

Rianimazioni ri-aperte

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Ospedale San Giovanni Bosco
Torino

CAMERA DEI DEPUTATI N. 141

PROPOSTA DI LEGGE

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SBROLLINI, BRAGA, MARIANO, BLAZINA, MARIANI, BERLIN-
GHIERI, VALERIA VALENTE, ROSATO, PICCIONE, FOLINO,
FRANCESCO SANNA, LEGNINI, CENNI, OLIVERIO**

Disposizioni concernenti la realizzazione di reparti
di terapia intensiva aperta

Presentata il 15 marzo 2013

ONOREVOLI COLLEGGHI! — La questione dell'apertura dei reparti di terapia intensiva (TI) si inserisce nella delicata tematica dei diritti del malato e della considerazione di quest'ultimo come soggetto che, anche nello stato di malattia, deve essere posto in condizione di mantenere la propria dignità di essere umano.

L'esigenza di andare a colmare il vuoto legislativo su questi temi nasce dal sempre più sentito bisogno di dare valore a tutta la sfera relazionale e affettiva che inevitabilmente si interseca con la pratica della medicina, in particolar modo quando si ha a che fare con le problematiche connesse

all'assistenza ai pazienti « critici » ricoverati in reparti di cure intensive. Le sempre più numerose richieste indirizzate nel senso di prevedere la possibilità per le famiglie di questi degenti di essere ammesse a visite più frequenti e prolungate nei suddetti reparti per fornire il loro supporto al parente malato, dimostrano come nella società i tempi siano maturi per affrontare, anche da un punto di vista normativo, queste tematiche.

L'alto livello di tecnologia che caratterizza i reparti di TI fa sì che al loro interno il paziente sia fortemente « spersonalizzato » e venga dunque preso essen-

Review

Bench-to-bedside review: Humanism in pediatric critical care medicine – a leadership challenge

Niranjan Kissoon

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Humanism cannot be legislated but must
be instilled in the culture of the PICU

-Transizione demografica: accentuato fenomeno di invecchiamento della popolazione

-Transizione epidemiologica: costante aumento dell'incidenza di malattie croniche non trasmissibili (l'OMS stima che determini il 90% di tutti i decessi in Italia)

-Transizione sociale: progressivo impoverimento delle reti familiari e informali su cui ogni persona può contare

-COVID-19: nello scenario sopra descritto si è instaurata la diffusione del virus SARS-COV2 con le sue drammatiche conseguenze in termini di salute fisica, psichica, sociale, con ricadute esistenziali ed economiche.

sindemia

Neologismi (2020)

L'insieme di problemi di salute, ambientali, sociali ed economici prodotti dall'interazione sinergica di due o più malattie trasmissibili e non trasmissibili, caratterizzata da pesanti ripercussioni, in particolare sulle fasce di popolazione svantaggiata.

solitudine, incomunicabilità, individualismo,
paternalismo, insensibilità, intolleranza, burnout,
compassion fatigue, fragilità

alterata relazione all'interno dell'equipe,
difficile comunicazione, facile incomprensione.

