



ORIGINAL

National survey on the indicators of quality in Bioethics of the SEMICYUC in the departments of Intensive Care Medicine in Spain^{☆,☆☆}

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KEYWORDS

Quality indicators;
Ethics committee;
Bioethics;
Intensive Care Units;
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Abstract

Introduction: Multiple interventions are performed in critical patients admitted to Intensive Care Units (ICUs). This study explores the presence in the daily practice of ICUs of elements related to the 6 bioethics quality indicators of the Spanish Society of Intensive and Critical Care Medicine and Coronary Units, and the participation of their members in the hospital ethics committees.

Materials and methods: A multicenter observational study was carried out, using a survey exploring descriptive aspects of the ICUs, with 25 questions related to bioethics quality indicators, and assessing the participation of ICU members in the hospital ethics committees. The ICUs were classified by size (larger or smaller than 10 beds) and type of hospital (public/private-public concerted center, with/without teaching).

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Results: The 68 analyzed surveys revealed: daily informing of the family (97%), carried out in the information room (82%); end-of-life care protocols (44%); life support limitation form (48.43%); and physical containment protocol (40%). Compliance with the informed consent process referred to different procedures is: tracheostomy (92%), vascular procedures (76%), and extrarenal clearance (25%). The presence of ICU members in the hospital ethics committee is currently frequent (69%).

Conclusions: Information supplied to relatives is adequate, although there are ICUs without an information room. Compliance with the informed consent requirements of various procedures is insufficient. The participation of ICU members in the hospital ethics committees is frequent. The results obtained suggest a chance for improvement in the bioethical quality of the ICU.

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PALABRAS CLAVE

Indicadores de calidad;
Comité de bioética asistencial;
Bioética;
Servicios de Medicina Intensiva;
Documentos de consentimiento informado

Encuesta nacional sobre los indicadores de calidad en Bioética de la SEMICYUC, en los servicios de Medicina Intensiva en España

Resumen

Introducción: En los servicios de Medicina Intensiva (SMI) se realizan múltiples intervenciones a los pacientes críticos. Nuestros objetivos son conocer la presencia en la práctica diaria de los SMI de elementos relacionados con los 6 indicadores de calidad en Bioética de la Sociedad Española de Medicina Intensiva Crítica y Unidades Coronarias y la participación de sus miembros en los comités de ética asistencial.

Material y métodos: Estudio observacional multicéntrico mediante encuesta que estudia aspectos descriptivos de los SMI, plantea 25 cuestiones relacionadas con los indicadores de calidad bioéticos y describe la participación de miembros del SMI en los comités de ética asistencial. Los SMI se clasifican por tamaño (mayor/menor de 10 camas) y tipo de hospital (público/privado-concertado, docente/no docente).

Resultados: En las 68 encuestas analizadas encontramos: información familiar diaria (97%), efectuada en sala de información (82%); protocolos de cuidados al final de vida (44%); formulario de limitación de tratamiento de soporte vital (48,43%); protocolo de contención (40%). El cumplimiento del proceso de consentimiento informado es: traqueostomía (92%), intervención vascular (76%), depuración extrarrenal (25%). La presencia actual de miembros del SMI en el Comité de Ética es frecuente (69%).

Conclusiones: La información a familiares es adecuada, aunque hay SMI sin sala de información. El cumplimiento del proceso de consentimiento informado de varios procedimientos es insuficiente. La participación de miembros del SMI en los comités de ética asistencial es frecuente. Los resultados evidencian margen de mejora en la calidad bioética de los SMI.

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Introduction

Intensive Care Units (ICU) are organizations of healthcare professionals providing multidisciplinary care to patients who are eligible for recovery and require organ or support systems.¹ In this setting, the medical team's constant preoccupation of providing quality care and implementing continuous improvement cycles should be observed in our daily practice.

The bioethical aspects in the management of critical patients are especially relevant if we want to guarantee quality healthcare. Respect for the patient's autonomy via providing necessary information; the requests for informed consent documents; and the search for previous instructions are ethical and legal prerequisites, and an essential part of the decision-making process. To this end, it is necessary

that families and patients are adequately and effectively informed in a comfortable environment in order to preserve privacy. Also, the existence of adapted protocols for end-of-life care, the limitation of life-sustaining treatment (LLST), or the implementation of containment measures allows us to minimize the variability of clinical practice and facilitate the job of the ICU personnel. Eventually all this leads to quality end-of-life care.

The limitation of life-sustaining treatment (LLST) is something common and variable in the ICUs and was implemented in 10 per cent of the patients hospitalized in European intensive care units (ICU) between 1999 and 2000,² and in 34–41 per cent in some series in our country,^{3,4} or even up to 70 per cent if there are records of multiple organ failure (MOP).⁵ A recent series from Spanish ICUs⁶ shows LLSTs in 34.3 per cent of long-stay patients with serious complications, a 82.7 per cent mortality rate in the ICUs,

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