ICU
MANAGEMENT & PRACTICE

Compassionate Care in the ICU

Over the years, there have been many advancements in the understanding of critical illness pathophysiology, technologies used to support failing organ systems, and improvements in communication and shared decision-making. In this review, the authors reflect on the role of compassion and openness of critical care clinicians when supporting patients, their families and ICU colleagues, especially when facing health or life-threatening illness.

The authors point out that being with patients at the bedside and providing support to grieving families while taking care of other critically ill patients can be quite challenging and requires a unique skill set. They describe five inter-related principles underlying this skill set and how they can be put into practice. These include:

1. The first principle is that critical care clinicians must be kind to and trust themselves in order to be compassionate to others. Compassion arises naturally when this is ensured. Being kind also means practicing self-care both when in the ICU and when not in the ICU. Keeping in mind the high rates of burnout among ICU workers, ensuring time for self-care both in and outside of the ICU can improve the longevity of critical care clinicians. These self-care measures could include sleep, exercise, pursuing interests outside of medicine, and taking time to reflect.
2. The second principle is having the willingness to be vulnerable. You can be more emphatic when you allow yourself to be vulnerable to the grief and tragedy experienced by others (in this case, patients and their families). This should be done while recognising that there is an important job to do. ICU clinicians should therefore be vulnerable to be able to demonstrate genuine empathy, but at the same time, they should have the ability to move on to the next patient or the next task when needed.
3. The third principle is to be present and steady in the face of grief and emotional pain and to not avoid these strong emotions. Having the ability to walk into a room and comfortable family after their loved one has died and to be able to support them during their grief is a skill that is learned through practice. The ability to not avoid this situation because of one's personal discomfort requires practice and must be accompanied by compassion and vulnerability.
4. The fourth principle is learning to live with uncertainty. The ICU environment is completely uncertain, whether its prognosis, cause of illness, time of death etc. Patients and family members often ask critical care clinicians difficult questions such as when will my loved one die, or how certain are you that they are dying etc. These are uncertain situations that can sometimes lead to avoidant behaviour. Learning to accept this uncertainly and discomfort is important when delivering high-quality care in the ICU.
5. The fifth principle is to have a willingness to be wrong. The healthcare profession is characterised by a reluctance to admit mistakes or receive constructive feedback. Creating an environment to voice disagreement, to have the willingness to be wrong and to still be respectful and supportive is essential for providing compassionate care. It should be practiced and promoted in the critical care environment.

Overall, there is a need to develop the evidence base for delivering compassionate care in the ICU and to enhance the ability to support and teach each other to handle the difficult and often tragic events in the ICU while being compassionate and delivering high-quality care.

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