Journal Club [21] 2014.01.21.

愛的重量

-重症單位的安寧療護

報告者: ICU-1 謝慧玲 護理師

報告時間:2014年01月21日

波希〔Hieronymus Bosch〕〔1450 ~ 1516〕　天堂、人間、地獄

若是有**天堂**與**地獄**

那....
加護病房就是

人間煉獄

臨床問題<案例>

- 廖婆婆，87 歲
- 診斷: OHCA
- 病人本來意識清楚、活動自理，吃午餐時，突然意識不清倒地，在救護車上已經CPCR 30分鐘，到急診仍不斷的CPCR，入加護病房
  - ✓ 住院過程中，醫師向家屬解釋病況不佳，是否考慮DNR，家屬表示積極急救到底
  - ✓ 12/31 (E) PEA，CPCR 8min
  - ✓ 1/1 (D) Bradycardia，給予Atropine and Bosmin
  - ✓ 1/1 (E) PEA ,CPCR30 min then AAD

這個過程，有沒有機會更好?

讓病人善終、家屬放下...

家屬的心情：我也不想讓你受苦，但我捨不得你走~~~~~

我還沒準備好跟你道別，快點醒過來好嗎??

積極

堅持

放手

道別

善終

身為醫療人員的我們，能為家屬做什麼?

