Title:
Using Hoey’s Problem-Solution Pattern in Medical Futility Case Scenario Development

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Keywords:
case scenario, medical futility and medical professionals’ perspectives

References:

Huang, H. S. (2013). Health checkup report on the National Health Insurance. Taipei City: The Control Yuan, Taiwan, ROC.


Abstract Summary:
Advanced medical technology helps extend the lives of critical patients. Using Hoey’s problem-solution pattern framework to develop medical futility case scenario is of value in clinical health care, multi-professional communication, and life-ethics education.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tbody>
<tr>
<td>The learner will be able to understand how to use Hoey’s problem-solution pattern framework to developed medical futility case stories.</td>
<td>1. The learner will be able to understand what is Hoey’s problem-solution pattern framework. 2. The learner will be able to understand how to use Hoey’s problem-solution pattern framework.</td>
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<tr>
<td>The learner will be able to understand what medical futility case stories look like.</td>
<td>The learner will be able to see how medical futility narrative examples of critical patients advanced to medically futile patients were formed.</td>
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Abstract Text:

Background:

Advanced medical technology helps extend the lives of critical patients. In Taiwan, policy makers tend to provide care standards and evaluation guidelines for critically ill and terminal patients whose treatment is medically futile. Therefore, futile treatments are considered wasteful from the perspective of the national health insurance system. However, the current status of medical futility for critically ill patients is inadequate and a definition for medical futility remains inconclusive. Because the term “medical futility” is used in many different ways, it is difficult to define and, therefore, also difficult to assess.
Purpose:

The purpose of this research was to explore medical professionals’ perspectives on medical futility in order to develop medical futility case scenario.

Methods:

Narrative inquiry and purposive sampling was applied. Narrators were 7 Intensive Care Unit (ICU) nurses and 5 physicians from medical centers in central Taiwan who had more than one year of working experience that included taking care of critical patients. Following Jovchelovitch and Bauer (2000), a 4-phase narrative interview was applied. Medical futility case stories were developed using Hoey’s problem-solution pattern framework. The trustworthiness of the study was examined using Lincoln and Gubas’ principles.

Results:

This study revealed that the major challenge in clinical cases of medical futility is for physicians, nurses, and patients to effectively communicate with each other within a short time when patients’ condition changes unexpectedly. Medical futility case scenario included as difficulty in predicting disease progression, differing definitions of medical futility due to distinct personal beliefs, lack of skilled and timely communication among physicians, nurses, and patients, families unwilling to let go, and cultural customs. Finally, five medical futility narrative examples of how critical patients advanced to medically futile patients were formed. In the narratives, ICU nurses’ definitions of futility and descriptions of how they faced medically futile patients were included. The trustworthiness of the study was examined using Lincoln and Guba principles.

Conclusion:

The results of this research will help medical professionals understand medical futility in clinical situations. The case stories developed from the study’s narrative interviews will also be of value in clinical health care, multi-professional communication, and life-ethics education.