Introduction:
The decision of end-of-life care in the ICU is very tough issue because the law, ethics, traditions and futility should be concerned involving family’s will. Especially, stop or withdraw therapy is a quite difficult operation in Japan because of our traditions. Recently there are few legal issues due to some guidelines. Our hypothesis is some difference over time exists in thoughts about end-of-life care in the ICU. The purpose of this study is to know changing thoughts about end-of life care in the ICU.

Methods:
A questionnaire survey, which consists of 11 questions with 5 optional answers related to the thoughts of participants about end-of-life care of hopeless or brain death patients, was performed to nurses and doctors in our ICU. The questions were; whether accept to withdraw therapy or not and with family’s will, whether positive or not to donate of organs from brain death patient, necessary of ICU care for brain death patient, feel guilty and stress for doing stop or withdraw therapy. The optional answer has 5 gradations from ‘eYes’ to ‘eNo’ for all questions. It was guaranteed to be anonymous for them in the data analysis. We conducted entirely same survey in 2012. The answers between in 2012 and in 2017 were compared. Mann-Whitney U test was used for statistical analysis. A p<0.05 was considered statistically significant.

Results:
There were total 51 participants (32 nurses and 19 doctors) in 2012 and 42 participants (23 nurses and 19 doctors) in 2017. The acceptances of withdraw therapy in nurses were significantly decreased in 2017 than in 2012 (40% vs. 83%, 53% vs. 83%, p<0.05, respectively), while no changed in doctors. The positive of organ transplantation from brain death was also decreased in nurse in 2017 than in 2012 (43% vs. 80%, p<0.05). The feel guilty for withdraw therapy in nurses was also significantly decreased in 5 years (10% vs. 30%, p<0.05).

Conclusion:
Some of end-of-life thoughts in the ICU were shown differences in nurses compared with 5 years ago.