# Prevalence of perceptions of inappropriate care among Intensive Care Unit healthcare providers and reasons why disproportional care is continued: the APPROPRICUS STUDY.

Ruth Piers, MD. Ghent University Hospital, Gent, Belgium. Elie Azoulay, MD PhD. Hôpital Saint-Louis, Paris, France. Dominique Benoit, MD PhD. Ghent University Hospital, Gent, Belgium. Bara Ricou, MD. University Hospital of Geneva, Switzerland. Freda DeKeyser, RN PhD. Hadassah-Hebrew University, Jerusalem, Israel. Johan Decruyenaere, MD PhD. Ghent University Hospital, Gent, Belgium. Adeline Max, MD. Hôpital Saint-Louis, Paris, France. Andrej Michalsen, MD, MPH. MEDICAL PARK Loipl, Bischofswiesen/Loipl, Germany. Pieter Depuydt, MD, PhD. Ghent University Hospital, Gent, Belgium. Radoslaw Owczuk, MD. Medical University of Gdansk, Gdansk, Poland. Paulo Azevedo Maia, MD. Centro Hospitalar do Porto, Porto, Portugal. Francesca Rubulotta, MD. Policlinico University Hospital Catania, Italy. Reyners An, MD. Universitair Medisch Centrum Groningen, The Netherlands. Anne-Pascale Meert, MD. Institut Jules Bordet, Brussels, Belgium. Andrew Aquilina, MD. Mater Dei Hospital, Msida, Malta. Wim Schrauwen, ME. Ghent University Hospital, Gent, Belgium. Nele Van Den Noortgate, MD PhD. Ghent University Hospital, Gent, Belgium.

## Introduction

Advances in medical technology enable more lives to be saved but sometimes may prolong the dying process and suffering of patients and families at the end of life.

### Objectives

To determine the prevalence of inappropriate or non-beneficial care in Intensive Care Unit (ICU) patients as perceived by ICU healthcare providers (HCP), as well as the reasons for this perception. Second, to explore why disproportional care is continued.

### Methods

A single-day cross-sectional survey among 1691 ICU HCP in 82 (adult patient) ICUs in 10 European countries.

#### Results

27% (439/1651) of HCP found that care was inappropriate for at least one of their patients. 'Providing too much care (disproportional care)' (58%), 'other patients would benefit more from ICU care' (38%) and 'lack of participation by one of the parties involved in decision-making' (26%) were most frequently evoking this perception of inappropriate care. 'Providing too little care' was reported in only 7% of the cases.

The main identified ICU related-factors perpetuating disproportional care were: prognostic uncertainty (57%) or lack of consensus concerning the prognosis (39%), no one in the ICU team taking initiative to challenge the appropriateness of care (37%) or no one taking action to limit therapy despite consensus (37%). Patient/Family-related factors that cause the continuation of disproportional care were: patient and/or family not ready to withdraw therapy (44%) and asking to continue care (39%). Request from the referring physician to continu disproportional care was identified in 35% of cases.

### Conclusion

1 in 4 ICU HCP perceived that at least one of their patients was getting inappropriate care. Providing 'too much care' is the most frequent situation evoking this perception. Mechanisms both inside and outside the ICU lead healthcare providers to continue patient care that is perceived as disproportional.

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