

An exploration of ICU nurses' medical futility experiences while taking care of critical patients

Lien-Ying Chiang, MSN, BSN, RN, LPN

Department of Nursing, Taichung Veterans General Hospital, Taichung City, Taiwan

Ming Yi Hsu, Assistant Professor, PhD, MSc, RN, LPN

School of Nursing, Chung Shan Medical University, Taichung, Taiwan

Background

Medical futility is a topic encompassed by medical ethics. Although the Taiwanese government has attempted to determine evaluation and care standards for the futile medical care of patients with critical or terminal illnesses, limited knowledge is available regarding its current situation, and the definition of futile medical care remains undetermined.

Purpose

This study aimed to understand the futile medical care experiences of nurses in intensive care units.

Methods

This study adopted a qualitative phenomenological research design and recruited eight nurses with more than 1 year of work experience in intensive care units from a medical center and a district hospital in Central Taiwan by using purposive and snowball sampling methods. The in-depth interview content was recorded and transcribed. The trustworthiness of the study was examined using Lincoln and Guba (1985) principles. Data were analyzed using the Colaizzi (1978) method.

Contributions

- The research results indicated that the unpredictable condition of the patient is a major clinical challenge. Improved assessment systems must occur within a limited time to avoid futile medical care. Effective communication among the physicians, nurses, and patients must be facilitated in time to provide a smooth transition to futile medical care.
- By providing cases related to the futile medical care of critically ill patients, the results can serve as a reference for clinical care, educational training, and the implementation of relevant policies.
- We extend our gratitude to the Taiwan Nurses Association for funding this study under research project number 102007.

Results

- **The research results showed that the participants perceived futile medical care to be continuing care that provided little benefit to the condition and quality of life of the patient or that applied life-sustaining treatments to patients whose death was expected.**
Yu: ...These [medical interventions]made the patient's lungs worse. He may pass away naturally today, March 11. All of these treatments are just delaying his death, likely to March 15 or March 20.
- **Futile medical care primarily occurs in relation to patients' unpredictable conditions. In intensive care units, futile medical care frequently occurs to patients with a high risk of deterioration and mortality.**
Yu: A middle-aged man was intubated because of severe influenza. He had severe pneumonia. When he began to recover from the illness, he suffered from sepsis again. ...Subsequently, endotracheal intubation was performed. Not long after the patient was transferred to the Respiratory Care Center, he expired.
- **Perceptions of futile medical care differ from person to person because of individual values and sociocultural influences.**
Jun: The patient already noted that he did not want to undergo CPR; however, the family members of the patient demanded to perform CPR on the patient. They just cannot let the patient pass away in July [The seventh month of the lunar calendar]. ...Although he left a medical order rejecting CPR, we must perform CPR on him. People might consider you [the family members] as failing to fulfill filial piety if you decide not to save the patient.
- **The timing of communication between the patient and the medical staff is related to inadequate skills and mechanisms designed to assist the family members in letting go of the patient.**
Yu: If he [the physician] interviewed with the family members from a hospice perspective, they can accept the fact gradually. During the visiting hours this time, he [the physician] directly asked them [the family members] if they want to perform defibrillation or CPR on the patient. Even those of us who have received professional medical training cannot accept such a sudden inquiry, not to mention those who have not.
- **When the participants are confronted by futile medical care, they not only comply with medical orders and avoid conflict but also actively assume the role of bridging communication between members of the medical staff and the patients, thus achieving a consensus for medical treatments.**
Tung: If we [nurses] disagree with the attending physician over certain matters, we ask our supervisor or leader to have a discussion with the physician to see what the attending physician's opinion is regarding the patient's condition. In addition, we examine what caused the conflict between the physician and the nurses today. We guide the family members in bidding farewell to the patient by saying something, including sweet memories and memorable things, and holding their hand or touching them. After bidding farewell, they gradually accept the changes in the illness and feel relieved.