



CACCN

The Canadian Association of Critical Care Nurses



Position Statement

Providing End of Life Care in Critical Care

Background

CACCN supports the joint position statement from the Canadian Nurses Association (CNA), Canadian Hospice Palliative Care Association, and Canadian Hospice Palliative Care Nurses Group on the palliative approach to care and the role of the nurse at end-of-life (CNA, 2015). This approach, irrespective of location of care, includes dignity, hope, comfort, quality-of-life, and symptom management (CNA, 2015). Patient and family-centered care is foundational to holistic end-of-life care (EOLC) (CACCN, 2018). The relationship of the patient to each family member influences the experience of loss, with each family member's experience being unique.

Critical care practice provides advanced, intensive, and curative therapies, as well as care for those transitioning to death (Crowe, 2017). Critical care nurses are integral to the delivery of EOLC and provide such care in a variety of contexts. Patients may die suddenly while receiving full life-support interventions, after a long and complex admission, or along a trajectory of declining health. Most frequently, deaths in critical care occur after a decision has been made to withhold or withdraw life-sustaining therapies. Tissue and/or organ donation may intersect with any context of death in the critical care unit. Medical Assistance in Dying (MAiD) may also occur in the critical care unit, when performed in conjunction with Donation after Cardiocirculatory Death (DCD) (Downar et al., 2019).

Deaths in critical care often occur among patients who are unable to participate in decision-making, leaving family members to make decisions on behalf of the patient. This responsibility can be complicated, onerous, and have a long-lasting impact on their health and well-being

(Davidson et al., 2012). Uncertainty over the patient's wishes can add to the difficulty for surrogate decision-makers and healthcare providers. When family members do not have an opportunity to say their goodbyes or to address "unfinished business", the loss can be even more agonizing (Yamashita et al., 2017). Less frequently, patients who die in critical care may be able to participate in the decision to withdraw life-support or may actively choose MAiD. While the planned death of a patient who is conscious and aware may create conflict among family members, the opportunity to say good-bye may provide some comfort to family members following their loss (Goldberg et al., 2019).

It is recognized that through the nature of critical care nurses' work, including EOLC, the demands of ethical decision making, and engagement in patient and family suffering, they are at risk for a myriad of negative sequelae. The sequelae include compassion fatigue / secondary traumatic stress and burnout syndrome (van Mol et al., 2015). As critical care nurses are actively engaged and often emotionally connected to patients and families during EOLC, we must recognize the demands of this work, and support personal and organizational strategies to protect well-being (van Mol et al., 2015).

CACCN Position

CACCN endorses that the following factors are essential for critical care nursing practice in EOLOC:

1. High quality EOLC is the standard for all patients and families regardless of age, illness trajectory, or clinical scenario.
2. EOLC in critical care incorporates the principles of palliative care including dignity, hope, comfort, quality of life, and symptom management. Patient and family-centered care is foundational to high quality care and should be incorporated throughout all aspects of patient care, including EOLOC as needed.
3. Critical care nursing curricula must include the principles of patient and family centered-care, end of life care, and palliative approach to care.
4. High quality EOLC is dependent on the leadership of researchers, educators and clinicians, to ensure nurses have the appropriate knowledge and resources.
5. The health and well-being of critical care nurses and the interdisciplinary team is essential to the provision of high quality EOLC. As such, we recognize the importance of both personal and organizational strategies to support the well-being of the team.

***Approved by the CACCN Board of Directors
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