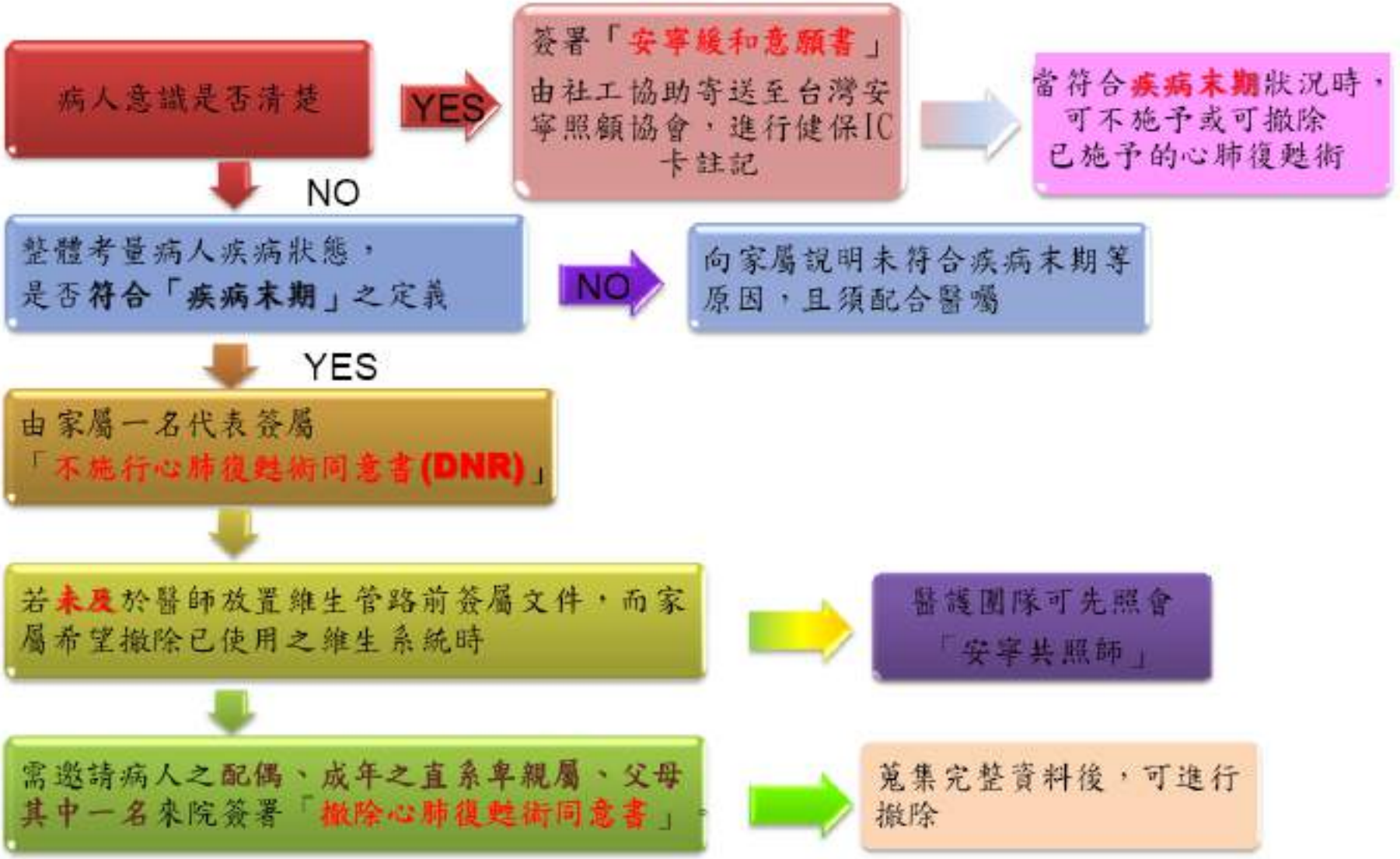
黃勝堅醫師影片

背景知識 (Background knowledge)

- 病人清醒
  - 安寧緩和意願書
- 病人昏迷
  - 不施行心肺復甦術同意書
- 撤除維生管路

不施行心肺復甦術同意書 (DNR)填寫時機與流程介紹

臺北醫學大學・萬芳醫學中心
Taipei Medical University - Wan Fang Medical Center



Evidence Review

Interventions for Shared Decision-Making About Life Support in the Intensive Care Unit: A Systematic Review

Jennifer Kryworuchko, PhD, RN • Elina Hill, BA • Mary Ann Murray, PhD, MScN, RN • Dawn Stacey, PhD, RN • Dean A. Fergusson, PhD, MHA

- Worldviews Evidence Based Nursing. 2013 Feb;10(1):3-16.
- doi: 10.1111/j.1741-6787.2012.00247.x. Epub 2012 Apr 10.

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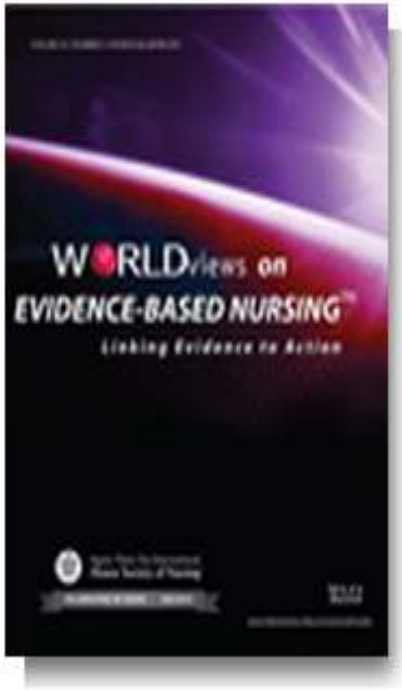

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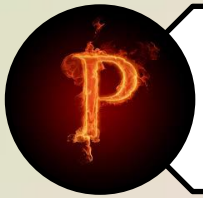
步驟1: 系統性文獻回顧探討的問題為何?



Adult (patient, family & healthcare team)

Shared Decision-Making

usual care

- decreased family anxiety and distress
- shortened intensive care unit stay

Table 1. Criteria for study inclusion

Criteria	Included
Population	Adults (patient, family members, and/or healthcare team members) making decisions for patients (any age)
Intervention	Intervention to improve communication about decisions to use life support, to continue or limit the use of life support, or to withhold or withdraw life support for hospitalized adults or children
Comparison	Usual care group/alternative intervention for end-of-life decision-making
Outcomes	1) Evidence for decision quality (i.e., being informed and making a decision based on patient values or preferences) 2) Evidence of shared decision-making process (i.e., preparation for decision-making, role in decision-making or agreement about the decision) 3) Impact of the intervention on patients (i.e., all cause mortality) 4) Impact of the intervention on family members, surrogate decision-makers, or healthcare team members (i.e., anxiety, distress, satisfaction with process, or decision regret) 5) Impact of the intervention on healthcare system (i.e., measures of resource use such as types of treatments used or length of stay in ICU or in hospital).
Design	Randomized controlled trials
Languages	All languages (English, French, and Other)

問題類型: ● 介入型 O 預後型 O診斷型 O 傷害型

SDM process

About Intervention

Shared Decision-Making (SDM)?

1. 確認並解釋目前「病況」，並討論目前的醫療選項
2. 醫師說明目前的疾病狀態並給予建議
3. 針對提出的醫療選項進行分享，分析優缺點、並考量經濟負擔
4. 了解病人/家屬的價值觀、偏好(想法與擔心)，與期望的結果
5. 確認並澄清病人/家屬所理解的醫療處置
6. 依病人的能力/自我效能去實行計畫
7. 明確的執行此「決策」
8. 持續追蹤

Evidence Review

I

Interventions for Shared Decision-Making About Life Support in the Intensive Care Unit: A Systematic Review

P

Jennifer Kryworuchko, PhD, RN • Elina Hill, BA • Mary Ann Murray, PhD, MScN, RN • Dawn Stacey, PhD, RN • Dean A. Fergusson, PhD, MHA

Keywords
shared decision-making, patient participation, communication, life support care, withholding treatment, systematic review

ABSTRACT

Background: Healthcare professionals and families make decisions about the use of life support for patients in the intensive care unit (ICU), including decisions to withhold or withdraw life support at the end-of-life. Best practice guidelines recommend using a shared decision-making (SDM) approach to improve the quality of end-of-life decision-making but do not describe how this should be done in practice.

Aims: To know what elements of SDM had been tested to improve communication between healthcare professionals, patients, and their family about the decision. Trials relevant to our review assessed whether these interventions were more effective than usual care.

Methods: A systematic review of randomized controlled trials of SDM interve[illegible] for the decision about using life support, limiting the use of life support, or withdrawing [illegible]pport for hospitalized patients. We searched databases from inception to January 2011.

C

Results: Of 3,162 publications, four unique trials were conducted between 1992 and 2005. Of four trials, three interventions were evaluated. Two studies of interventions including three of nine elements of SDM did not report improvements in communication. Two studies of the same ethics consultation, which included eight of nine elements of SDM, did not evaluate the benefit to communication. The interventions were not harmful; they decreased family member anxiety and distress, shortened intensive care unit stay, but did not affect patient mortality.

Implications for Research and Practice: Few studies have evaluated interventions to [illegible]ve communication between healthcare professionals and patients/families when facing the [illegible]on about whether or not to use life support in the ICU. Interventions that include essential [illegible]ts of SDM need to be more thoroughly evaluated in order to determine their effectiveness and health impact and to guide clinical practice.

O

步驟2:系統性文獻回顧的品質如何?(FAITH)

F 研究是否找到所有的相關證據?

We searched MEDLINE (1950 to January, Week 2, 2011), EMBASE (1980 to 2011, January, Week 2), CINAHL (1982 to January, Week 1, 2011), the Cochrane Central Register of Controlled Trials (CENTRAL, to 3rd Quarter, 2008), and AMED (1985 to January, 2011) using the Ovid/EBSCO interface without language restriction. The search strategy was developed using the highly sensitive search strategy for randomized controlled trials (2006) with the expertise of a library scientist (see Figure 1 for MEDLINE search strategy). The search was then adapted for the other databases. We also reviewed Dissertation Abstracts International (1861 to February 1, 2007), web-based registries of clinical trials (National Institute of Health and National Library of Medicine ClinicalTrials.gov, Current Controlled Trials, Australian Clinical Trials Registry) and reference lists of included studies and relevant review articles. Relevant conference, symposium and colloquium proceedings, and abstracts (i.e., 5th International Consensus Conference on the Challenges in End-of-life Care in the ICU in 2003; and International Shared Decision Making Conferences from 2005–2009) were hand searched.

文獻搜尋多個資料庫、論文集與與本文相關之重要研討會...等資料，且沒有語言限制。

Figure 1. MEDLINE search strategy.

