

# Facilitators and barriers for palliative and end-of-life care in ICU

A sub-study of the “Enhancing Palliative Care in ICU” (EPIC) study

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## Background

In order to improve palliative and end-of-life care in the ICU, knowledge about facilitators and barriers is needed. A number of studies have previously identified facilitators or barriers, but the studies are mostly mono-national.

## Aim

The aim of the study was to explore facilitators and barriers to palliative and end-of-life care in the ICU among multi-national ICU healthcare professionals.



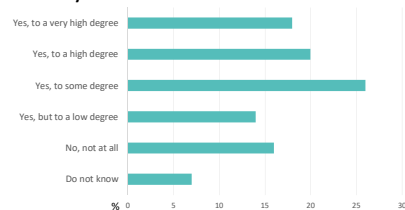
## Methods

As part of a "European Survey on Palliative Care and Law Perceptions" for ICU physicians and nurses, four questions about facilitators and barriers were included (one Likert Scale and three free text). The survey was distributed via an open, anonymous link at conferences, ICU networks, etc., from April to December 2024.

## Results

A total of 586 ICU healthcare professionals (510 European, 55 from outside Europe, 21 unknown), representing 58 countries (40 European), responded to the question: "Do you believe that there is adequate focus on palliative care needs in your ICU?" Of these, 38% found this to be the case to a high or very high degree, while 16% responded, "No, not at all." Of the 586, 164 (28%) had added free text comments.

“Do you believe that there is adequate focus on palliative care needs in your ICU?”



Main identified facilitators and barriers for palliative and end-of-life care in ICU were:

Facilitators <sup>1</sup>		Barriers <sup>1</sup>	
Education and training	16%	Resource limitation/wrong use of resources	26%
Staff recognition of the need for palliative care	15%	Absence/lack of knowledge of clear legislation	20%
Legislation/Guidelines	11%	Personal staff differences	15%
Interprofessional teamwork	8%	Lack of training	10%
Ethics and timely discussions/decision-making	7%	Unrealistic expectations of family/non-ICU staff	9%
Family inclusion	5%	Lack of palliative care specialists and guidelines	6%
Palliative care integration	5%	Fear of misconduct/legal repercussion	4%
Environment (e.g. time prioritized, open visitation, enough staff)	4%	Disagreements within the team	4%
Knowledge about patients' wishes	4%	Misconceptions about palliative care	4%
Poor prospect for patient	4%	Cultural and religious influence	4%

1. Percentages of the 164, who had added free text comments

## Discussion

The survey results show that the focus on palliative care in the ICU varies greatly. Likewise, the results reveal a complex interplay of factors that promote and hinder effective palliative and end-of-life care in the ICU. The identified facilitators and barriers can help provide a roadmap for improving palliative and end-of-life care in ICU settings.

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