

The Process Used by Surrogate Decision Makers to Withhold and Withdraw Life-Sustaining Measures in an Intensive Care Environment

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Purpose/Objectives: To understand the process used by surrogate decision makers who have chosen to withhold and withdraw life-sustaining measures in intensive care units (ICUs).

Design: Grounded theory.

Setting: Multihospital system in central Texas.

Sample: 17 surrogates who decided to withhold and withdraw life-sustaining measures from patients with a variety of diagnoses, including cancer.

Methods: Surrogates were identified by review of charts of patients in ICUs. Interviews were recorded on audiotape and analyzed using the process of constant comparison. Saturation of data occurred when no new themes emerged.

Main Research Variable: The surrogate decision-making process.

Findings: Domains and their respective themes included: (a) the personal domain: rallying family support, evaluating the patient's past and present condition, and viewing past and future quality of life; (b) the ICU environment domain: chasing doctors, developing relationships with the healthcare team, and confirming probable medical outcomes; and (c) the decision domain: arriving at a new belief, getting alone to make the decision, and communicating the decision.

Conclusions: Surrogates use a definite process to make decisions regarding withholding and withdrawing life-sustaining measures for patients in ICUs.

Implications for Nursing: The results reveal opportunities for healthcare providers to improve education and change practice when supporting surrogates. Additional opportunities exist for further research to expand nursing knowledge related to end-of-life issues.

Because of advances in medical science, Americans are more likely now than in the past to live longer, more productive lives, mostly free from infectious diseases, and to die from chronic ailments such as cancer and cardiac illnesses (Oncology Nursing Society [ONS], 2003). However, the end of their prolonged lives may be burdened with protracted and frequent hospitalizations. Most hospitalizations that immediately precede the end of life take place in intensive care units (ICUs) (Field & Cassel, 1997) until a decision is made to forgo life-sustaining technologies. Common concerns for many at the end of their lives involve the issues surrounding decisions to withhold and withdraw life-sustaining measures and who will be responsible for making that decision, yet little is known about the phenomenon and the stress placed on families and patients who must make decisions to forgo life-sustaining measures. Hence, the pur-

Key Points . . .

- ▶ Surrogates follow a definitive process in making a decision to withhold and withdraw life-sustaining measures.
- ▶ Nurses are in a unique position to foster surrogate decision making in intensive care units.
- ▶ The findings of this study indicate a need for further study in testing the proposed model.

pose of this article is to report the results of a study of how surrogate decision makers choose to withhold and withdraw life-sustaining measures. Surrogate decision makers are those who make decisions for people who no longer are able to participate in their own healthcare decisions. The specific aims of the study were to describe the process used by surrogate decision makers who chose to withhold and withdraw life support in an ICU environment and to develop a theory that explains the phenomenon.

Literature Review

Although approximately 86% of decisions regarding life-sustaining measures are negotiated by someone other than the dying patient (Swigart, Lidz, Butterworth, & Arnold, 1996), only 15% of hospitalized patients have executed some form of advance directive delineating their desires related to life-sustaining measures (Swigart et al.). Family members are asked to participate in decisions or discussions about treatment withdrawal or withholding for about 7%–12% of patients admitted to ICUs; moreover, in end-of-life decisions, family members are consulted regarding 65%–90% of patients who

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