Type of study:
1. randomized controlled trials.sh.
2. randomized controlled trial.pt.
3. controlled clinical trial.pt.
4. random allocation.sh.
5. double blind method.sh.
6. single blind method.sh.
7. or/1-6
8. (ANIMALS not HUMANS).sh.
9. 7 not 8
10. clinical trial.pt.
11. exp CLINICAL TRIALS/
12. (clins adj25 trials).ti,ab.
13. ((singles or doubles or trebles or triples) adj25 (blinds or masks)).ti,ab.
14. PLACEBOS.sh.
15. placebos.ti,ab.
16. randoms.ti,ab.
17. RESEARCH DESIGN.sh.
18. or/10-17
19. 18 not 8
20. 19 not 9
21. COMPARATIVE STUDY.pt.
22. exp EVALUATION STUDIES/
23. FOLLOW UP STUDIES.sh.
24. PROSPECTIVE STUDIES.sh.
25. (controls or prospective or volunteers).ti,ab.
26. or/21-25
27. 26 not 8
28. 27 not (9 or 20)
29. 9 or 20 or 28

Setting:
30. exp Intensive Care/
31. exp Intensive Care Units/
32. Critical Care/ or critical illness/
33. (intensive care or icu).tw.
34. or/30-33

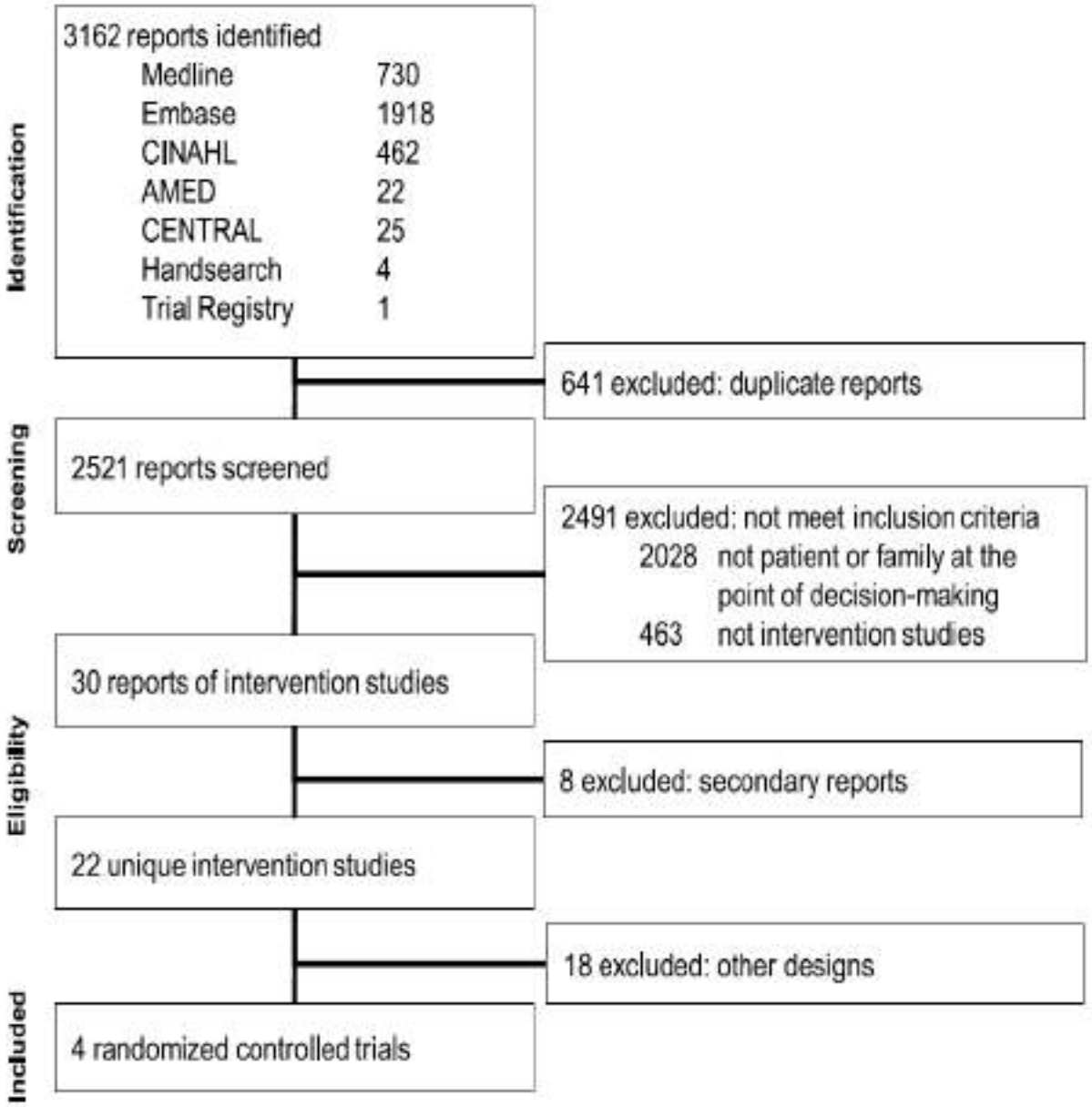
Interventions:
35. exp Decision Making/
36. (decide or deciding or decisions).tw.
37. exp Decision Support Techniques/
38. Communication/
39. communicates.tw.
40. Cooperative Behavior/
41. (collaborates or cooperates).tw.
42. Interdisciplinary Communication/ or interprofessional relations/ or patient care team/
43. (interdisciplinary or multidisciplinary).tw.
44. Patient participation/ or consumer participation/ or Physician-nurse relations/ or doctor nurse relation/ or patient compliance/ or patient care planning/
45. Professional-Family Relations/ or Family Nursing/
46. (family adj (centered or focused or meetings or conferences)).tw. or family/px
47. or/35-46

