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Perceptions of Appropriateness of Care in the Intensive Care Unit

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To the Editor: Moral distress is a common problem in today's health care environment. Dr Piers and colleagues¹ shed light on this important ethical concept in their international study of ICU nurses and physicians. They showed that a perception of providing inappropriate care was associated with moral distress and intent to leave one's job. This study raises awareness of the impact of ethics in day-to-day clinical care and attention to the concerns of direct caregivers, but also raises a number of questions.

First, more than half of the study respondents reported an available ethics consultant (56.8%) or psychologist/psychosocial worker within the hospital. It is not clear what role these individuals played and if clinicians felt comfortable accessing them, especially in cases of perceived inappropriate care. Some evidence suggests that clinicians fear retaliation for speaking out on ethical issues, and in some cases, this and other concerns may deter the use of ethics consultations or other ethics-related services.^{2,3}

Second, as the authors indicated, “nurses spend considerable time at the bedside” yet 26.8% of nurses rarely or never had regular meetings with patients about end-of-life care and 31.7% were rarely or never present during communication of end-of-life information. This is troubling; it possibly reflects a need for ethics education and broader interdisciplinary dialogue to support vital bedside discussions.

In addition, response rates are integral to survey research and reflect the overall accuracy of the data. The authors had a 100% response rate among physicians. A perfect response rate is unusual and raises uncertainties about how the response rate was actually calculated.

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Conflict of Interest Disclosures: The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none were reported.

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