

Ethical Challenges and Decisions at the End-of-Life in Burn Intensive Care Units. Results from a Qualitative Interview Study

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Background: End-of-life care (EOL) and ethical decisions are a major step in the care provided to critically burned patients. Yet, EOL care is often neglected in burn intensive care units (BurnICUs). Dying, death, EOL care and ethical decisions are rarely studied in BurnICUs and often perceived as a clinical failure.

Aim: To explore the ethical challenges and decisions faced by professionals in BurnICUs.

Methods: Qualitative study with in-depth interviews. All 5 BurnICUs reference centres in Portugal (PT) were invited to participate; 3 participated. 15 professionals (12 nurses; 3 physicians) were interviewed from July to October 2020, until reaching theoretical saturation. A thematic content analysis was conducted to interview transcripts.

Results: Five main ethical challenges were identified: Intensifying pain and symptom control; Therapeutic obstinacy; Advance directives (ADs); Managing hope and expectations; Family involvement in the decision-making process. A main ethical challenge at the EOL in BurnICUs is intensifying pain and symptom control, including palliative sedation, once a consensualized decision to stop curative treatments is reached. However, professionals often struggle to identify whether or not they are acting with therapeutic obstinacy as the level of uncertainty associated to severe burn injuries is very high. "Giving-up" on curative treatments only occurs when "there is nothing else to escalate treatment options". To aid in the decision-making process, ADs and family involvement are perceived as useful tools and strategies. Managing hope and expectations realistically is felt as a major ethical challenge.

Discussion/ conclusions: This is the first study in PT on EOL ethical challenges and decisions in BurnICUs using a qualitative approach to understand professionals' experiences. Findings suggest the need to further explore ethical challenges and the role palliative care can have to improve ethical decision-making at the EOL in BurnICUs.

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