Focus of review:
48. exp Withholding Treatment/
49. Palliative Care/ or Life Support Care/ or terminal care/ or hospice care/ or resuscitation orders/
50. Living Wills/ or third-party consent/ or parental consent/ or informed consent/ or right to die/ or treatment refusal/
51. (passive euthanasia or resuscitates or end-of-life).tw.
52. ((withholds or withdraws or cessation) adj2 (care or treatments or resuscitation).tw.
53. or/48-52

清楚呈現關鍵字及所使用的搜尋策略、搜尋過程清楚

以PRISMA流程圖呈現文獻搜尋篇數、文獻納入及排除結果

Figure 2. Flow of information through the systematic review process.



步驟2:系統性文獻回顧的品質如何?(FAITH)

A 文獻是否經過嚴格評讀 (Appraisal) ?

Table 5. Quality appraisal

Quality Criteria	Support 1995	Schneiderman 2000	Schneiderman 2003	Lautrette 2007
Allocation concealment reported	No	No	√	√
Patient or clinician blinding to group assignment	No	No	No	No
Outcome assessor and data collector blind to group assignment	No	No	√	√
Attrition reported	No	√	√	√
Study registered	No	No	No	√

文中有提及選用RCT文章，並說明品質評析標準

(針對 RCT 之文獻評讀標準，適當)

Methods: A systematic review of randomized controlled trials of SDM interventions for the decision about using life support, limiting the use of life support, or withdrawing life support for hospitalized patients. We searched databases from inception to January 2011.

Table 1. Criteria for study inclusion

Criteria	Included	Excluded
Population	Adults (patient, family members, and/or healthcare team members) making decisions for patients (any age)	All other
Intervention	Intervention to improve communication about decisions to use life support, to continue or limit the use of life support, or to withhold or withdraw life support for hospitalized adults or children	Interventions regarding decisions that were solely about feeding, hydration, comfort, or symptom control including palliative care services (i.e., life support not discussed as an alternative), or were administered in the community about a hypothetical decision (i.e., advanced directives).
Comparison	Usual care group/alternative intervention for end-of-life decision-making	N/A
Outcomes	1) Evidence for decision quality (i.e., being informed and making a decision based on patient values or preferences) 2) Evidence of shared decision-making process (i.e., preparation for decision-making, role in decision-making or agreement about the decision) 3) Impact of the intervention on patients (i.e., all cause mortality) 4) Impact of the intervention on family members, surrogate decision-makers, or healthcare team members (i.e., anxiety, distress, satisfaction with process, or decision regret) 5) Impact of the intervention on healthcare system (i.e., measures of resource use such as types of treatments used or length of stay in ICU or in hospital).	N/A
Design	Randomized controlled trials	All other
Languages	All languages (English, French, and Other)	N/A

