



## End-of-Life Care in the ICU: WFSICCM Task Force Report



As the demographics of ICU admission change, intensive care unit (ICU) staff are increasingly faced with ethical, legal and cultural considerations relating to end-of-life (EOL) care, including withholding or withdrawing life-sustaining treatment.

The World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) Task Force, chaired by John Myburgh, MD, PhD, from the University of New South Wales & George Institute for Global Health, Sydney, Australia, has published a report on EOL care in the ICU that includes procedures and processes relating to the withholding and withdrawal of life-sustaining treatments and principles directed at the alleviation of pain and suffering through effective palliative care. It is intended as a guide for member national societies to frame their own evidence-based consensus statements to “define and guide processes and procedures for ethical and effective end-of-life care in the ICU relevant to each country and culture.”

Professor Jean-Louis Vincent, President of the World Federation of Societies of Intensive and Critical Care Medicine (WFSICCM) (and Editor-in-Chief of ICU Management & Practice) is a member of the Task Force. In an email he stated: “Our purpose in this worldwide review is not to invite to change practices, an impossible task, but simply to list them, to identify them.” He acknowledged that the document was hard to produce to manage susceptibilities as there is a wide variation in end-of-life attitudes around the globe, depending on various religious and cultural influences. He expressed the hope that the document can help people to understand each other better.

See Also: [End-of-Life Care in ICUs: Practices Vary Amongst Asian Doctors](#)

The Task Force’s report provides a summary of current knowledge and challenges as well as published statements on EOL care in the ICU from national societies. International variations in practices and beliefs about end-of-life care are also summarised.

See Also: [Canadian Researchers at the End of Life Network \(CARENET\): Interview with Professor Daren Heyland](#)

Emerging research initiatives are described, as qualitative and quantitative studies on EOL care in the ICU are needed to inform clinical practice. The report suggests a study in oncology could be replicated in intensive care, which is to simply ask the treating doctor: “Would you be surprised if this patient died in the next year?”

Education and training has focused on organ donors, and there is also a need to educate on nonorgan donors,

say the Task Force. They note that the Australian and New Zealand College of Intensive Care Medicine has an exemplary training programme that includes communication with patients and relatives about EOL care in the ICU.

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