Introduction:
Substantial variability in EOLP occurs around the world [1]. Differences in EOLP were previously reported in Europe in the Ethicus I study [2].

Methods:
ICUs worldwide were invited to participate through their country societies. Consecutive admitted ICU patients who died or had treatments limitations during a 6 month period from 1.9.2015 to 30.9.16 were prospectively studied. Regions included North, Central and Southern Europe (NE, CE, SE), North and Latin America (NA, LA), Asia (As), Australia (Au) and Africa (Af). Previous EOLP definitions were used [2].

Results:
199 ICUs in 36 countries participated enrolling 12,857 patients. Figure 1 shows differences in EOLP by region and Figure 2 in patient competency by region.

Conclusion:
Worldwide differences included more CPR in Af, LA, and SE and less CPR in NE, Au and NA. There was more withdrawing (WD) in NE and Au and less WD in LA and Af. More patients were competent in Au and NE and less were competent in Af, SE and LA.

References:
1. Mark, NM et al. ICM 2015;41:1572–1585
2. Sprung CL et al. JAMA 2003; 290:790-797
Figure 1

Differences in EOLP by region

Figure 2

Patient mental competency by region