步驟2:系統性文獻回顧的品質如何?(FAITH)

I 是否指納入(included)具良好效度的文章？

Table 5. Quality appraisal

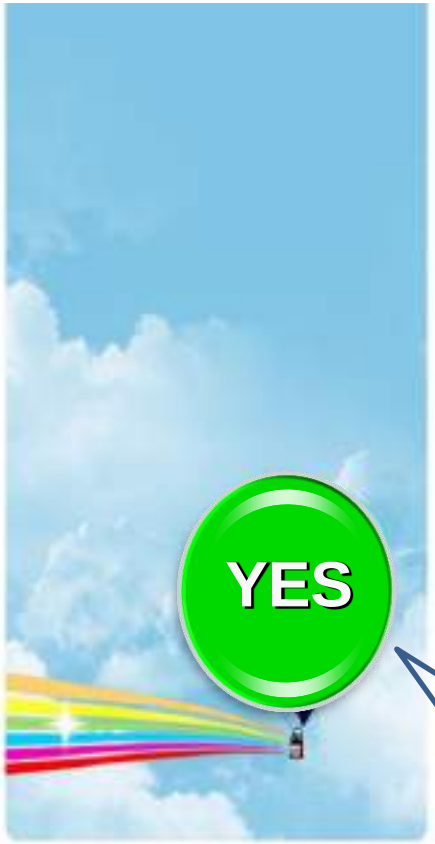
Quality Criteria	Support 1995	Schneiderman 2000	Schneiderman 2003	Lautrette 2007
Allocation concealment reported	No	No	√	√
Patient or clinician blinding to group assignment	No	No	No	No
Outcome assessor and data collector blind to group assignment	No	No	√	√
Attrition reported	No	√	√	√
Study registered	No	No	No	√

文中有提及選用RCT文章，並說明品質評析標準
雖並非所有納入文獻均符合所有條件，但至少有一篇是

步驟2:系統性文獻回顧的品質如何?(FAITH)

T

作者是否以表格或圖表「總結」(total up) 試驗結果?



文獻中有用表格

呈現出試驗結果

Table 3. Characteristics of included studies

Characteristic	Support 1995	Schneiderman 2000	Schneiderman 2003	Lautrette 2007
Design	Cluster randomized controlled trial	Patient randomized controlled trial	Patient randomized controlled trial, stratified by ICU	Patient randomized controlled trial, stratified by ICU
Date	1990–1994	1997–1998		
Number of participants (intervention, Control)	4804 (2652, 2152)	74 (37, 37)		
Analysis	Available case, Intention to treat	Available case		
Sample	Subgroup analysis of adult seriously ill hospitalized patients admitted to ICU	Adult ICU patients in whi value based conflicts arose between health care team or team and family/family member		

Table 4. Elements of shared decision-making in interventions

Essential Elements of SDM*	Support 1995	Schneiderman 2000, 2003	Lautrette 2007
Problem defined/explained	No	√	No
Options (including alternatives) presented	No	√	No
Benefits/risks/costs of options discussed	√	√	No
Values/preferences discussed	√	√	√
Ability/self-efficacy discussed	No	No	No
Doctor knowledge/recommendations explained	No	√	√
Understanding assessed/clarified	√	√	No
Decision made or explicitly deferred	No	√	√
Follow-up arranged	No	√	No

*Makoul & Clayman 2006

步驟2:系統性文獻回顧的品質如何?(FAITH)

H

試驗的結果是否相近-異質性(Heterogeneity)?

Setting	Medical and surgical ICUs in five academic teaching hospitals	Medical and surgical ICU in one academic teaching hospital	Medical and surgical ICUs in seven academic teaching hospitals	Medical and surgical ICUs in 7 general hospitals and 15 academic
Objective	To improve end-of-life decision making and reduce frequency of mechanical support, painful and prolonged processes of dying		could reduce the number of days of	structured end-of-life conference on family
Intervention	Specially trained nurse to encourage communication between patient and physician			bereavement brochure
Outcomes	Proportion of Advanced Care Planning discussions, prognostic/preference reports received, prognostic discussions, resuscitation discussions, agreement with decision to forego resuscitation, patient mortality, ICU/hospital resource use.	Satisfaction with the intervention, Patient mortality, ICU resource use	Agreement with recommendations, patient mortality, ICU resource use	Family distress and anxiety, number of families informed of decision to withdraw/withhold, clarity of information, need for additional information, time family spent talking, proportion of families expressing patient /own wishes, agreement with decision to forego resuscitation, ICU resource use.

