

*Correspondence***Enhancing palliative care for patients hospitalized in the intensive care unit and their families: Challenges & strategies**Anahita Babaei <sup>a\*</sup> 

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*To the Editor*

As healthcare professionals, it is our duty to ensure that patients in the intensive care unit (ICU) receive optimal care, not only in terms of their physical health but also in terms of their emotional well-being and support for their families during such challenging times [1]. The ICU environment poses unique challenges for the provision of palliative care. Often, the focus in the ICU is on saving lives and providing acute medical interventions. However, it is equally crucial to recognize the importance of palliative care interventions for patients who may not respond to curative treatment or who face terminal illness [2, 3]. Palliative care should be an integral part of the comprehensive care provided in the ICU, ensuring that patients and their families receive the necessary support, comfort, and dignity throughout their journey [4, 5]. To enhance palliative care for ICU patients and their families, some strategies could be considered. Firstly, early identification and assessment are paramount. Implementing systems to identify patients who may benefit from palliative care as early as possible in their ICU stay is crucial. This includes developing standardized screening tools and training healthcare providers to recognize signs of distress, uncontrolled symptoms, or deteriorating prognosis. By identifying these patients early, we can initiate palliative care interventions promptly, ensuring that their needs are addressed throughout their ICU stay [6, 7].

Secondly, interdisciplinary collaboration is essential. Promoting interdisciplinary collaboration among healthcare professionals, including nurses, physicians, social workers, psychologists,

and chaplains, is vital for providing holistic care. This collaborative approach ensures a comprehensive assessment of patients' physical, psychological, social, and spiritual needs [8]. Effective communication among the care team is also facilitated, enabling the development of patient-centered care plans and shared decision-making. Communication and shared decision-making play a pivotal role in providing the best palliative care for ICU patients and their families. Open and honest communication between healthcare providers, patients, and their families is crucial. Discussing goals of care, treatment options, and potential outcomes, as well as exploring patients' values and preferences, empowers patients and their families to actively participate in medical decision-making processes. This collaborative approach fosters trust, reduces uncertainty, and ensures that care aligns with patients' wishes and values [8, 9].

Another critical aspect is symptom management. Prioritizing effective symptom management is essential to alleviate patients' physical discomfort and improve their quality of life. Addressing pain, dyspnea, nausea, anxiety, and other distressing symptoms in a timely and comprehensive manner is vital. Regular assessments, appropriate pharmacological and non-pharmacological interventions, and ongoing evaluation of symptom control are necessary to optimize patients' comfort [10, 11]. Psychosocial and emotional support play a significant role in palliative care for ICU patients and their families. Critical illness and end-of-life care can have a profound emotional impact on patients and their families. Providing access to counseling services, support groups,

and bereavement support can help alleviate psychological distress and promote coping strategies. Offering guidance and resources to families, such as information on advance care planning and end-of-life options, can empower them to make informed decisions and navigate the complex emotional terrain [1, 5]. Education is crucial for healthcare professionals working in the ICU. Comprehensive education programs should be offered to enhance their knowledge and skills in palliative care, communication strategies, and ethical considerations surrounding end-of-life care. By providing ongoing education, we empower healthcare professionals to deliver high-quality palliative care that is grounded in evidence-based practices and compassionate approaches [12]. Lastly, continued support for families is essential even after the death of their loved ones. Recognizing the importance of ongoing support, providing bereavement support services, follow-up discussions, and resources can help families navigate their grief and find closure. This support acknowledges the lasting impact of the ICU experience and demonstrates our commitment to compassionate care that extends beyond the patient's physical life [11, 13]. Addressing these key areas will require a collaborative effort from healthcare leaders, policymakers, educators, and researchers. Furthermore, fostering a culture that values palliative care within the ICU setting is crucial to ensure sustainable improvements in patient outcomes and family satisfaction. It seems that by integrating palliative care principles into the care provided to ICU patients and their families, we can enhance the overall quality of care and promote a more compassionate and patient-centered approach. I hope that this letter serves as a catalyst for further discussion, research, and innovation in the field of palliative care within the ICU setting.

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**Availability of data and materials**

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**Using artificial intelligent chatbots**

None.

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