A129 - What are physicians in doubt about? An interview study in a neuro-intensive care unit.

A. Robertsen 1; E. Helseth 2; R. Førde 3

1Oslo University Hospital, Department of Anesthesiology and Critical Care, Oslo, Norway, 2Oslo University Hospital, Department of Neurosurgery, Oslo, Norway, 3University of Oslo, Centre for Medical Ethics, Oslo, Norway

Introduction:
Inescapable prognostic uncertainty, lack of decision-making capacity, risk of death or disability and long recovery trajectories complicate decision-making after traumatic brain injury.

Methods:
To elicit experienced physicians’ perspective we interviewed 18 neurosurgeons, intensive care- and rehabilitation physicians from Oslo University Hospital about being in doubt about whether to offer, continue, limit or withdraw life-sustaining treatment and on how such cases were approached. Interviews were audiotaped and transcribed verbatim, coded and analysed using systematic text condensation by a clinician (AR) and a medical ethicist (RF).

Results:
The difficulty of decision-making when there is prognostic uncertainty was acknowledged, leading to adaptive approaches; willingness to change and adjust plans along the way. To have access to different opinions within the physician group was seen as constructive. Time-critical decisions were based on team discussions and physician’s discretion. None-time critical decisions were reached through a process of creating common ground between the medical team and family. Themes physicians where in doubt about or expressed different opinions towards: 1) Appropriate aggressiveness of treatment in a given situation. 2) If and when to initiate discussions on appropriateness of treatment. Some believed that even addressing the issue in young patients or if small improvements were seen was inappropriate due to the possibility of late recovery. Physicians questioned the value of previously expressed patient’s wishes in this context. 3) Optimal timing and type of decisions. The need for nuanced individualized plans was recognized. To have a plan as opposed to just “wait and see” was seen as especially important in medical unstable patients.

Conclusion:
Physicians expressed different views on appropriateness and optimal timing of level of care discussions and decisions in traumatic brain injury. A need for a more structured approach was exposed.