

Making decisions about admitting people to intensive care

When people are very ill, they may need treatment in an Intensive Care Unit (ICU). ICU treatment can save the lives of some people, but it will not help everyone. The problem is that it's not easy to say which person would be helped by intensive care treatment and which person might be harmed by it. People may be too ill to say what they want to happen, so doctors will need to decide which treatment is best for them.

There may be many different people involved in making this decision:



The question for this research was:



What is required for an ethically-justified patient-centred decision-making process surrounding admission to intensive care?

This means how should doctors make decisions about ICU treatment for patients that are clear and fair for everyone.

Our research had 5 stages:

1. We reviewed other research about this topic
2. We went to hospitals to see how doctors make these decisions
3. We did a survey of ICU doctors and Critical Care outreach nurses to see what factors are important to them when they make these decisions
4. We put together a decision support pack to help doctors making these decisions
5. We found a way of seeing if decisions made were clear and fair for everyone.

We found that the areas that doctors thought about when deciding if a patient needed ICU treatment were:



The person's age



How sick the person was
(based on examination of the patient and blood tests)



What the person's life was like before they came into hospital



Whether the family wanted the person to be treated in the ICU



If the person had other illnesses



How severe any other illnesses were



If there were enough doctors and nurses on a ward where a person would have care



How the junior ICU doctor thought the patient was doing

Our decision support pack included:

- A step by step guide about what needs to be thought about for a clear and fair decision
- Forms which helped give the right information to make a good referral for ICU treatment
- Patient and family information leaflets.

We tried these packs out in 3 hospitals. We found that it was difficult for doctors to find time to use the forms but they found them helpful when they did. The forms reminded them to ask about what patients wanted and to communicate their decisions clearly.

Our research told us that these decisions are very complicated to make. We found good decisions are made when healthcare professionals communicate well (talk with each other clearly) and if they trust the different medical teams involved. We found that it was hard for healthcare professionals to balance how ICU treatment might help a person and how it might harm them.

One of the most important things that this research found out is that patients and their families are not often involved in the decision making. Doctors thought that information from the patient and their family was important but they did not often ask patients and their families for it.

This research has provided information to help healthcare professionals make better decisions for people who are very ill. This research project took three years to do (from 2015 to 2018). The research was paid for by the National Institute of Health Research, which is the research part of the UK's NHS.

To find out more

Easy to ready guide: warwick.ac.uk/fac/sci/med/research/hscience/sssh/research/intensive/

Full research report, please go to: www.journalslibrary.nihr.ac.uk/hsdr/hsdr07390/#/abstract