

Letter to the Editor Concerning the Article “Family Satisfaction in Intensive Care during the COVID-19 Pandemic Using the FS-ICU24 Questionnaire”

Carta ao Editor Referente ao Artigo “Satisfação das Famílias nos Cuidados Intensivos durante a Pandemia de COVID-19 Utilizando o Questionário FS-ICU24”

Keywords: Communication; COVID-19; Intensive Care Units; Patient Satisfaction; Portugal; Quality of Health Care; Surveys and Questionnaires

Palavras-chave: Comunicação; COVID-19; Inquéritos e Questionários; Portugal; Qualidade dos Cuidados de Saúde; Satisfação do Doente; Unidades de Cuidados Intensivos

Dear Editor,

We read with particular interest the recently published work by Camões *et al.*¹

We were impressed with the results of this article, which represents one more step in the change of the paradigm of treatment in Intensive Care Medicine. It is very important that the family and patients are simultaneously at the core of the decision-making processes, with transparency and without conspiracies of silence. This work may lead to a better communication pattern with families, with improvements in the satisfaction of families. Unfortunately, the families of patients who died during the study were excluded. In our Palliative Medicine practice, in the context of Primary Health Care, communication with patients and family has a key role in management of clinical status.

A recent work of Correia *et al* showed that frail people who undergo palliative interventions in Intensive Care units receive invasive supportive therapy more often and face more non-resuscitation decisions.² There may be several reasons for those results. We agree that training in Palliative Care should be extended to all specialties and that would bring benefits in both the quality and quantity of life of the patient, by minimizing suffering to both the patient and

the family, specially in those situations where families are not allowed to be present during the hospitalization period.³

It would also be interesting to include, in a future analysis, the number of patients with Advance Directives, which are so under-disseminated in Portugal. This is of known importance in order to meet patient's desires, minimize family conflicts in a situation of fragility and vulnerability, and to aid healthcare professionals in the decision-making process, thus improving the quality of healthcare offered to every patient.⁴ Intensive care may be an opportunity to apply Advance Directives. The recent public debate regarding the euthanasia law could improve patient awareness and knowledge of advance directives.

We conclude that palliative care offers support in clinical decision-making to both the patient and the family, and could also improve family satisfaction as well. The palliative care professionals should be seen as a support network and with whom joint work should be done.

AUTHOR CONTRIBUTIONS

All authors contributed equally to this manuscript.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

COMPETING INTERESTS

ST and BB stated that no competing interests exist.

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