mancato riconoscimento del bisogno dell'altro
facile esaurimento

riconoscenza e rammarico



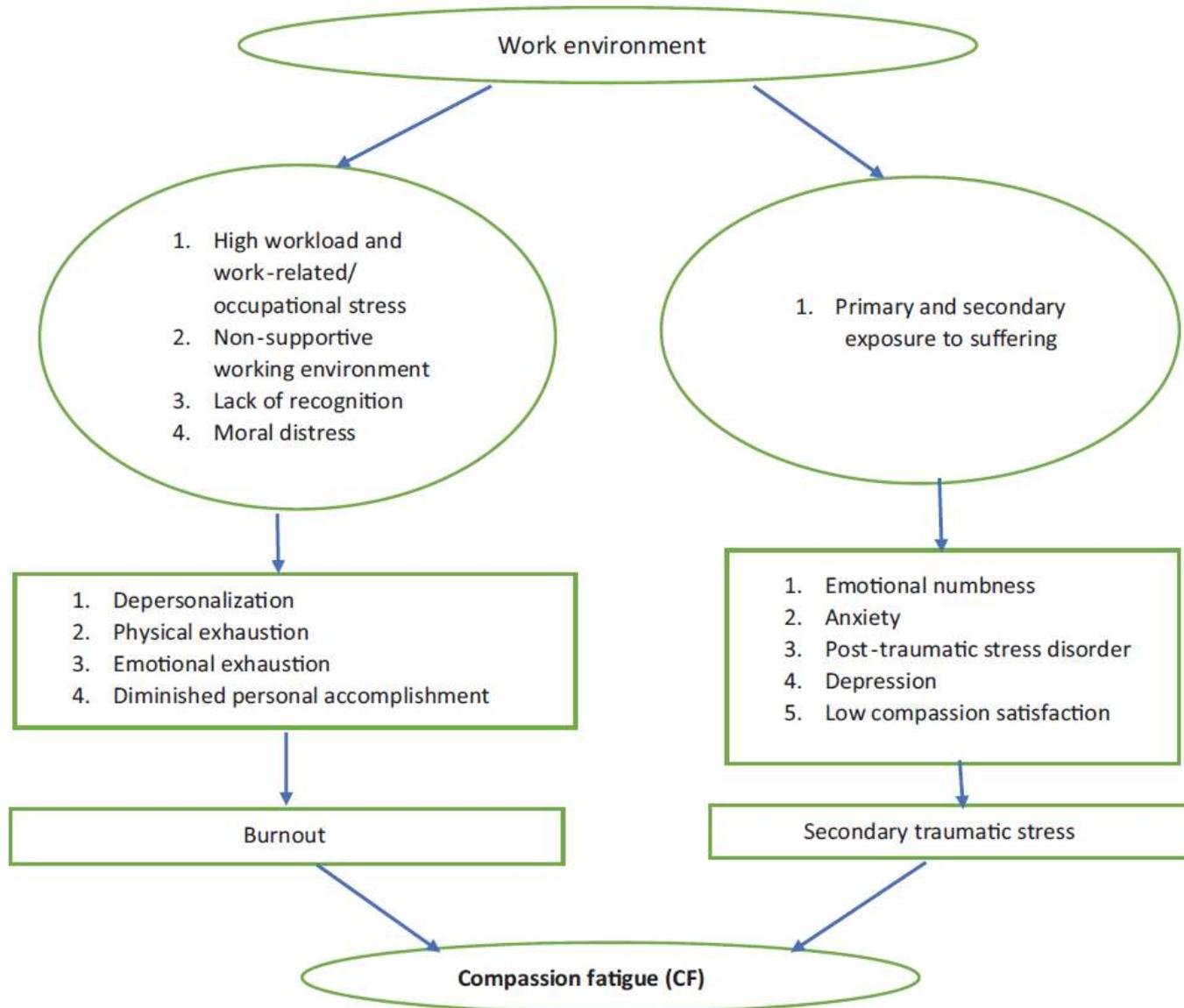
Article

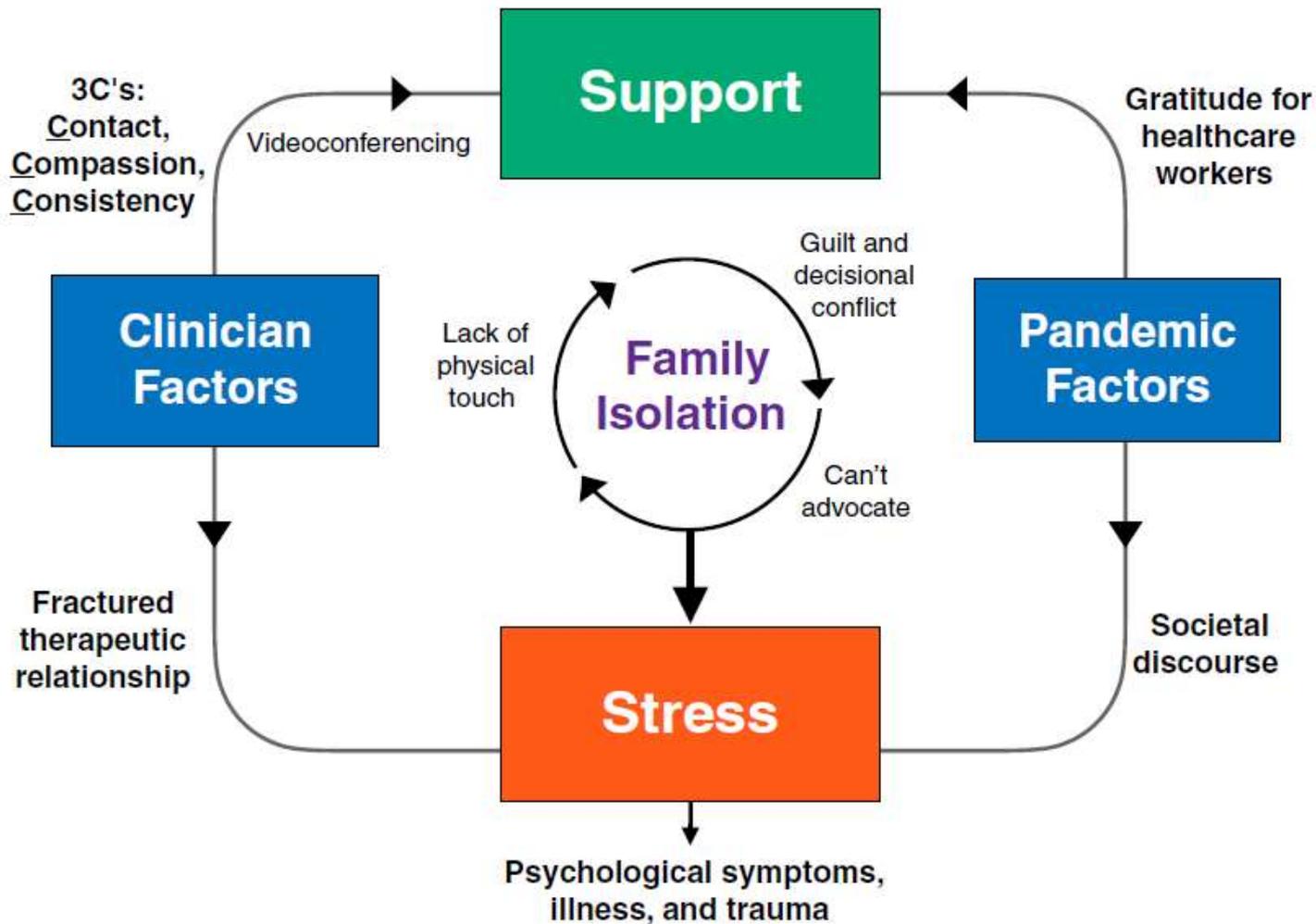
The Impact of the COVID-19 Pandemic on ICU Healthcare Professionals: A Mixed Methods Study

Cristina Moreno-Mulet ^{1,2}, Noemí Sansó ^{1,2,*}, Alba Carrero-Planells ¹, Camelia López-Deflory ¹,
Laura Galiana ³, Patricia García-Pazo ^{1,2}, Maria Magdalena Borràs-Mateu ¹ and Margalida Miró-Bonet ^{1,2}

