Providing Goal Directed Beneficial Care in the ICU While Waiting for the Miracle
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Objectives

- Discuss methods to align patient and family religious beliefs/spirituality with realistic attainable goals and plan of care.

- Discuss how religion is used as both adaptive and maladaptive coping skills.

- Discuss the use of therapeutic empathetic communication skills to promote realistic goals while respecting religious beliefs.

Live Case Study

- Mr. Jones is an 84 year old man with advanced dementia who was admitted to the hospital 7 days ago for altered mental status. He was found to have overwhelming sepsis due to pneumonia. He developed acute renal failure and dialysis is being considered. Overnight he was started on a Levophed infusion for hypotension.

- The critical care physician is meeting Mrs. Jones and her Minister for the first time and has been warned by the Nursing staff that the family is unrealistic and is waiting for a miracle....
Identifying the meaning of the Verbiage

Categories of Faith based Communication:
1. Faith Warriors
2. God in complete control
3. Redemptive Suffering
4. Supportive faith traditions

Faith Warriors
- "Were people of faith"
- "We have prayer circles"
- "Miracles happen everyday"
- "I know the Lord"
- "Our faith is strong"
- "Were expecting a miracle, my God can do that."

Respond with affirmation:
- "It sounds like you're a person of faith and faith is important to you."
- "It's great to have that kind of faith."
- "What does the miracle look like?"
- "I share your hope for the miracle."
- "Would it be ok to talk about what if the miracle doesn't occur?"
- "Talking about the what ifs doesn't affect someone's faith and some people find it helpful for planning."

God is in complete control
- "God works through the Doctors"
- "God has the final say"
- "God got this"
- "It's in Gods hands"

Often indicates poor locus of control, distrust, or feeling disenfranchised.
Empathetic statements:
- "God and faith are in the process."
- "God has the final say."
- "How has your faith sustained you?"
- "What do I need to know about your loved one?"
- "I value your insight."
Redemptive Suffering

- "This is their cross to bear"
- "Suffering is grace"
- "It's a burden we have to bear"

Relates to atonement or making amends in God's eyes.
Seek the Chaplain to assist with helping people "unburden" and seeing God as forgiving.
Chaplains can also clarify with family members how relationships effect religious views.

Supportive Faith Traditions

- "We know technology can't do everything"
- "If it's his time, then it's his time"
- "God does not intend for us to live forever"
- "Eventually, eventually comes"

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Death, Dying, and Dignity:

Death is for the Dying and Those who Love them!

▪ “I want to choose the time of my death and, because I want to, I am afraid of death.”

▪ “Because death always comes at the wrong time! Never at the right time… when my work is done, when my children are raised and have their act together, when the world is no longer familiar.”

▪ “When I hurt the most, when I feel overwhelmed… death is not timely. I need a miracle to give me some control over what cannot really be controlled.” (Nuland, 1995)

Death, Dying, and Dignity:

Dying is that in between place.

▪ It is the place between here and there, now and then, presence and absence: Dying forces all involved to focus on the life one has lived and the life after “this.”

▪ Death is not what worries most people, it’s the dying that scares the life out of them!
Death, Dying, and Dignity: Dignity as Re-write of Life-Script

- What does it mean to die badly, to die well?
- The majority of people do not leave life in the way they would choose!
- The language of miracles and faith is an attempt to die the best way possible.
- No one wants to live a life without dignity (meaning and purpose) nor suffer a death that robs them of it.

Take Home points: Use affirmative, empathetic, respectful statements and consider the emotion/feeling behind the verbiage

- “God has the final say and it’s helpful for your loved one to discuss care options.”
- “It sounds like you’re a person of faith and your faith is important to you”
- “It’s great to have that kind of faith”
- “I share your hope for the miracle”
- “What concerns you most about the future of your loved one?”
- “What does the miracle look like?”
- “Would it be Ok to talk about what if the miracle doesn’t occur?”
- “Talking about the what ifs doesn’t affect someone’s faith and some people find it helpful for planning.”

Case study

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References


Ernecoff, N. C., Curtis, P. R., Badhwaran, P., & White, D. B. (2015). Health care professionals' responses to religious or spiritual statements by surrogate decision makers during goals-of-care discussions. JAMA Internal Medicine, 175(10), 1670-1677. doi:10.1001/jamainternmed.2015.4471

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