A lesson from a dying intensive care fellow! Intensive care ethics clearly exposed

‘You treat a disease, you win, you lose. You treat a person, I guarantee you, you’ll win, no matter what the outcome’

Hunter ‘Patch’ Adams

Ashraf Rosdy described how the famous theoretical physicist Stephen Hawking could survive his slow-progressing form of amyotrophic lateral sclerosis for 55 years, despite the predicted prognosis of 2 years. ‘Prediction proved to be wrong but intensive care medicine never failed him’ [1]. What has intensive care medicine offered Stephen Hawking? He contracted a pneumonia in 1985 while traveling to Geneva. Admitted to an intensive care, he was placed on a ventilator and underwent a tracheotomy. After this, Hawking had 24-h nursing care, made possible by grants was placed on a ventilator and underwent a tracheotomy. After 1985 while traveling to Geneva. Admitted to an intensive care, he was placed on a ventilator and underwent a tracheotomy. After this, Hawking had 24-h nursing care, made possible by grants.

Professional performance of an ICU professional should be focused on 1. the intrinsic and professional drive for excellence in skills and updates in scientific knowledge; 2. working from the perspective of humanity towards patients, their relatives, colleagues and other health care professionals and 3. The willingness for critical self-reflection.

Superior professional performance does not develop naturally from extensive experience, academic education and domain-related knowledge alone. This leads to automatism in many skills and tasks, but may forego humanity and critical self-reflection. Motivated experts continue to improve their performance as a function of more experience. Burnout, boreout and compassion fatigue are not about working in a stressful environment, like and ICU, but is about lack of existential significance and professional performance [4].

An important, but much neglected, part of intensive care ethics is about respect, dignity and reciprocity which I combine in humanity as part of professional performance. Lack of awareness of humanity in daily work at the ICU is an important issue in thinking about ICU ethics. In Awdish her book this is clearly exposed. She writes about the lack of empathy, the miscommunication among hospital staff and some failures (e.g. giving Lasix for AKI). She doesn’t write this in bitterness, but vowed to make a difference in how we should confront our patients. In my opinion the book is a plea for professional performance in the three mentioned domains.

One example and wise lesson from the book: “Our patients at the ICU are listening and hear. Even when they are in shock, in coma or do not react”. When losing a grip on her life while in hemorrhagic shock, one of the last things Awdish was hearing, was her colleague physicians saying phrases which, she herself, without a thought, has said so many times: ‘She’s been trying to die on us’; ‘She’s circling the drain here’; ‘We’re losing her’. But, patients are not actually trying to die on anyone, they want to live! As Awdish stipulates herself saying these words attributes intention to pa-tients, rudely hurling themselves toward death. Implicit constructing an antagonistic relationship with the healthcare providers. Judge these sayings for yourself in reciprocity and critical self-reflection.

For healthcare providers on the ICU, this book is a must-read. I recommend the residents and fellows on our ICU to read the book, as it is proven that reading fiction and watching movies or documentaries or reading novels or ego documents on suffering can make healthcare professionals more compassionate, more understanding persons [5]. For this reason, this should be included in educational programs of ICU professionals to reduce..
dehumanization in our discussions about patients [6,7]. This trains them to take another person’s perspective. To quote Rana Awdish: ‘Our greatest gift is our ability to be absolutely present with suffering’.

References