Palijativna njega u jedinici intenzivnog liječenja

Palliative care in the intensive care unit

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Palijativna njega označava sveobuhvatni pristup u pružanju potrebne njege bolesnicima koji su suočeni s teškim i neizlječivim bolestima sa smrtnim ishodom. Iako se ona usko povezuje s onkološkim bolesnicima, palijativna njega uključuje i čitav spektar neonkoloških bolesnika, a između ostalog i bolesnike sa zatajivanjem srca (ZS). Prevalencija ZS u razvijenim zemljama iznosi 1-2%, dok se taj učestalost povećava na 10% među populacijom starijom od 70 godina.[1] Svojim kroničnim, progresivnim tijekom s učestalim egzacerbacijama i hospitalizacijama ZS dovodi do niza neugodnih simptoma, otežanog ili onemogućenog obavljanja svakodnevnih aktivnosti, gubitka samostalnosti, poremećaja socijalne uloge i smanjenja kvalitete života. Bolesnici u terminalnom stadiju ZS po svojim simptomima i potrebama ne razlikuju se mnogo od bolesnika u terminalnim stadijima onkoloških bolesti. Istraživanje koje su proveli Setoguchi, Glynn, Stedman *i sur.* usporedilo je bolesnike s karcinomom s onima s kroničnim ZS te je uočeno kako bolesnici sa ZS češće budu hospitalizirani 30 dana prije smrti od onih s karcinomimaa (60% vs. 39% hitna pomoć, 64% vs. 45% akutni odjeli, 19% vs. 7% jedinici intenzivnog liječenja), a također ih više umire na akutnim odjelima (39% vs. 21%).[2] Palijativni pristup skrbi u jedinici intenzivnog liječenja jedini može adekvatno odgovoriti na sve potrebe pacijenta u uznapredovalom stadiju ZS, u fazi kada se iscrpe sve terapijske mogućnosti.

Odabir trenutka za uključivanje palijativne skrbi ovisi o bolesnikovim potrebama, a ne o prognozi bolesti. Na palijativnu skrb se ne treba gledati kao „odustajanje", već kao oblik suportivnog pristupa, ona ne isključuje kurativnu medicinu, a može se uključiti i u ranijoj fazi bolesti. Palijativni pristup u jedinici intenzivnog liječenja podrazumijeva minimaliziranje invazivnih procedura te se usmjerava na tretiranje fizičkih, psihosocijalnih i duševnih simptoma te unapređenje kvalitete života, u čemu sudjeluje multidisciplinarni tim. Temeljni je cilj prevencija i olakšavanje patnje. Pružanjem podrške i poticanjem iskrene komunikacije između pacijenta, obitelji i članova zdravstvenog tima osiguravaju se uvjeti u kojima se mogu postavljati pitanja, razmotriti mogućnosti (npr. odustajanja od suvišnih dijagnostičkih i terapijskih postupaka) te postaviti realni ciljevi skrbi koji uključuju sustav vrijednosti pacijenta te poštuju njegove želje i želje obitelji. Afirmiranje života, prihvaćanje smrti kao normalnog procesa, poštivanje pacijentove autonomije, holistički pristup, pomoć pri donošenju odluka neka su od načela u palijativnoj njezi pacijenta u jedinici intenzivnog liječenja. Palijativna se skrb, u jedinici intenzivnog liječenja, koja primarno zagovara život i očuvanje vitalnih funkcija, možda može činiti kao paradoks, ali osiguravanje dostojanstvenog umiranja u takvom okruženju nesumnjivo najbolje ukazuje na humanost i reflektira ono najvrjednije od svih zdravstvenih djelatnika koji u takvoj skrbi sudjeluju.

Palliative care implies a comprehensive approach to providing the necessary care to patients who are confronted with severe and incurable diseases with fatal outcome. Although it is often associated with patients with oncological diseases, palliative care also includes the whole spectrum of patients with non-oncological diseases, as well as patients with heart failure (HF). The prevalence of HF in developed countries is 1-2%, while this percentage increases to 10% among the population older than 70.[1] Heart failure, with its chronic, progressive development and frequent exacerbations and hospitalizations leads to a series of unpleasant symptoms, such as difficulties or disability in carrying out daily activities, loss of independence, impaired social functioning and reduced quality of life. Symptoms and needs of patients in the terminal stage of HF do not significantly differ from those of patients in terminal stages of oncological diseases. The research conducted by Setoguchi, Glynn, Stedman **et al.** compared carcinoma patients to patients with chronic HF, and they found that HF patients more often tend to be hospitalized 30 days prior to their death than carcinoma patients (60% vs. 39% emergency aid, 64% vs. 45% acute medical units, 19% vs. 7% intensive care unit), and their mortality rate is also higher in acute units (39% vs. 21%).[2] The palliative approach in the intensive care unit is the only approach which can adequately meet all patients' needs in the advanced stage of HF, at the stage when all treatment options have already been exhausted.

Choosing the right moment to start the palliative care depends on the patient's needs, and not on the prognosis of the disease. Palliative care should not be understood as "giving up", but rather as a form of supportive approach, which does not exclude curative medical care and which can also be included in the earlier stage of the disease. Palliative approach in the intensive care unit implies minimizing invasive procedures and it focuses on treating physical, psychosocial and mental symptoms, as well as improving the quality of life, in which a multidisciplinary team is involved. The fundamental goal is to prevent and alleviate suffering. By providing support and encouraging sincere communication between the patient, his family and members of the healthcare team, it is possible to provide the conditions in which questions can be asked, various options can be considered (e.g. quitting excessive diagnostic and therapeutic procedures) and realistic goals can be set, which take into account the patient's value system and respect his and his family's wishes. Affirmation of life, accepting the death as a normal process, respecting the patient's autonomy, holistic approach and helping with decision-making are some of the principles of palliative patient care in the intensive care unit. Palliative care may seem as a paradox in the intensive care unit that primarily advocates life and maintenance of vital functions; however, enabling a death with dignity in such an environment is undoubtedly the best indicator of humanity, which also reflects the most valuable qualities of all healthcare professionals involved in such patient care.

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