Clinician and family concerns

Implications of the differing socialization and training of members of the IDT

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Family misconceptions

IDT Clinicians
Stereotypes and myths

	Nurses	Doctors	Social Workers
MYTHS re: Decision style	Decisions based on an emotional response to the situation	Decisions based on their own interest, not the patient's	Raise issues that appear to be irrelevant to the decision making
Ethical differences / Moral Superiority	Superior perspective from compassion and time at bedside	Final authority and higher moral standing from legal and professional accountability	Superior perspective from broader vision of psychosocial context beyond illness
Clinical Judgement Style	Biopsychosocial Notice subtleties and exceptions Present detailed info	Succinct presentation but includes only info relevant to the diagnosis Seek diagnostic closure	Consider multiple sources of info Look at social and environmental context Give detailed info on a broad range of topics

IDT Clinicians: patient autonomy/role of advocacy

	Nurses	Doctors	Social Workers
Autonomy	"Confounded' if patient is making "bad choices"	Control over practice decisions based on patient-physician trust	Committed to allowing patients to "fail" Accept non-compliance
Advocacy	Protect patients from technological environment of health care	See that control as advocacy	Support self-determination over what is "good for the patient" (right to make "bad" choices)

Shannon, 1997

Nurses' moral distress …

- Lack of operational definition of PS, policy or procedure to review/follow
- Out of scope of practice?
- Whose distress are we treating: the patient or the family?
- Are the symptoms really intractable? Vs Shouldn't we have started this sooner?

Abarshi, Beckstrand, Elpern, Patel

… Nurses' moral distress

- Inadequate input into the MD's decision to pursue sedation
- No experienced mentors to assess the patient or deliver the sedation
  - Not familiar with the drugs used, how to educate the family about the process
- Not allowed to be 1:1 nurse for the patient; what if the family needs me? Wants me to wake up the patient?

Abarshi, Beckstrand, Elpern, Patel

Physicians, NPs, PAs

- Patients are helpless, hopeless
- Lack of perspective of other means to ease the suffering
- Guilt of the MD/NP/PA (counter-transference) for ongoing patient suffering *
- Can resort too soon to palliative sedation

Kelly, Schuman-Olivier

Family members

- Angry, anxious, don't understand the real prognosis
- Different view / assessment of extent of patient suffering before and after PS is begun
- Unclear about goal of sedation, process, drugs used, effects of drugs, including reversibility and ability of the patient to communicate again with them after PS is begun
- Is the medical team hastening the patient's death?
- Is this euthanasia?

Berkstrand, Bruinsma, von Dooren