- 納入試驗少，且各篇的研究結果有差異，所以無法進行統合分析 (無法呈現異質性統計資料)
- 納入之文獻均是在加護病房，探討的主題均為 SDM，只有敘述性分析

研究結果

Results: Of 3,162 publications, four unique trials were conducted between 1992 and 2005. Of four trials, three interventions were evaluated. Two studies of interventions including three of nine elements of SDM did not report improvements in communication. Two studies of the same ethics consultation, which included eight of nine elements of SDM, did not evaluate the benefit to communication. The interventions were not harmful; they decreased family member anxiety and distress, shortened intensive care unit stay, but did not affect patient mortality.

- SDM的介入，不影響病人的死亡率
- 但可以減少家屬的焦慮和痛苦，並縮短病人在加護病房的滯留天數

Table: Steps in finding evidence ("Levels") for different types of question

Developed by: Iain Chalmers (James Lind Library), Paul Glasziou (OCEBM), Trish Greenhalgh (UCL), Carl Heneghan (OCEBM), Jeremy Howick (O

Maschetti, Bob Phillips, and Hazel Thornton

Level 2*

Question	Step 1 (Level 1*)	Step 2 (Level 2*)	Step 3 (Level 3*)	Step 4 (Level 4*)	Step 5 (Level 5)
How common is it? (E.g., Pre-test probabilities)	Most relevant local and current random sample survey (or censuses)	Systematic review of current surveys	Systematic review of local non-random sample	Systematic review of case-series	Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms
Is this test accurate? (Diagnostic accuracy)	Systematic review of cross sectional studies	Systematic review of cross sectional studies With consistently applied reference standard and blinding	Systematic review of non-consecutive studies, or studies without consistently applied reference standards.	Systematic review of case-control study, or cross-sectional study with non-independent reference standard	Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms
What will happen if we do nothing? (Prognosis)	Systematic review of inception cohort studies	Inception cohort studies	Cohort or control arm of randomized trial	Systematic review of case-series	Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms
Does this treatment help? (Treatment Benefits)	Systematic review of randomized trials or *n*-of-1 trial	Randomized trial or (exceptionally) observational studies with dramatic effect	Non-randomized controlled cohort/follow-up study	Systematic review of case-control studies, historically controlled studies	Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms
What are the COMMON harms? (Treatment Harms)	Systematic review of randomized trials or *n*-of-1 trial	Systematic review of nested case-control or dramatic effect	Non-randomized controlled cohort/follow-up study	Case-control studies, historically controlled studies	Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms
What are the RARE harms? (Treatment Harms)	Systematic review of case-control studies, or studies revealing dramatic effects	Randomized trial or (exceptionally) observational study with dramatic effect			
Is early detection worthwhile? (Screening)	Systematic review of randomized trials	Randomized trial	Non-randomized controlled cohort/follow-up study	Case-control studies, historically controlled studies	Opinion without explicit critical appraisal, based on limited/ undocumented experience, or based on mechanisms

*** Level may be graded down on the basis of study quality, imprecision, indirectness (study PICO does not match questions PICO), because of inconsistency between studies, or because the absolute effect size is very small; Level may be graded up if there is a large or very large effect size.**

