

HOSPITAL PHYSICIAN®

CRITICAL CARE MEDICINE BOARD REVIEW MANUAL

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Ethics in the Intensive Care Unit

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I. INTRODUCTION

Twenty years ago most patients placed their health care decisions in the hands of their physicians, submitting to whatever therapy or intervention the physician deemed appropriate. This relationship was based on trust and, ideally, developed over many years. The setting for health care decision making is now quite different. Patients are more mobile and often have not established a long-term relationship with a physician. Additionally, treatment may be administered in an emergent setting or at a center of excellence where prior contact with the treating physicians does not exist.

Most patients today want to play a more active role in the decision-making process, regardless of whether they

have a long-term relationship with the treating physician. The passage of the Patient Self-Determination Act in 1990 and the resultant growth in the use of advance directives, including living wills and durable powers of attorney, is evidence that patients want to maintain some semblance of control over their care even when they can no longer directly communicate their wishes.

PATIENT-PROVIDER RELATIONSHIP

Surgical interventions and admissions to the intensive care unit (ICU) often require the immediate creation of a patient-provider relationship. How does one create an effective rapport with a patient and his or her family or surrogates under these circumstances? The physician must foster a relationship whereby the patient feels comfortable relying on the physician's knowledge