

## Finding Comfort in End-of-Life Care

It is a reality of the discipline of respiratory therapy that most practitioners will be directly involved in the removal of ventilatory support as part of end-of-life care in the intensive care unit. In light of the frequency of this event, the sensitive nature of the process, and the potential for moral distress in caregivers involved in withdrawal of life support, it is appropriate that increasing attention has been paid to the important role of the respiratory therapist (RT) in end-of-life care.<sup>1-4</sup> Furthermore, it is apparent that a need exists for education in end-of-life care for RTs, both in the training curriculum and in continuing education.<sup>2,3</sup> I would add that there is also a need for education of the critical care physician, nurse, and other services in the intensive care unit as to the valuable role of RTs in this final phase of a patient's critical care.

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SEE THE ORIGINAL STUDY ON PAGE 858

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The paper by Brown-Saltzman et al in this issue of *RESPIRATORY CARE* illustrates a practical approach to the education of practicing RTs on end-of-life care.<sup>5</sup> A one-day seminar that included didactic sessions, case discussions, group discussion, and role-playing was offered to practicing RTs, almost all of whom had previously participated clinically in terminal withdrawal of ventilatory support. Pre-training and post-training questionnaires assayed the RTs' knowledge, role perceptions, and comfort with end-of-life care. Although a potential bias exists in that the participants specifically chose to engage in education in end-of-life care, the post-seminar gains in all 3 areas were significant. Included in the paper are some powerful and instructive clinical vignettes, which describe not only challenges but also potentially successful approaches for RTs to handle end-of-life interactions. Hopefully, the short-term education gains demonstrated in the study can be translated into sustained successful behavioral changes. Perhaps this is an area for further research. I am intrigued by the useful effect that the role-playing exercises evidently had on the outcomes of the educational experience. This contrib-

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The author has disclosed no conflicts of interest.

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utes to the recent literature documenting that such role-playing can significantly enhance interactive skills in medical practitioners.<sup>6,7</sup> The examples cited by Brown-Saltzman et al provide a simple framework that others should be able to reproduce, if desired, in their own training efforts.

As a physician intensivist, I have found that my involvement in end-of-life care has been less a burden than it has been a life-affirming growth experience. My interactions with patients, family, and involved caregivers have broadened my emotional growth, connection, and capacity for compassion. In our experience in mostly adult intensive care units, the final technical aspect of terminal extubation and ventilator withdrawal is usually carried out by RTs and nurses, without the direct presence of the physician, and RTs were seldom present at the discussions leading to a decision to terminate life support.<sup>2</sup> In my opinion, the RT has not only the technical expertise required for the procedure of terminal extubation, but also a broader professional role that, when coupled with sufficient education and attitude, may enhance the professionalism and prestige of respiratory care, and ultimately individual job satisfaction.

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