members should not be brought to the dying patient's bedside

Healthcare Providers and End of Life

- Our primary goal at a patient's end of life is to be a peaceful presence for patients/families
- We need to acknowledge our own losses and emotional triggers and deal with them
- What we say is less important than just showing that we care
- Aids to recognizing the uniqueness and beauty of the patient for whom vent support is going to be withdrawn (pictures, mementos, music)

Healthcare Providers & End of Life Cont'd

- All healthcare workers share responsibility in making sure that a patient's passing is peace-filled.
- Patients/families need reassurance we will still provide care
- Families are traumatized when patient is uncomfortable; grief is increased and it is harder to heal from losing loved one

When the Patient is Awake or Alone

- Dynamics around patient who makes own decision to have vent support withdrawn
- Dynamics around patient who is awake but whose family makes decision
- Dying patients need to hear from their families, “We’re here for you and we love you.”

Respiratory Therapists are Part of the Team!

- Family meetings and respiratory therapists
- Explanation helpful re: what will happen to patient after vent support withdrawn (Brown-Salzman, Larner, Upadhyia, Wenger P. 864)
- Respiratory therapists as part of end of life ritual at patient's bedside
- Opportunity for us to say goodbye to the patient can be healing for us

RTs' Attitudes and Practices at End of Life

- Family's sadness is harder than actual vent withdrawal for most RTs
- Introduction to family
- Explanation of what RT is going to do
- Some RTs reassure the family
- Most RTs ask the family to step out of room
- All RTs get vent equipment out of room
- Some RTs say the most stressful aspect of their jobs is when care seems to be futile

Debriefing and Self-Care

- Sometimes RTs cry after vent withdrawal
- Many RTs debrief with other RTs or with RNs
- Some RTs pray before or afterward
- Very hard to do two vent removals in a row
- Rotating to different areas of hospital helps
- Working out, friends, family, nature, hobbies
- It's OK to say no!!!
- Take a deep breath before moving on

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