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How do Swedish critical care physicians make decisions in end-of-life care?

Submission date
07/07/2020

Recruitment status
No longer recruiting

Registration date
13/08/2020

Overall study status
Completed

Last Edited
13/08/2020

Condition category
Other

[ ] Prospectively registered
[ ] Protocol
[ ] Statistical analysis plan
[ ] Results
[ ] Individual participant data
[ ] Record updated in last year

Plain English summary of protocol
There is increasing evidence that the main factor for variability in end of life decision making (ELDM) in intensive care units is caused by the individual provider. Although end of life decisions are often complex and should be adapted to every single patient and situation, provider-caused variability is problematic as it may cause unequal care that affects patient outcomes. The primary aim of this study was to investigate contributing factors behind provider-caused variability in ELDM.

This is a qualitative sub-study of a previously conducted interview study. In-depth thematic analyses of semi-structured interviews with 19 critical care specialists from 5 different Swedish intensive care units (ICU's) were performed. Interviews took place between February 1st 2017 to May 31st, 2017.

Timing and decisiveness in ELDM vary with the physician's personality as well as professional and personal experiences. Many of the respondents were aware they might be affected by prejudices and values in ELDM. Respondents did not think that their own religious beliefs played any part in ELDM.
Respondents expressed they dreaded to be regarded as careless or ill-advised, and conflicts and criticism were described as emotionally draining and were therefore avoided. Junior consultants were more inclined to acknowledge that lack of personal and organisational resources influences ELDM, whereas senior consultants stressed that these factors did not affect the ELDM.

Background and study aims
To make end-of-life (EOL) decisions is a complex and challenging task for intensive care physicians and a substantial variability in this process has been previously reported. However, a deeper understanding of intensivists' experiences and attitudes regarding the decision-making process is still, to a large extent, lacking. The primary aim of this study was to address Swedish intensivists' experiences, beliefs and attitudes regarding decision-making pertaining to EOL decisions and to identify underlying factors that may contribute to variability in the decision-making process.

Who can participate?
Swedish consultants who actively practice in critical-care units

What does the study involve?
Face to face interviews with critical-care consultants in 5 different hospitals in Sweden

What are the possible benefits and risks of participating?
For a specific person participating in our study there should be very little risk to harm. benefits are to express ones understanding of making these difficult and complex decisions.

Where is the study run from?
The Sahlgrenska University Hospital, Gothenburg, (Sweden)

When is the study starting and how long is it expected to run for?
From February 2017 to May 2017

Who is funding the study?
This study was financed by grants from the Swedish state under the agreement between the Swedish government and the county councils, the ALF agreement (ALFGBG-772521, ALFGBG-722301) and the Healthcare Board, Region Västra Götaland, (VGFOUREG-833561). The Gothenburg Society of Medicine (GLS-884181) Swedish Medical Society (SLS-930544).

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number
Nil known

Study information

Scientific Title
Reasons for provider-caused variability in end-of-life decision-making in intensive care

Study objectives
To investigate contributing factors behind provider-caused variability in end of life decision making (ELDM) in intensive care units.

Ethics approval required
Old ethics approval format

Ethics approval(s)
Approved 04/03/2013, the Authority for ethical approvement Etikprövningsmyndigheten (Box 2110, 750 02 Uppsala, Sweden; +46 (0)10-475 08 00; registrator@etikprovning.se), ref: Dnr 61616

Study design
Qualitative sub-study of a previously conducted interview study

Primary study design
Observational

Study type(s)
Other

Health condition(s) or problem(s) studied
End of life decisions in ICU

Interventions
In-depth thematic analyses of semi-structured interviews with 19 critical care specialists from five different Swedish intensive care units (ICUs) are performed. Interviews take place between February 1st 2017 and May 31st 2017. Data collected included freely expressed reflections on beliefs and experiences of each consultant about decision-making in end-of-life care. No follow-up was planned or performed.

Intervention Type
Other

Primary outcome(s)
Factors that gives variation to Swedish intensivists' experience in decisions in end-of-life care freely expressed reflections on beliefs and experiences of consultants about decision-making in end-of-life care in face to face semi-structured interviews in 2017

Key secondary outcome(s))
There are no secondary outcome measures

Completion date
30/05/2017

Eligibility

Key inclusion criteria
Consultants working in the ICU of the participating centre

Participant type(s)
Health professional

Healthy volunteers allowed
No

Age group
Mixed

Sex
All

Total final enrolment
19

Key exclusion criteria
Does not meet the inclusion criteria

Date of first enrolment
01/04/2017

Date of final enrolment
30/05/2017

Locations

Countries of recruitment
Sweden

Study participating centre
Hallands sjukhus Vargberg
Varberg
Sweden
43237

Study participating centre
Helsingborgs lasarett
Helsingborg

Sweden
25223

Study participating centre
NÄL
Trollhättan
Sweden
46173

Study participating centre
Universitets sjukhuset i Linköping
Linköping
Sweden
58185

Study participating centre
Norrlands universitets sjukhus Umeå
Umeå
Sweden
90737

Sponsor information

Organisation
University of Gothenburg

ROR
https://ror.org/01tm6cn81

Funder(s)

Funder type
Government

Funder Name
Healthcare Board, Region Västra Götaland

Funder Name
Swedish government and the county councils

Funder Name
The Gothenburg Society of Medicine

Results and Publications

Individual participant data (IPD) sharing plan
All data was anonymized. All respondents in the qualitative studies get verbal and written information and signed consent. Data is kept at Sahlgrenska University hospital and are available on request to linda.block@vgregion.se

IPD sharing plan summary
Available on request

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes