



*The Intensive Connection*

## Ethics section ESICM

Minutes of the meeting on 4 October 2021 (via ZOOM)

### Attendants

Christiane Hartog, Diederik van Dijk, Jos Latour, Julie Benbenishty, Leif Saager, Margo van Mol, Nicolas from the ESICM, Hanne Jensen, Flavio Nacul, Rik Gerritsen, Spyros Mentzelopoulos, Susann Endermann, Nicolaos Efstathiou, Victoria Metaxa, Adam Mikstacki, Annette Robertsen, Barbara Tamowicz

### Minutes

The minutes of last year's section meeting on 7 December 2020 (Zoom) are approved.

### Welcome to the newly elected new chair-elect of the section

Professor Jos Latour from University of Plymouth (UK) has been elected as the chair-elect of the Ethics Section. Diederik was not available as a candidate because of new obligations at home. Jos is an experienced member of the section, with a strong academic and organizational background. Jos' written motivation to become the chair-elect of the Ethics section (this is an obligation for candidates), is added as an appendix to these minutes. Jos is writing history, moreover, as he is the first nurse chairing a section of the ESICM. Congratulations, Jos!

Procedures of the ESICM have recently been changed. Every section will now be led by a chair, for a period of two years. During the second year, the chair will be assisted by the chair-elect. There will be no more deputy chairs anymore.

For our section, Christiane Hartog (chair), Jos Latour (chair-elect), and Diederik van Dijk (past deputy) will run the section until next year. After September 2022 Jos will be on his own. In August 2023, the candidature will open again for the next chair-elect. This new chair-elect will from September 2023 assist Jos for the upcoming year. Of course Christiane and Diederik will be available to help Jos when necessary.

### Ethicus 2 study

In place of Charlie Sprung and Alexander Avdian, who are not available due to a Jewish holiday, Christiane Hartog gives an update of the Ethicus 2 project. The comparison study (change over time) has already been published last year in JAMA. The worldwide paper is now also published online: *Avidan A et al. Lancet Resp Med; Published Online August 5, 2021.*

Most relevant findings:

- Frequencies of different end-of-life categories for each region were significantly different
- More withdrawing was observed in Northern Europe (52.8%) and Australia/New Zealand (45.7%) compared with Latin America (5.8%) and Africa (13.0%).
- Less failed CPR occurred in Northern Europe (3.7%), Australia/New Zealand (4.3%) and North America (8.5%) compared with Africa (65.4%), Latin America (28.0%) and Southern Europe (22.5%).

Julie Benbenishty has published on nurse involvement in Ethicus-2. More subpapers are being worked on and are submitted. For more details, please contact Charlie Sprung, e-mail [charless@ekmd.huji.ac.il](mailto:charless@ekmd.huji.ac.il)

### Palliative care interventions in the ICU



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Victoria Metaxa summarizes this Systematic Review, aiming to compare the number and types of palliative care (PC) interventions in ICU, and their impact on outcomes (content-/ system-/ family-/ patient-related). Details see the published (open access) protocol at: <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-019-1064-y> 58 studies were included in the analysis. The systematic review reports on 7 domains of end of life care, like communication interventions, palliative care team interventions, ACP, etc. Interventions were diverse and outcome measures were heterogeneous. More than 80% studies came from North America. The systematic review has been accepted for publication in ICM, and will soon be available.

### **EPICUS study**

Spyrus Mentzelopoulos presents his study on the Ethical Practice Score (EPS). The EPS is designed as a new, practical tool to evaluate quality of end-of-life care. It consists of 12 binary variables. It was retrospectively developed with data from the Ethicus 2 study. High EPS scores seem to be associated with increased treatment limitation frequency and less failed CPR. Possibly, EPS does predict EOL practice, or good-quality EOL care. A prospective validation study has been planned. If you are interested, please contact Spyros, e-mail [sdmentzelopoulos@yahoo.com](mailto:sdmentzelopoulos@yahoo.com).

### **INACTIC study**

Jos Latour gives an overview of the International Nursing Advanced Competency-based Training for Intensive Care. The aim of the international INACTIC study is to develop a set of detailed competencies required of an advanced level intensive care nurse and to map these competencies against country-specific and multi-country policies for advanced practice nursing. The four domains of competencies are 1. Knowledge Skills and Clinical Performance, 2. Clinical Leadership, Teaching and Supervision, 3. Personal effectiveness, 4. Safety and Systems Management. Details can be found on: [https://www.esicm.org/wp-content/uploads/2020/11/INACTIC\\_Curriculum\\_English.pdf](https://www.esicm.org/wp-content/uploads/2020/11/INACTIC_Curriculum_English.pdf).

