

POSTER PRESENTATION

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DYSTHANASIA AND/OR FUTILE CARE IN THE INTENSIVE CARE UNITS OF A SPECIALTY HOSPITAL IN EL BAJÍO region, in Mexico

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From ESICM LIVES 2015

Berlin, Germany. 3-7 October 2015

Introduction

End-of-life care is emerging as a comprehensive area of expertise in the ICU and demands the same high level of knowledge and competence as all other areas of ICU practice¹.

Objectives

To estimate the frequency with which dysthanasia and/or futile care is practiced in adult and pediatric intensive care units (ICUs) of a specialty hospital in El Bajío Region, in Mexico, and to identify the main factors associated with their occurrence.

Methods

A survey on the “Factors Involved in Dysthanasia and/or Futile Care”, designed by the authors, was applied to medical and nursing staff of every ICUs of the High Specialty Regional Hospital of El Bajío (HRAEB) along a period of 5 months. Staff participation was voluntary and the forms were self-reported. The interviews were conducted individually, in a private setting, and within a context of confidentiality and anonymity.

Results

30 critical care nurses and 20 physicians (adult intensivists, cardiologists, pediatric intensivists, neonatologists) from the ICUs, of all shifts, participated. 72% admitted to have practiced, at least once, dysthanasia and/or futile care, without a significant difference between in physicians (70%) and nurses (76.6%). 56% of respondents stated that the frequency with which they incur in any practice deemed by themselves as compatible with dysthanasia

and/or futile care is 30% of their cases. The respondents obtained high or very high grades (from 86% to 98%) regarding their knowledge about: what a terminal illness is, what a terminal patient is, what dysthanasia is and what futile care is. 52% of respondents (physicians and nurses) reported not knowing the patients’ rights. The right most mentioned by respondents (24%) was the right to die with dignity.

Conclusions

72% of the ICUs’ staff who was surveyed for this project affirmed to have practiced, at least once, dysthanasia and/or futile care. This was associated with their serious lack of knowledge about patients’ rights (52%). This report should lead us to a deep reflection on the urgent need for addressing bioethical and humanization matters of the processes of education, training, supervision and practice of Intensive Medicine and Nursing.

Grant Acknowledgment

This research did not receive any grant from any funding agency of the public, commercial, or not-for-profit sectors.

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Published: 1 October 2015

Reference

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doi:10.1186/2197-425X-3-S1-A655

Cite this article as: Olivares-Durán and Madrigal-Arcos: DYSTHANASIA AND/OR FUTILE CARE IN THE INTENSIVE CARE UNITS OF A SPECIALTY HOSPITAL IN EL BAJÍO region, in Mexico. *Intensive Care Medicine Experimental* 2015 **3**(Suppl 1):A655.

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