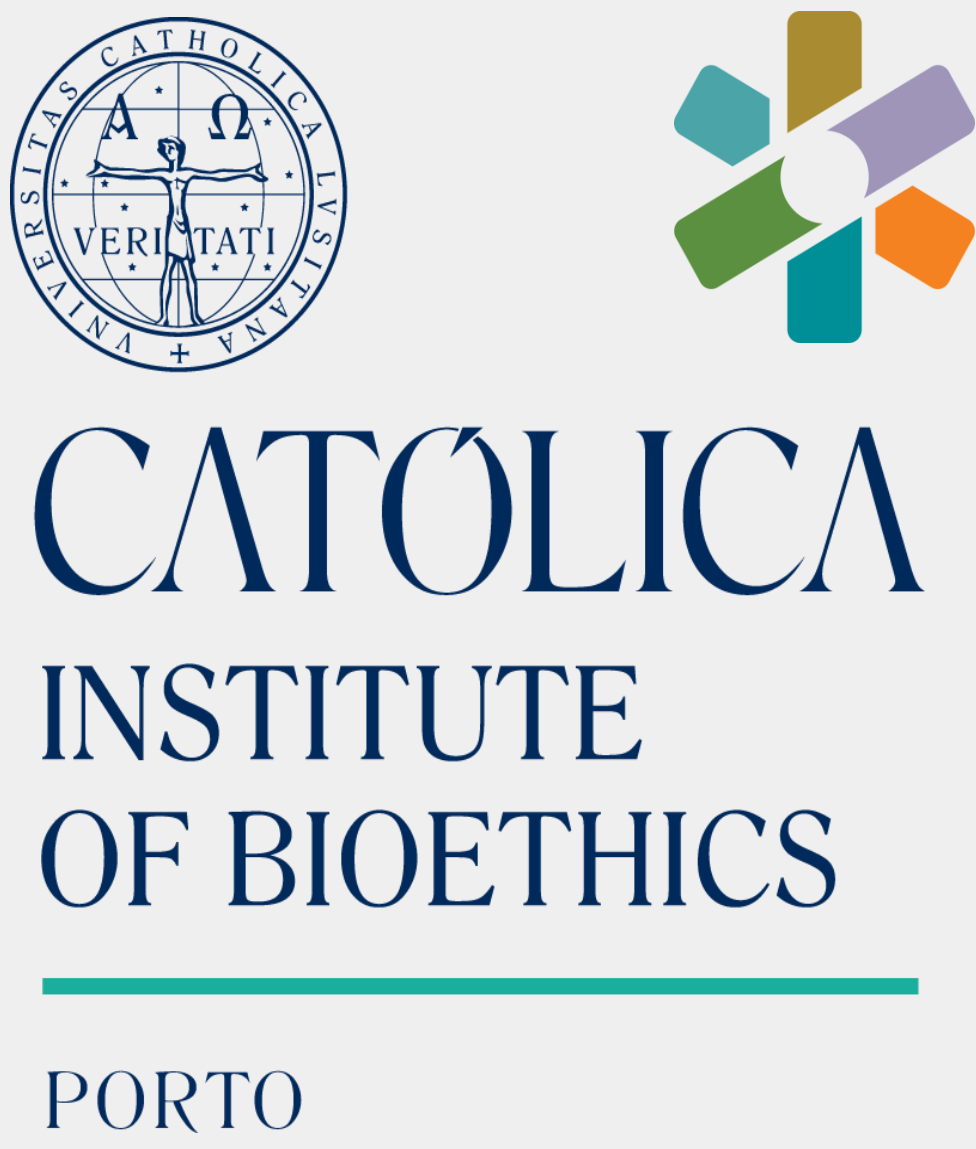


Integrating palliative care and intensive care: A spectrum of ethical issues

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Introduction

The integration of palliative care (PC) in intensive care (IC) can be framed ethically. By integrating the core principles of PC in IC, the ethical principles of autonomy, beneficence, non-maleficence and justice are fostered together with the ethical principles of dignity, integrity and vulnerability. Several organizational initiatives have been described worldwide on integration. Little is known on the ethical principles supporting this integration.

Objective

To ethically frame and understand healthcare professionals’ perspectives about integrating PC and IC.

Methods

Qualitative study, using in-depth interviews.

Participants: Healthcare professionals working in Portuguese palliative and intensive care units. Up-to-date, 22 professionals (8 physicians and 14 nurses) across settings (12 palliative care and 10 intensive care) and cities (nationwide, including the Portuguese islands) were interviewed. Data collection started in June 2016.

Sampling procedure: Purposive and snowball sampling procedure until reaching theoretical saturation.

Inclusion criteria: Working experience in palliative or intensive care.

Analysis: Thematic content analysis of verbatim transcripts of interviews.

Ethics approval: Ethics approval was obtained from the Ethics Research Lab of the Instituto de Bioética, Universidade Católica Portuguesa (Ref.02.2016). Anonymity and confidentiality of individuals were fully ensured.

Results and Discussion

The following themes emerged in the analysis: Concept of integration, Need for early integration, Integration from a bioethical perspective (Table 1).

Table 1. Illustration of the main themes, categories and quotations that emerged in the analysis		
Theme	Categories	Quotations
Concept of integration	Integration as a way of improving end-of-life care	“Integrating palliative care can help us to improve end-of-life care for patients in our [IC] unit.” (Interview#12 IC Nurse)
Need for early integration	Prevention of invasive treatments	“Maybe, if we integrate PC earlier, we can prevent some patients from burdensome, futile treatments” (Interview#14 IC Physician)
Organizational models of integration	Mixed-model preferred by palliative care professionals	“I think that a mixed-model, combining both PC consulting by a specialized PC support team and education about PC for professionals working in IC would be the best way of promoting this integration” (Interview#10 PC Nurse)
	Educational model preferred by intensive care professionals	“It would be good enough if we would be trained about PC. We already provide PC when we withdraw life-sustaining measures... so, education on PC would be the best model, I think” (Interview#18 IC Physician)
Integration from a bioethical perspective	Promoting patient autonomy	“By integrating PC in IC, maybe we could help some patients to die in the place of their preference, with their loved ones... without being surrounded by all those machines and technical stuff that they have in the IC unit” (Interview#1 PC Nurse)
	Protecting and caring for vulnerable patients	“Our patients here [IC] are highly vulnerable... maybe by integrating PC in our practices, we can protect and care for them better than we do now... allowing their loved-ones to be with them... protecting them from any harm...” (Interview#7 IC Physician)

Participants understand the integration of PC in IC as a way of improving end of life care and end of life decision-making processes. In their speech, an early integration of PC is needed, particularly in other settings (e.g., medical and surgical) in order to prevent invasive interventions and admissions in IC units. This is linked to the application of the ethical principles of beneficence, non-maleficence and justice into practice. Professionals also consider that the integration of PC in IC may foster patient autonomy, by allowing patients to be cared for and die in their place of preference, and integrity, through a holistic approach. Patients in IC are particularly vulnerable; integrating the principles of PC can protect them of any further harm. While professionals working in PC consider that integration should be promoted by implementing a mixed-organizational model, professionals from IC units defend an educational model, which should be promoted during medical specialty training as intensivists, PC being part of this education program.

Conclusions

This is the first study addressing the integration of PC in IC in Portugal, following an ethical frame. Professionals working in PC and IC seem to have different perspectives on how the integration model should be. Findings show the potential for a successful integration; more research is needed to develop an effective, sustainable and ethically sound integration model.

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