

Question:

When chronically ill patients' families do not agree with their treatment plan, is it more effective to involve family in the patient's treatment plan or only involve the patient and/or their medical power of attorney to ensure quality care?

Summary:

When it comes to the ethical dilemma of involving family in a patient's treatment plan, it is often hard to know what the best route is to take. There have been multiple studies on this matter, and they almost all come to the same conclusion that when family is involved in patient care, there is more satisfaction for everyone involved. In a review titled *Patient- and family-centered care interventions for improving the quality of health care: A review of systematic reviews*, in regards to patient outcomes when family is involved in decision making, the authors state, "Regarding patients, they were improving knowledge about their health, increasing skills to manage self-care behaviors, enhancing satisfaction, increasing quality of life, and reducing admissions, readmissions, and length of the hospital stay" (Park, Giap, Lee, Jeong, Jeong, & Go, 2018). Regarding the family who were involved, the authors state, "they were reducing the intensity of stress, anxiety, depression, and increasing the satisfaction and relationship with health-care providers" (Park, 2018). While this is the ideal scenario, many times families do not agree with the treatment plan their family member has chosen. During a time like this, it is crucial that the health care team keeps the family involved and educates them on why their family member has made the decision they have. In the article, "Palliative care in intensive care units: why, where, what, who, when, how," the authors address how proper communication with family members can enhance the care of chronically ill patients. They state, "Of interest, although few specific interventions were found to increase family satisfaction in ICU, good-quality communication, support for shared decision-making, and specific patient-care measures were associated with increased satisfaction with end-of-life care" (Mercadante, Gregoretti, & Cortegiani 2018). Even though they may not agree with the patient's decision about treatment plans, good-quality communication can go a long way. While the family may not need to be a part of the decision-making process, they should be involved in carrying out that decision. From supporting the patient in their decision to learning how to help care for the patient during their treatment, family involvement is a crucial aspect of a patient's well-being. In the *Journal of Patient Safety*, an article regarding patient and family involvement states, "Most healthcare professionals and nonclinical staff perceived that patient and family involvement could improve investigation quality, promote an open culture, and help ensure the safety of future care" (Ramsey, Mchugh, Simms-Ellis, Perfetto, & O'Hara, 2022). Not only will involving family increase the satisfaction of patient care, it also ensures the safety of the patient throughout the course of their treatment.

Conclusion:

In conclusion, there is more than enough research to validate the belief that patient care is better when family is involved. When family is involved in decision making, patients have “improving knowledge about their health, increasing skills to manage self-care behaviors, enhancing satisfaction, increasing quality of life” (Park, Giap, Lee, Jeong, Jeong, & Go, 2018). However, that does not always mean that family should be involved in the decision making for the patient. There is still satisfaction displayed when family is provided good communication and explanation of the patient’s decisions. “Good-quality communication” with the family members of chronically ill patients has been linked to “increased satisfaction with end-of-life care” ((Mercadante, Gregoretti, & Cortegiani, 2018). To conclude, the more families are involved, to some capacity, in patient care, the more satisfaction will be seen in the quality of care given to chronically ill patients.

Work Cited:

Primary Article:

Park, M., Lee, M., Jeong, H., Jeong, M., & Go, Y. (2018). Patient-and family-centered care interventions for improving the quality of health care: A review of systematic reviews. *International journal of nursing studies*, 87, 69-83.

Secondary Article:

Mercadante, S., Gregoretti, C., & Cortegiani, A. (2018). Palliative care in intensive care units: why, where, what, who, when, how. *BMC anesthesiology*, 18(1), 1-6.

Tertiary Article:

Ramsey, L., McHugh, S., Simms-Ellis, R., Perfetto, K., & O’Hara, J. K. (2022). Patient and Family Involvement in Serious Incident Investigations From the Perspectives of Key Stakeholders: A Review of the Qualitative Evidence. *Journal of patient safety*, 10-1097.

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