End of life decision making in the intensive treatment unit

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Introduction

Housing the largest intensive treatment unit (ITU) in Europe, the Queen Elizabeth Hospital Birmingham was the perfect place to undertake my elective in anaesthetics and intensive care. During my placement, I split my time between gaining further clinical exposure in these specialties, with a particular focus on cardiac services, and completing my own research project looking at end of life decision making in ITU. I had an extremely rewarding elective experience with a fantastic team of clinicians, and greatly enjoyed the opportunity to design and carry out a research project of my own conception.

Research project

My research project focused on end of life decision making in an ITU setting, where a high proportion of patients will require end of life care. The Queen Elizabeth Hospital uses a tool called the TEAL (Treatment Limitation and Escalation) protocol to record end of life treatment decisions around DNACPR and other treatments to be escalated or limited should the situation arise. The tool promotes improved clinical decision making and better communication between clinicians and patients and within the clinical team; therefore there are many benefits to its widespread implementation. It is particularly important for patients who are physiologically unstable and at risk of further deterioration or have a high mortality risk, which applies to a large proportion of patients in ITU. Decision making in ITU also presents additional challenges as many patients may lack capacity to contribute towards these discussions, due to diminished consciousness or brain injury for example, and therefore a tool which aids in this process should be as widely implemented as possible.

I audited the use of this tool across all areas of ITU, and found consistently low rates of use. I then designed and distributed a questionnaire for senior clinicians looking at perceptions around TEAL, its positive features and ways it could be improved to increase implementation. I received quite consistent responses to these questions, which focussed around a need to increase awareness and ownership of the tool and to clarify ITU policy on its use. I am due to present my findings at the monthly ITU audit meeting in September, and hope to re-audit TEAL's use in ITU towards the end of the year.

Clinical experience

During my elective I was fortunate to be able to gain clinical experience in both anaesthetics and intensive care medicine. I was given a lot of freedom to choose how best to make use of the learning opportunities available to me, and really feel I gained a lot of useful clinical exposure alongside completing my project on end of life care.

I made the most of being on placement at a hospital with extensive cardiac surgery services by spending time with a cardiac anaesthetist, where I learnt about the complexities of anaesthesia for cardiac procedures including coronary artery bypass grafts and valve repairs; I found it particularly interesting to learn about the cardioplegic drugs used by the anaesthetist for these procedures, as well as learning about the bypass equipment. Observing a heart transplant with the on call team in the middle of the night was one of the highlights of my elective, and has made me seriously consider

a career as a cardiac anaesthetist! As the hospital has a designated cardiac intensive care unit, I was able to follow some of the cardiac patients through from the anaesthetic room, through their surgery and then be involved in their post-op care, which was really useful in seeing the range of work that a cardiac anaesthetist/intensivist does. I was also able to further develop my skills in some of the core clinical procedures in the anaesthetic room, including peripheral venous cannulation, catheterisation and airway management.

In ITU, I gained exposure to a wide range of clinical conditions I had never encountered before, such as severe sepsis, necrotizing fasciitis and a range of cardiac conditions including dilated cardiomyopathy. I also observed, and minorly assisted with, a range of clinical procedures on the unit, including central line insertion, tracheostomy and bronchoscopy. The range of practical procedures in intensive care medicine is something that definitely appeals to me, in combination with the huge range of presentations that this speciality sees. I have come back from my elective with a new passion for medicine, and am looking forward to hopefully having a job in either anaesthetics or intensive care during my foundation years.

I would like to thank the AAGBI for their kind assistance which allowed me to extend my elective placement beyond the time originally planned, allowing me to make the most of the unique learning opportunity available to me.