The emotional burden of uncertainty—Medical Emergency Team (MET) members perceptions of palliative care within MET calls

Philip Daniel
Advanced Trainee in General and Palliative Medicine
Capital and Coast DHB

Background

- Up to 30% of MET calls are “palliative”
- How to help MET perform better?
- Little qualitative research

- What did I do?
- What did I find?
- How can we do this better?

What did I do?

- General inductive methodology guided by Grounded Theory
- Interviews with
  - 4 PAR nurses
  - 4 ICU registrars
  - 4 Medical registrars
- Coding
- Analysis and Synthesis

What did I find?

- Enthusiastic participants
- Rich data
- 62 Codes
- 11 Categories
- 2 Themes
- A theory…

MED3.278-280 *You are worried about letting someone deteriorate…So instead of being able to treat the situation as if it is a prolonged deterioration, you have to initially treat it as if it is a sudden deterioration which may improve.*

PAR3.156-166 *I think there are always going to be those patients in the grey area... It can be quite traumatizing if they are having tests unnecessarily.*

MED2.105-113 *Giving your advice to someone who is more senior than you and from a different specialty can be received in a variety of ways.*

ICU4.153-255 *I would say inappropriate because we would be doing something to somebody that is invasive and taking away an opportunity for them to die in a more natural and less invasive way…but we don't say that, we say "inappropriate" and the patient is like "so you don't want to save me."*

Context of Care and Transition to Palliative Care	**Default, Uncertainty and Transition**	Default to a Curative Model, In the Grey Zone, Let's Keep Them Breathing until the Morning, Move-Across, Withdraw, Medical Jargon
	Language about Approaches to Care	Manage-Treat-Support, Goal-Ceiling-Nothing-Everything,
	Think and Decide	Think-Consider, Decisions
	Recognising Context and Benefit	Where the patient is going, Death-Dying, Interest-Benefit-Appropriate, Reversibility, Recognise, Futility, Realistic-Reasonable
	Palliative Care	Palliative, Dignity, Comfort, Holistic

People, Roles, Emotions, and Relationships	**Medical Emergency Team Roles**	MET team, Tired, Leadership, Confidence, Experience, Education and Training, Culture/Ethnicity, Responsible, Neglect, Picking up the Pieces, Forced, Point of View
	Emotions	Challenging-Tense-Difficult, Chaotic-Frenetic, Strong Emotion,
	Primary Team and Consultant	SMO and primary team, Accessible, Time of Day, Anticipating, Expectation or Surprise, Documentation
	Communication	Communication, Open and Honest, Fractious-Disagreement
	Power Dynamics	Support and Facilitate (Indirect Action), Treading on Toes, Bottom of the Heap, Power
	Patient and Family	Patient and Family, Wish and Desire

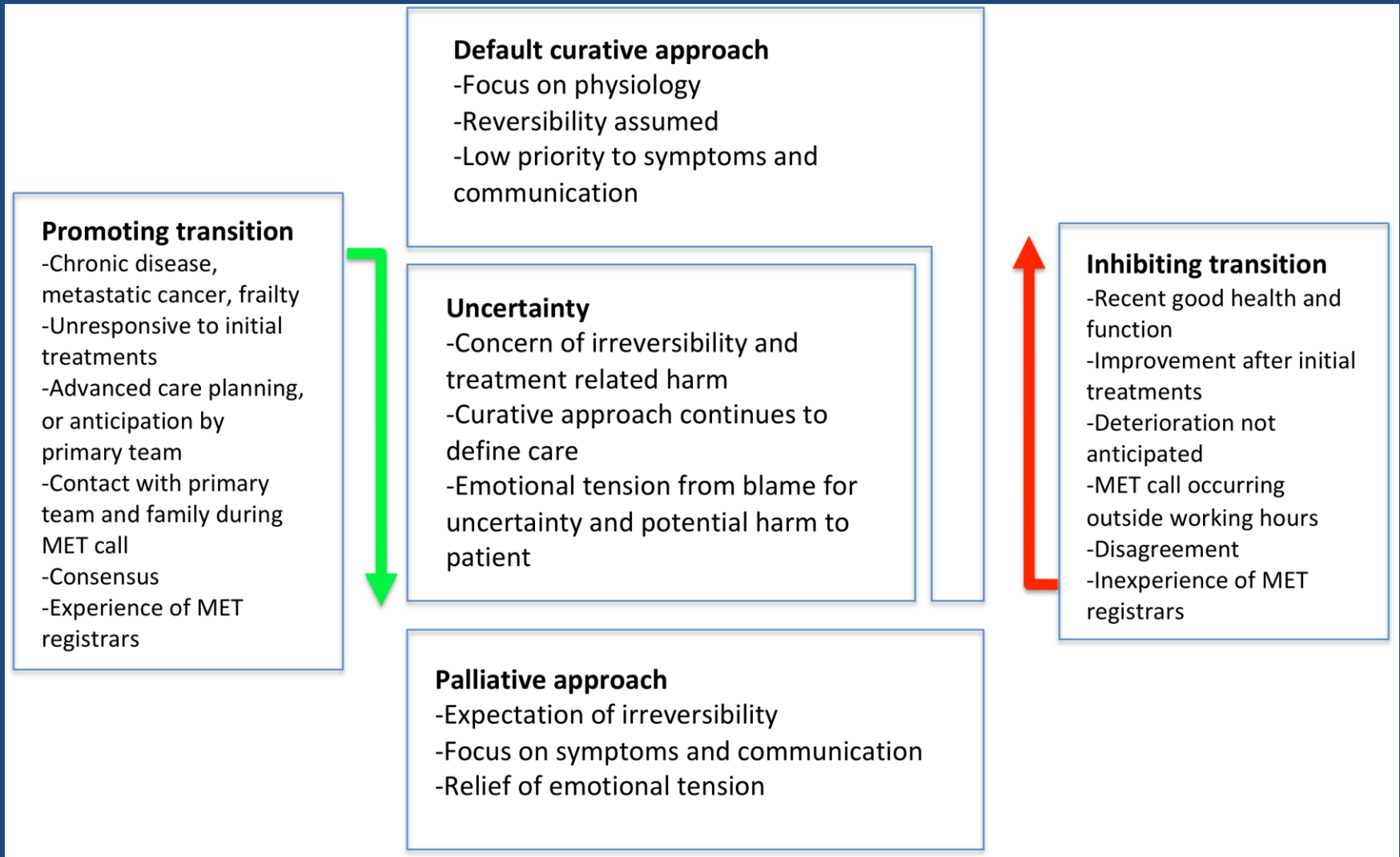

Figure 2. Graphic of Core Theory

How can we do this better?

- Language
- Roles
- Uncertainty

Recommendation: Educate to create clear and shared language

- Nothing but not nothing
- Treat but not treat
- Thought ≈ Language ≈ Communication

Recommendation: Clarify team roles

- Consistency
- Clarity
- Registrars—limited by experience
- PAR nurses—limited by role

Recommendation: Formalize uncertainty within care planning and decision-making

- Structural but experienced as personal
- Experienced as blameworthy

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