Terminal Extubation

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KEYWORDS

• Terminal extubation • Palliative care • Communication with family
• Ethical principles • Extubation protocol

HOSPITAL MEDICINE CLINICS CHECKLIST

1. Most deaths in the intensive care unit involve withholding or withdrawing life-sustaining therapies.
2. Communication techniques, psychosocial support, and expert symptom management have been identified as helpful in promoting family member satisfaction and psychological well-being.
3. Communication in a family meeting soon after admission to the intensive care unit, more time spent listening rather than talking, and empathetic statements have been found to increase satisfaction of family members.
4. Discussing prognosis with family members is an important initial step in family meetings.
5. Identifying a surrogate decision maker and eliciting substituted judgment regarding the patient's wishes are instrumental to providing the best care for the patient.
6. The ethical principles of autonomy, beneficence, and nonmaleficence should be visited when discussing withdrawal and withholding treatments at the end of life.
7. The doctrine of double effect and the principle of proportionality are necessary in understanding the ethical issues that may surround palliation at the end of life.
8. Terminal extubation should take place after a well-communicated plan with family and support staff that involves readily available palliative medications and measures to ensure comfort.

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What are the key considerations in discontinuing ventilator support?

Most deaths in the intensive care unit (ICU) involve withholding or withdrawing life-sustaining therapies.[1,2] Discontinuing ventilator support can be complicated for clinicians, patients, and families and loved ones (referred to hereafter as family).

Most end-of-life decisions in the ICU involve surrogate decision makers. Numerous factors have been identified as helpful to support family member satisfaction and psychological well-being following death in the ICU setting, including communication techniques, psychosocial-spiritual support, and expert symptom management.

This article addresses communication strategies for discussing goals of care and treatment preferences, and working with surrogate decision makers, ethical aspects of decision making, symptom management, and protocols for terminal extubation.

What techniques can be used to enhance communication about end-of-life care?

Thoughtful communication skills are necessary to support family coping and making end-of-life decisions.[3] The goals of family meetings include exchanging medical information with the family and medical team; engaging in shared medical decision making, generally with surrogate decision makers; and providing emotional support to families and patients.[3] This communication should be empathetic and establish trust with the family in their difficult decisions as well as preparing them for poor outcomes. Eliciting family understanding and concerns is as important as providing prognostic and decisional information. Studies have found specific communication techniques to be associated with an increase in family satisfaction with decision making and quality of end-of-life care in the ICU, as detailed in **Box 1**. The VALUE mnemonic outlines important communication techniques and has been shown to reduce depression, anxiety, and posttraumatic stress in families following a patient's death.[4]

How should prognosis be discussed in the setting of devastating or incurable illness?

Discussing prognosis with families is required to aid informed decisions. Although these discussions frequently focus on chance of survival, considerations regarding

Box 1
Evidence-based communication techniques for improved quality of end-of-life care in the ICU

Hold a family conference in the first 72 hours of ICU admission[5]

Allow a higher proportion of time for the team to spend listening to family rather than talking, which has been correlated with improved family satisfaction with communication[2]

Provide statements that support family decisions and assurances that the patient will not be abandoned or suffer[6]

Making empathetic statements: use the VALUE mnemonic[4]:

- Express that you value family participation and input
- Make statements that acknowledge the emotions of family
- Focus on listening more and talking less
- Seek information that helps you understand the patient as a person
- Elicit family questions and concerns

Data from Refs.[2,4–6]