### **End of life Masterclass**

This 2-day masterclass has been given by Rik Gerritsen and Andrej Michalsen twice: first at the Brussels office, and a year later an online version. It has received very positive feedback, and there were almost 100 participants during the last virtual edition. ESICM has decided that it will be continued on an annual basis. We hope for a physical meeting in Brussels again, in 2022. The masterclass contributes substantially to the visibility of our section. May be some 'basic ethics' will be included in the masterclass program in future.

### **Big theme**

There is a possible idea for 'the big theme', i.e. a section wide project of the Ethics section. The last "big theme" was the important paper on interprofessional decisionmaking (<https://pubmed.ncbi.nlm.nih.gov/31169620/>). Jos Latour will work on a proposal. The idea is to perform a survey about ethical training amongst young intensivists / residents, in cooperation with NEXT. A next step could be to develop a module of basic ethical training that can be used for trainees.

### **Next year's conference in Paris (fall 2022)**

*Next year, we will hopefully have a live meeting again, in Paris. The Ethics section has been invited to fill a number of sessions again, for LIVES 2022.*

**Suggestions for presentations or themes for LIVES 2022 are welcome before 31 October. Please mail your ideas to [christiane.hartog@mailbox.org](mailto:christiane.hartog@mailbox.org) and [d.vandijk@umcutrecht.nl](mailto:d.vandijk@umcutrecht.nl) and [jos.latour@plymouth.ac.uk](mailto:jos.latour@plymouth.ac.uk). Also think about cooperation with other sections!**



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## **Appendix: Motivation to become Chair-elect of ETH section by Jos Latour**

I am motivated to apply for the position of Chairperson ETH Elect - Chairperson ETH. As an ESICM member since 1996, I have been actively involved in the Society in several sections, such as the Nursing & Allied Health Professions committee. The last 10 years, I am also involved in the Ethics section including the section's project on the recommendations of "Interprofessional Shared Decision-Making in the ICU".

My clinical and academic work relates to ethics in the areas of adult ICU, PICU, NICU, and Emergency with a specific interest in patient and family-centred care, ethical dilemmas and decision-making, and workforce issues.

I strongly believe that the Ethics section covers the cross-sectional issues within the Society. We have 13 sections within ESICM, and I think that most sections experience clinical ethical issues within their specialty. For example, the section Data Science might struggle with the ethical dilemmas of sharing patient data; the section HSRO might question the dilemmas of measuring patient-reported outcomes post-ICU; and other sections might not have a strong link to the patient and public involvement and engagement in their critical care work. Therefore, I am convinced that the Ethics section will need to seek out to other sections and collaborate on the holistic care and treatment of all patients in all critical care areas.

Another challenge is the COVID-19 pandemic and its aftermath; I hope that all ICUs do not experience another wave. The Ethics section must devote and concentrate on collaborative work within the Society to safeguard the critical care workforce post-pandemic. Obviously, we try our best to support the family through the COVID-19 pandemic as I have recently documented this with colleagues in Spain (Rodriguez-Ruiz et al, ICM, 2021). However, the ICU workforce is under pressure, and we need to join forces to work on retention and mental health of our colleagues.

Although we are a 'European' society, we must not forget that many members are living in resource-limited countries. I am convinced that one of the priorities of our section is to network with colleagues in these countries and with colleagues in resource-limited units. We must learn from each other, such as the continuing debate on 'Who gets the last available ICU bed?' The pandemic has created a World where rich and poor come together and experiencing the same dilemmas. Our network must expand, and we must become an all-inclusive section. Besides, I would not only welcome clinicians, but invite ethicists, ex-patients and their relatives/friends to join our Ethics section to reflect (and advise) on the clinical, educational, and research work of our individual members and the Society at-large. Perhaps the next big theme that our Section needs to focus on is a roadmap to create a sustainable critical care workforce that is prepared with a European ethical training curriculum. I welcome the debate with the section (and Society) members and love to take the next leadership role of the Ethics section.