Families and Surrogate Decision Makers of Critically Ill Patients in Saudi Arabia

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Introduction

Critical illness often results in serious physical and/or psychological impairments. The critical care professional will often require a proxy or a surrogate decision maker especially for incapacitated individuals. The experience of being responsible to make serious decisions regarding someone’s else’ health can be a challenging trajectory. Healthcare providers should give more attention to this phenomenon. Not only critical illness survivors who suffer from physical and mental problems but, there is a vast evidence that families and proxies demonstrated to have high rate of depression, anxiety and post-traumatic stress Disorder (PTSD). Researchers support the idea that psychological disturbances may prevent the affected person from thinking appropriately or being unable to make the right decision. As care providers tend to use medical terminologies that are not easy for the families of the patients to understand. Many families report their lack of understanding of the patient’s condition and prognosis. Families who are not aware of the patient’s health preferences report more dissatisfaction with the patients’ outcomes than families who knew the patient’s favorites before the onset of the illness. There is a lack of information about how families and decision makers of critical illness survivors in Saudi Arabia report their lived experience of having their loved ones in the ICU or being r. The official spoken language for the medical healthcare providers in Saudi Arabia is English where some of the Saudi families don’t understand and that may cause a language barriers and impose more burden on them. Understanding of how these families live the experience will help nurses and other healthcare providers to take the important consideration and deliver the appropriate intervention. This qualitative research will help to explore and understand the lived experience of having a loved one in the ICU and the experience of making health-related decisions for someone else.

Objectives

• Understand the importance of focusing more on the families’ of the critically ill patients needs and concerns in Saudi Arabia.
• Understand the decision making phenomenon in Saudi Arabia.
• Expand the knowledge of the presence or absence of legal surrogate decision makers in Saudi Arabia.
• Consider the possible effect of cultural variation for the families’ perspectives about the experience of having a loved one in the ICU.
• Explore the needs and concerns of the families of ICU patients in Saudi Arabia.

Methods & Procedure

• Exploratory qualitative research.
• Family members / surrogate decision makers of critically ill persons in ICUs will be approached to participate.
• Semi-structured face-to-face interview in Arabic with each participant
• Interview question will help the informants to describe their experience of having a loved one in the ICU and the experience of making health-related decisions for someone else.

Institutional Research Board

IRB will be obtained from:
1. Saudi MOH.
2. Binghamton University.

Interview Questions

1. Can you describe how you felt when you made an important health-related decision for your loved one?
2. How much were you able to involve your loved one in the decision you made for them?
3. How long ago was this decision made?
4. Was the time a concern for you or did it influence your decision?
5. Did you ask for a help?
6. Whom did you ask for help while making that decision?
7. How supportive were the doctor and nurses while you were making the decision? Can you give an example?