

High quality patient centred decision making

1. The patient is at the centre of all decisions - Decisions about the clinical care of a specific patient should not be compromised or altered by the treating clinician based on the resources available. Decisions about care should be based on what is best for the patient. Resource allocation is a matter for the hospital management team. When a patient lacks capacity there must be clear justification for all aspects of treatment on the intensive care unit.

2. Patients on ICU are presumed to have capacity to consent -

There is often insufficient discussion of the impact of critical care by non-intensive care clinicians who plan elective care pathways. Pathways of care should include proper consideration of and discussion of the benefits and burdens of critical care treatment, not just survival alone and that this should be conveyed to patients and their families when decisions regarding current and future care needs are being planned. This is to enable a proper consent process to occur.

3. Decision making should be supported - Just because a patient is intubated and ventilated does not automatically mean that a patient cannot make a decision. The treating team must make attempts to use technology, interpreters and other techniques to facilitate patient's making decisions about their own care.

4. Patients may make clinically unwise decisions - A decision made by a competent patient, that the treating clinician considers to be clinically unwise, must still be respected. The personal, cultural or religious views of the treating clinician should not interfere with respecting the patient's autonomy.

5. Best interests/benefit - Best interests are not confined to medical matters. In Scotland, the end point is similar: any action taken must benefit the person and must be necessary. This encompasses social, religious, psychological and other matters that are important to the patient. These must be taken into consideration by the clinician.

6. Least restrictive approach - When treating patients on ICU, it is usually the case that patients are either physically restrained, or sedated, to allow treatment to occur. This will vary from patient to patient. Restraint/sedation should not be maintained solely for the benefit of staff. The least restrictive option should always be taken, particularly to allow the patient the best opportunity to participate in any decision-making process.

7. family, friends and significant people - Information given to these people must be justified in terms of the best interests of the patient. There is no right to receive information. Similarly, people who are of significance to the patient will usually have a better insight than the clinician about the non-medical preferences of the patient.

8. Conflict - Conflict between clinicians and family is common when high stress decisions are being made. The Conflicus study suggests that it occurs in 80% of end of life decisions. Clinicians should take steps to minimise conflict. Strategies include active listening, reflection, compromising, collaboration. Where there is disagreement, ensure there is time to consider the advice and revisit the final decision on a later occasion.

9. Mediation - Conflict resolution through mediation should be attempted if the clinical team is unable to resolve matters themselves. Mediation can be tried informally, or more formally if the disagreement cannot be resolved. It should be the aspiration of every critical care service to have a Communication Lead trained in conflict resolution and/or mediation. Formal independent medical mediators can be found via the [Court of Protection pilot project](#).

10. Court of Protection - Mediation should be attempted before Court proceedings are commenced. When all else fails, and conflict cannot be resolved any other way, clinicians must ensure that their employing organisation applies to the Court of Protection to resolve disagreements. It must not be left to families or patients to initiate Court proceedings: this is a matter for the organisation that runs the ICU.

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