

**Table 34: Abbott 2001<sup>6</sup>**

Study (ref id)	Abbott 2001 <sup>6,21</sup>	
Aim	To identify critical psychosocial support and areas of conflict for families of intensive care unit patients during decisions to withdraw or withhold life sustaining treatment.	
Population	n=48 family members of a prospective cohort of critically ill people for whom the issue of withdrawing or withholding life- sustaining treatment was discussed in 1 of 6 ITU's. The person's 'next of kin' was identified and interviewed 18-22 months after this event.	
Setting	USA.	
Study design and methodology	Semi structured interview with the participant in person or by telephone. Respondents were asked to describe in their own words their experiences while their family member was hospitalised in the ICU and the decision making process for withdrawing or withholding life sustaining treatment.	
Analysis methods	The interviews were transcribed, and a random sample of these were analysed for potential themes. These were coded independently by two investigators. Disagreements were resolved by consensus on discussion.	
Themes with findings	Conflicts with the next of kin over decision making were present in 7 of the 48 cases (decisions include the decision to withdraw or withhold treatment, pain control, perception of care or communication).	
	Facilitators	Barriers
	Family and social support	Disrespect: <i>" there was one doctor... he found out she (the sister in law) was [a nurse], he turned directly away from me and giving her every bit of the information and asking her all of the questions and it was like I was not even there. This doctor really almost blew it... because I was the one that should have been; he should have been talking directly to."</i>
Spiritual or faith support	Not enough information shared <i>" Me and [Attending].. had a major disagreement on o on one occasion</i>	

Study (ref id)	Abbott 2001 <sup>6,21</sup>	
		<i>when [patient] came in, and it was only due to the fact that the doctors were not giving us enough information [patients] condition... that's a major point with a lot of these families is they're not getting enough feedback and it makes you get more tense and more upset when things do happen, when you do not know what's going on".</i>
	Previous knowledge of patients opinion <i>" But he made all the decision... I did not make a single decision because he said he did not want... me to feel that if I'd had it done this way things wouldn't have happened... And I did not... sign a single paper from the time he started, he did it all".</i>	
	Private space for discussion <i>"There was a critical need for space for family conferences. There was one family there when we were there and they clearly needed to have conversation and make big decisions. And there was nowhere for them to be,. We Left the waiting room and shut the door one time because they were having a serious conversation and they clearly needed privacy and the waiting room was so tiny".</i>	
	The quality of care received- the knowledge that everything possible was done to save the person eased the decision making process.	
Limitations	Serious limitations. The reliability was calculated using the Kappa statistic. Kappa scores were >0.5 for 12 of the 14 codes and >0.4 for the remaining two codes, indicating moderate or better agreement.	
Applicability of evidence	USA healthcare setting.	