

Family Decision about the Treatment Options at the Sudden Change for a Patient with Serious Stroke Condition

Eri Kataoka, MSN, RN
Department of Nursing, Kawasaki Medical School Hospital, Kurashiki, Japan
Misae Ito, PhD, NMW
Department of Nursing, Faculty of Health and Welfare, Kawasaki University of Medical Welfare, Kurashiki, Japan

【OBJECTIVE】

When a patient has serious stroke, family will make a decision whether cardiopulmonary resuscitations performed or not on admission. It is expected the family is unable to make a decision. The purpose of this study was to clarify how the family made a decision about the treatment options at the sudden change for a patient with serious stroke condition.

【METHODS】

The families of the patients in this study were recruited with an introduction from the physician in charge of the patient who had stable conditions with serious stroke and was independent before admissions, and explained the treatment options including Do Not Attempt Resuscitation at the sudden change on admission. The participants were agreed with the study participation orally and in writing, and asked by interviewing the structured and semi-structured items made by the investigators originally after approving the ethical committees from Kawasaki University of Medical Welfare and the hospital where the investigators recruited the participants. The interviews were recorded by IC recorder with their agreements. Data were analyzed verbatim by the content analysis.

【RESULTS】

Five participants were agreed with this study (Table 1 & Table 2). In one-third of the patients the families were told about a life-prolonging remedy in advance orally, and one-third families desired all life-prolonging remedies not complying with the instructions of the doctors. Thoughts of the families making decisions on the treatment options at the sudden change for the patients were categorized into the following five categories: ‘Difficulty in understanding the life-prolonging treatment at a time’; ‘To think whether to do life-prolonging treatment by the patient condition’; ‘I can’t have a choice but to entrust a doctor’; ‘To have no doubts how to make decision’; and ‘To recall the patient’s wish’ (Table 3).

Table 1 Summary of Participant and Patient Background

Participant	Participant Background					Patient Background							
	Relation	Age	Living Together	Employment	Medical Personnel	Primary Disease	JCS※ at the time of admission	Days of Hospital Stay at Interview	Age	Employment	Medical Personnel	Number of Hospitalization	Number of Stroke
A	Eldest son	50s	Yes	Yes	No	Cerebral Hemorrhage	I - 3	30 th	80s	Yes	No	Over 5 times	1
B	Second Son	50s	Yes	Yes	No	Cerebral Hemorrhage	Ⅲ- 200	18 th	80s	No	No	5-6	2
C	Wife	60s	Yes	No	No	Cerebral Infarction	Ⅲ- 200	20 th	70s	No	No	1	1
D	Eldest Son	60s	No	Yes	No	Cerebral Infarction	I - 3	27 th	90s	No	No	2	1
E	Grandchild	30s	Yes	Yes	Yes	Cerebral Infarction	I - 3	27 th	90s	No	No	2	1

※JCS : Japan coma scale

Table2 Advance Directive, Family’s Intention and DNAR Order

Participant	Patient’s Express of Life-Prolonging Treatment	Talk among Family	Talk about Life-Prolonging Treatment	Availability of Consultant on This Treatment Decision	Similar Experience of Decision for Resuscitation Attempt	DNAR Order at This Hospitalization		
						Family’s Wish of Life-Prolonging Treatment	Doctor’s DNAR Order	The Day Decided Whether DNAR or Not
A	No	Sometimes	Never	No	No	NO	Yes	The Day of Hospitalization
B	No	Rarely	Rarely	Available	No	YES	Yes	The Day of Hospitalization
C	Yes (oral)	Sometimes	Sometimes	Available	Yes	NO	Only Respirator	Next Day of Hospitalization
D	No	Rarely	Never	Available	No	YES	Yes	Next Day of Hospitalization
E	No	Frequently	Never	Available	No	YES	Yes	Next Day of Hospitalization

Table 3 Family’s Thoughts About Decision Making on a Course of Treatment at The Sudden Change for A Patient With Serious Stroke Condition

Category	Sub-Category	Code
Difficulty in understanding the life-prolonging treatment at a time	I did not understand the content of explanation at a time	Even if it is had talk about resuscitation or treatment suddenly, I do not know it well.
		I do not know what I may ask at first.
	I checked what I did not understand	I asked the doctor about the predicted situation from now on because I did not understand it.
		I listened to the doctor once again because I was not able to answer immediately.
		I looked over it by myself because I did not understand it only by the doctor’s explanation.
	I could understand the condition, but did not think it as the content of the life-prolonging treatment	I understood it at the time of explanation from the doctor.
		I did not think that it was not the situation to be necessary of the life-prolonging treatment and was talked about the life-prolonging treatment.
		I remembered to signed on the treatment plan, but the content of it was not sure.
To think whether to do life-prolonging treatment by the patient condition	I asked it for any state	I asked life-prolonging treatment because I could not see the patient might be died.
	I could ask it if the condition was improved	I ask for life-prolonging treatment if expected to recover.
		I think that you should revive in the case of an accident, but think that the death is not necessary for a disease.
		I may not do life-prolonging treatment without the consciousness of the patient.
	I did not ask it for age	I did not ask the life-prolonging treatment for age.
I can’t have a choice but to entrust a doctor	I agreed with the explanation by the doctor	I asked the doctor it because she/he explained it properly.
		I had no choice but entrust the doctor because I did not understand it.
		I talked with the doctor and was able to understand it.
		I consented to the doctor’s choice same as mine.
	I did not feel the right to make decision to a family	I felt that the doctor decided the treatment plan and there was nothing for it but to obey the doctor’s decision.
		Even if the family said anything, I could not do anything.
To have no doubts how to make decision	I decided it alone	Because it was entrusted from those around me, there was no hesitation to make decision by myself.
	I listened the opinion around me and decided it	When the patient could not decide it, the family had to decide it.
		Other families agreed with the opinion that the key person decided.
		There were the persons whom I could consult with and attend the Informed consent together.
	I did not have the hesitation to decide it	It was not difficult to decide the treatment plan because I had the experience till now.
To recall the patient’s wish	I thought back to talk until now	The patient said in everyday conversation that she/he did not want the life-prolonging treatment.
		We talked the life-prolonging treatment to such an extent when watching it on TV, but did not view the circumstances only from one’s own position.

【 DISCUSSIONS 】

This study clarified that when the family did not realize that the patient was in the serious condition so that it was talked about life-prolonging treatment, the family did not think such talk and remember the contents of Informed Consent even if the doctor explained life-prolonging treatment. In order to prevent such discrepancy of perceptions between a doctor and family, a nurse should attend on IC with the family and confirm the understanding of her/him. But Japanese nurses had dilemma not being able to attend IC together in the limited time and situation (Nagata, 2000). Therefore it is essential for nurses to confirm the understanding of the family in the daily relation while thinking about the possibility of different perception about the life-prolonging treatment between the family and doctor even if they cannot attend IC. The nurses would be needed to ask a doctor to explain family again if the perception of family differs from that of doctor.

【 CONCLUSION 】

It’s necessary for nurses to understand how the family understand and feel the patient’s situations, and how they have the patient’s wish when they are required to make a decision about the treatment options at the patient’s sudden change.