Unspoken Challenges

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Author’s Note: The name and identifying information in this essay have been changed to protect the identity of the individual described.

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“Please, could we ask the nephrologist for an opinion again? We still believe that dialysis will save her, no matter how difficult it is. After all, COVID-19 is difficult, but we are still dealing with it!” The piercing words of Mdm. C’s son still reverberate in my head, weeks after our phone conversation.

Mdm. C had been in the intensive care unit (ICU) for months before the outbreak of COVID-19. She had been admitted for a soft tissue infection that was complicated by septic shock, requiring intubation and a tracheostomy for prolonged ventilation. Thus began her tumultuous journey in the ICU, where she developed repeated bouts of hospital-acquired infections, the next bug always more resistant to treatment than the previous one. Recurrent pneumonias resulted in extensive scarring in her lungs and multiple attempts at weaning her off the ventilator proved unsuccessful. Other organs then began failing and she required dialysis to claw her way back from the jaws of death. There was no end in sight to her suffering as the multi-resistant organisms chipped away at her existence, each time dwindling her already-depleted reserves while we provided her with an arsenal of antibiotics and dialysate to fend off each attack—only for them to come back hungrier than ever.

It came to a point where our ICU team decided to re-evaluate her resuscitation status. By then, it was clear to us that any attempt at cardiopulmonary resuscitation would be futile. Further dialysis was also deemed to be more harmful than beneficial, given her increasingly difficult vascular access and the lack of utility to her overall outcomes.

Conveying this difficult information to her family in the pre-COVID-19 era would have already been challenging; they had expressed their distrust of the health care team on many previous occasions. Alas, this situation coincided with the pandemic, which shrouded the world in a cloud of uncertainty and necessitated government-sanctioned restrictions on face-to-face meetings.
Thus, the conversation with her family was conducted virtually and expectedly, it was an emotionally charged discussion spanning several sessions. Mdm. C’s family repeatedly expressed a starkly contrasting opinion to ours in regard to her future care.

Discussing a patient’s resuscitation status is rarely straightforward and often involves navigating through a minefield of contrasting opinions among relevant stakeholders. In this case, the views of members of her care team stemmed from acting in what we believed was Mdm. C’s best interests, while her family was perhaps struggling with the idea of letting go of a loved one who, in their eyes, had been healthy not too long ago.

Another factor that made the discussion even trickier, and probably contributed to their frustrations, was the hospital’s restriction on visitors. At a time when social distancing rules dictated limitations on family members visiting even the sickest of patients, it became commonplace to hear people trying to bargain to allow more visitors. Who could blame them? The grim news of the worsening COVID-19 pandemic certainly paled in comparison to the idea of a loved one fighting for his or her life in the ICU all alone. Consequently, the burden of balancing an individual’s interests against the greater good so frequently fell upon the doctor’s shoulders, like a spectre falling upon the see-saw of utilitarianism and deontology.

The importance of fostering trust with families cannot be overstated, and effective communication techniques make up just one part of the complex puzzle. Body language is often considered to be the most important part of communication, but in extraordinary times when family conferences were conducted virtually, we had to rely on other tools such as tone of voice and content of speech. In an increasingly digital age, the experiences I have gained during this stint in the ICU will undoubtedly be invaluable as remote communication becomes more prevalent.
Mdm. C passed away peacefully one month after I first met her, with her closest family members by her side after having come to terms with the reality of her condition. She taught me the importance of effective communication and the intricacies required in these exceptional circumstances. It is a skill that is arguably more fundamental to all doctors than suturing is to the surgeon or intubation is to the intensivist. We attempt to distil it down to a teachable scientific skill, yet it is mostly an art that is impossible to master completely. In my opinion, there is no single way to become the perfect communicator; one must simply continue learning along the way, adopting best practices from role models. A humbling thought during a testing time in the ICU.