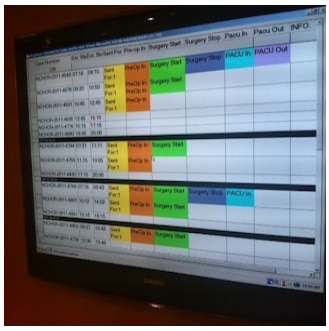
ICU
MANAGEMENT & PRACTICE

Futile Care for Some Delays Care for Others



Recent research shows that providing futile treatment to ICU patients delayed the availability of care services – often for four hours or more – for other patients requiring transfer into the ICU. In some instances, requests for ICU transfers were cancelled after patients had waited a day or longer when the ICU was full.

These data came from a three-month study involving 36 critical care specialists at a referral centre and an affiliated community hospital. The referral centre has four specialty ICUs that were included in the study: medical (MICU), cardiac care (CCU), neurocritical care (NCU), and cardiothoracic (CT-ICU). The primary outcomes were boarding time in the emergency department (ED) and waiting time on the transfer list.

Key findings of the study include:

- 81 of 463 patients transferred from the ED to the ICU were moved when the ICU was at capacity and one or more patients were receiving futile care. Of the 81 cases, 33 patients had to stay in the ED for four hours or longer before their while awaiting transfer.
- Among patients transferred from other hospitals, 16 waited a total of 42 days when the ICU was full; another 37 transfer requests were cancelled, including requests for 15 patients who had waited an average of two days each when the ICU was full and a patient was receiving futile care.

"These are the kind of data that should generate a public discussion," according to senior author Neil Wenger, MD, of the University of California Los Angeles and RAND Health in Santa Monica, California. "The public discussion about advance care planning was largely stifled in the context of healthcare reform by calls about death panels."

Cost of Futile Care

Last year, Dr. Wenger and colleagues reported that ICU clinicians said they definitely or probably were providing futile treatment to 20 percent of ICU patients. Most of the ICU specialists considered the treatment futile "because the burdens grossly outweighed the benefits." Researchers estimated that overall futile care costs $2.6 million.

Utilising data from the same study, Wenger's research team continued their work which this time focused on the impact of futile care on the efficient delivery of care to patients.

During the three-month study period, ICU clinicians conducted 6,916 evaluations of 1,136 patients. In their own judgment, the ICU clinicians provided futile care to 123 patients (11 percent) and "probably" provided futile care to another 98 (8.6 percent).

The 123 patients received an aggregate total of 464 days of futile treatment which, the investigators said, accounted for 6.7 percent of all evaluations. Also, 68 percent of patients who received futile treatment died in hospital, with 85 percent of deaths occurring within six months. Survivors lived with severely compromised health, the investigators noted.

The five ICUs covered in the study provided a total of 460 days of care, more than half (255 days) of which included at least one patient receiving futile care. Across the five units, the authors found that the proportion of days with futile care ranged from 88 of 92 days in the MICU to 15 of 92 days in the CCU.

While the study documented the futile care, the data offered no explanation as to why clinicians provided the care.

"We know why the physicians said that the treatment was futile, but we don't know why they provided it anyway," Dr. Wenger said. "The implication is that they're being asked to provide it, because otherwise they would have stopped."

In a way, the study also highlights the issue of how to allocate scarce healthcare resources, according to medical ethicist Howard Brody, MD, PhD, of the University of Texas Medical Branch at Galveston.

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