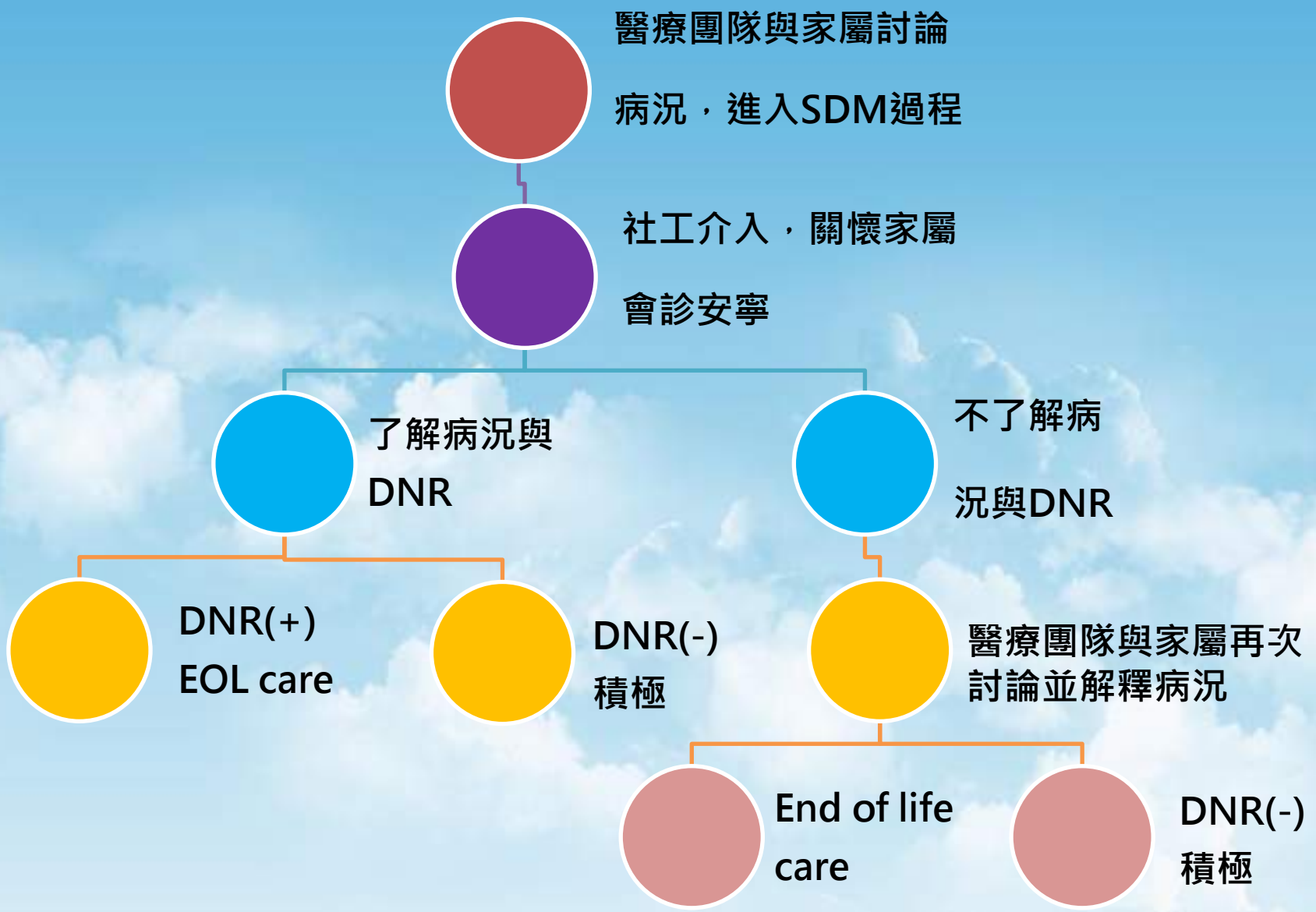
加護病房是否運用SDM架構及早啟動重症病人安寧療護?


討 論
重症安寧，何時介入?
應該怎麼做?

安寧共照師:

- 並非進入疾病末期才可以會診安寧
- 安寧共照師可以及早介入，提供病人或家屬給予**情緒抒發**、**心理支持**與**正向關懷**

臨床執行的藍圖？


醫療團隊與家屬討論
病況，進入SDM過程
社工介入，關懷家屬
會診安寧
了解病況與
DNR
不了解病
況與DNR
DNR(+)
EOL care
DNR(-)
積極
醫療團隊與家屬再次
討論並解釋病況
End of life
care
DNR(-)
積極

重症單位及早介入安寧療護之可行性?

- 同意：20
- 懷疑：1
- 不同意：1

HOSPICE


THANK YOU!!
2014
感謝您的參與！