

Dying with Dignity

By: Krystal Privette, [Donald D. Kautz](#)

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Abstract:

Family members are often unaware of what to expect when a loved one is admitted to the ICU. They experience many emotions—sadness, anger, defensiveness, and fear, especially when the patient isn't expected to live. Approximately 20% of all deaths in the United States occur in an ICU, and the majority of these deaths are the result of the decision to withdraw life support.

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Article:

Family members are often unaware of what to expect when a loved one is admitted to the ICU. They experience many emotions—sadness, anger, defensiveness, and fear, especially when the patient isn't expected to live. Approximately 20% of all deaths in the United States occur in an ICU, and the majority of these deaths are the result of the decision to withdraw life support.¹

Robichaux and Clark² suggest that expert ICU nurses often help families make the decision to institute “comfort care” so that a patient is allowed to die a natural death. The following scenario shows how one expert ICU nurse worked with the healthcare team to help a family make that decision. This story is intended to help other ICU nurses ensure that every patient who dies in the ICU does so with dignity.

Mrs. B was admitted to the ICU with severe abdominal and chest pain. Imaging studies revealed that she had a small bowel obstruction and multivessel coronary artery disease. She was 90 years old, and because of her age and comorbidities, the healthcare team believed that she would be a high-risk surgical candidate and didn't think she would survive surgery. Since Mrs. B was unable to make her own health care decisions, her family was informed of the situation. Her family members were devastated and cried often. The ICU nurse attempted to keep Mrs. B as

comfortable as possible with I.V. sedation and analgesia as prescribed, but had to decrease the doses when Mrs. B's BP and oxygen saturation dropped. Unfortunately, Mrs. B's pain medication wasn't effective at the lower doses. —She frequently moaned and appeared to be uncomfortable. The ICU nurse also used non-pharmacological pain management strategies, but they too were unsuccessful. The ICU nurse explained to the family that if Mrs. B was given too much pain medication, she might become overly sedated, requiring breathing support and medications to support her BP. Mrs. B's daughter expressed concerns about her mother's discomfort and stated that she wanted her to “die a peaceful death.” The ICU nurse reminded the daughter that her mother was a “full code” meaning the healthcare team would do everything possible to keep her alive. Later, the daughter stated that, “We as a family have decided that we want our mother to be comfortable regardless of her blood pressure and oxygen saturation levels.” The ICU nurse explained that what she was describing sounded like comfort care. The daughter immediately stated, “Yes, that's what I would like. I want my mom to be comfortable and pain-free.” The ICU nurse notified the physician to schedule a family meeting with the nurse, physicians, and hospital chaplain. The healthcare team explained to the family that the goal of comfort care is to prevent or relieve suffering as much as possible while respecting the dying person's wishes. The family was assured that management of pain and other symptoms would continue, as well as support for the family. Mrs. B was started on a morphine infusion. The ICU nurse noticed that when the patient appeared peaceful and pain-free, the family's anxiety levels decreased. The family thanked the ICU nurse for advocating for them. They said, “We understand that she's dying and we would like for our mother to 'die with dignity.'”

Mrs. B did die with dignity the next day. It's up to all nurses to ensure that families understand comfort care, so that every death in the ICU is a dignified death.

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