



## LETTERS TO THE EDITOR

### Improvement opportunities for communication in the ICU



### Oportunidades de mejora de la comunicación en UCI

Dear Editor,

I have read with interest the article published by Furqan and Zakaria<sup>1</sup> about the implementation of strategies to improve communication. The authors suggest the participation in ICU communication of a social worker or specialized nursing, even have cited experiences with the incorporation of experts in bioethics to perform this function. In my opinion, I am not clear that such actions necessarily lead to improvements in this area. Studies referenced were performed in a health system with different financing than Spanish model. Benefits with respect to the decrease of the ICU length of stay can be influenced by this factor and by the limitation of support treatment decisions. It is difficult to understand that communication influences ICU length of stay when the primary objective of this process must be different: to respect and to promote the autonomy of the patient and to minimize the anxiety of suffering a serious illness reinforcing the necessary confidence in the relationship of the health team-patient. Effective communication in the ICU is a chronically outstanding issue.<sup>2</sup> It is indisputable that training in this field is deficient, communication has to be a skill to acquire in Intensive Care<sup>3</sup> with equal importance among others like management of septic shock or mechanical ventilation.

But I have doubts about whether the inclusion of these professionals actually improves communication in clinical practice.<sup>4</sup> It seems to me fundamental that the intensivist should lead the information procedure, including nurses, patients and their families in bedside rounds to provide direct dialogue and to reduce the occurrence of miscommunication. The complexity of the treatments established in the ICU, diagnostic tests results, clinical changes and prognosis of the critical patient can hardly be explained by the social worker with more rigour than the

intensivist. It should not be a rule that the physician has less communicative capacity than other specialists, rational and emotional elements must be at the same time in the effective communication.

Intensivist must be trained in values, ethical behaviour leads to conquest the trust of his patients and relatives, this conquest is not achieved in a day nor can be obtained alone. It requires time, accompaniment and teamwork with the nursing and other trained professionals.

The era of conscious sedation<sup>5</sup> must lead us to abandon topics about the incapacity of the critically ill patient. Being sick, intubated or receiving invasive treatments is not synonymous of incapacity. When it is not possible to communicate with the patient we will do it with their relatives with special dedication through an assertive, close and coordinated team capable of understanding the emotions that disturb the capacity of decision.

As reported in the article, the variability in communication to critical patients and their relatives is a frequently perceived problem, non-technical skills in ICU are relatively neglected. Not all professionals communicate equally, then it is not only a problem of specialization or training, not even of experience. A more complex and integrative process based on critically ill patient values is required.

### Conflict of interests

No conflict of interest.

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## In reply to “Improvement opportunities for communication in the ICU”



### En respuesta a «Oportunidades de mejora de la comunicación en UCI»

Dear Editor,

We thank Dr. Estella for his thoughtful letter.<sup>1</sup> We agree that the specific strategies evaluated in previous communication studies may not be universally generalizable for all worldwide intensive care units. However, we believe that the weight of the supporting evidence for enhanced communication is globally applicable. Enhanced communication, regardless of the method, helps intensive care unit (ICU) professionals achieve the widely-shared goal of optimally caring for patients and their loved ones in a manner that respects their autonomy, minimizes their anxiety, and facilitates good medical decision-making. In our viewpoint, we emphasize that enhanced communication helps achieve these goals, rather than focusing on unproven financial savings or questionable changes in ICU length of stay.<sup>2</sup> We also should highlight the importance of customizing enhanced communication strategies to fit the culture of individual ICUs, since it is well-known that ICUs are remarkably different from each other, even if they are in the same hospital, city, or country.

We also want to emphasize that intensivists retain a leading role in communicating with patients. We strongly agree with the letter writer that intensivists have the duty and obligation to clearly communicate with patients and family members and need to be able to effectively lead multidisciplinary family meetings. Thus, intensivists, along with other ICU staff, need extensive training in communication skills. Experiential training leads to greater familiarity and comfort with family meetings and allows intensivists to smoothly lead discussions.<sup>3</sup> Ultimately, this may lead to increased patient and family satisfaction, as well as possible improvements in medical decision-making processes.<sup>3,4</sup> In addition, we believe that ICU staff with different professional backgrounds are also needed, because they can significantly augment the intensivist’s communication efforts, resulting

in enhanced overall communication and social support. Social workers, chaplains, and additional nurses all have unique skills and further insights valued by patients and their family members. They are also critical in arranging multidisciplinary family meetings, gathering the concerns of patients and families beyond the usual conversation of rounds, coordinating discharge plans, and participating in goals-of-care discussions.

In summary, we agree with Dr. Estella’s major points. Effective communication is important, needs to be emphasized, and should be led by intensivists. We also support the hiring of additional allied ICU personnel, not to lead family meetings, but to help facilitate communication and to offer additional support for patients and families. Finally, we encourage ICU leaders to think about more innovative strategies to enhance communication and remind them to tailor evidence-based strategies for their particular ICUs.

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