6. Conclusions

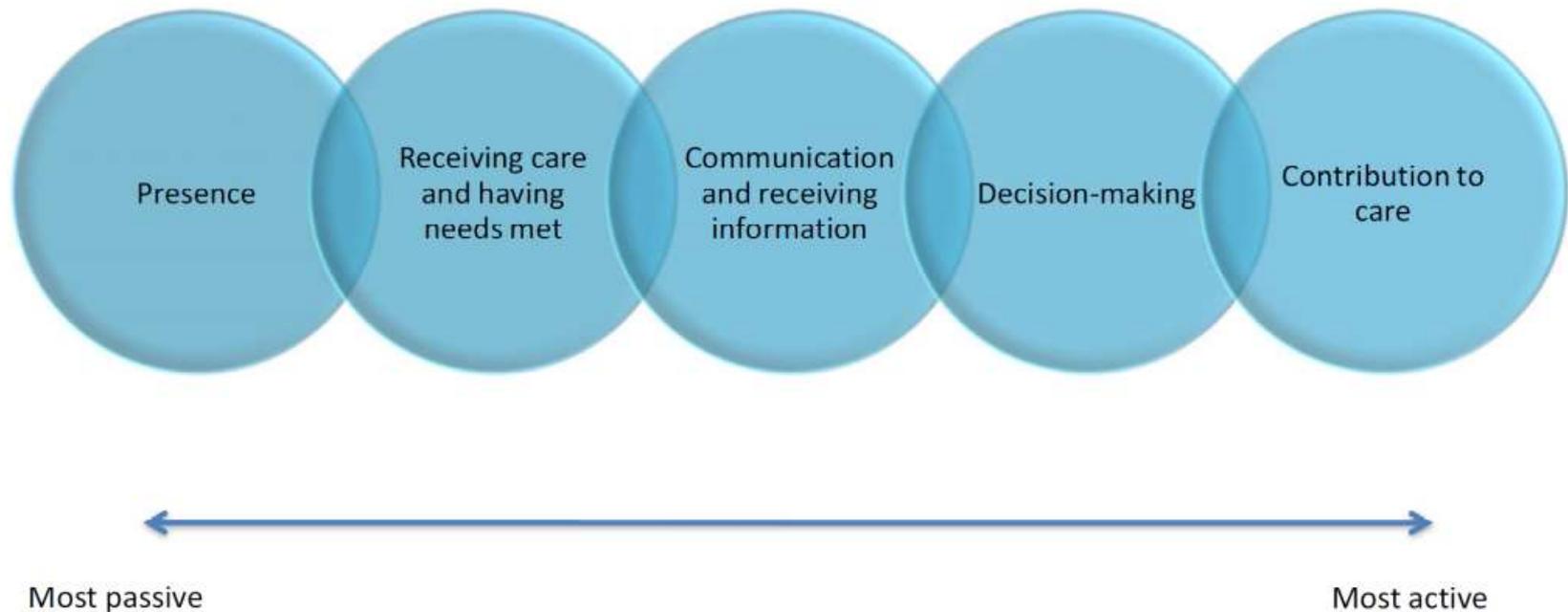
Critical care professionals may be regarded as second victims of the COVID-19 pandemic because of the enormous impact on their clinical, professional, and personal lives. Changes in care provision linked to the need to adapt to anti-COVID measures, increased workloads, and patient loneliness have negatively affected their professional quality of life, increasing their levels of compassion fatigue and burnout. Fortunately, the ICUs in the Balearic Islands were not faced with the ethical conflict of limiting patient admissions to the ICU and had sufficient and appropriate protective equipment, unlike other regions in Spain. The availability of protective equipment has proven critical given its potential impact on moral distress. Therefore, we may conclude that the perception of a safe environment is associated with lower burnout syndrome and moral distress. In addition, on a personal and family level, professionals suffered greatly from the fear of infecting their family members and changed the way they lived together during the first wave.





Patient and family involvement in adult critical and intensive care settings: a scoping review

Michelle Olding MPH,* Sarah E. McMillan MA,† Scott Reeves PhD,‡
Madeline H. Schmitt PhD, RN, FAAN, FNAP,§ Kathleen Puntillo RN, PhD, FAAN, FCCM¶
and Simon Kitto PhD**



The benefits of ICU families visits

for the critically ill patients

- Respected patient's rights
- Stress reduction
- Psychological reassurance
- Reduced sense of abandon
- Prevented/reduced delirium
- Increased patient motivation
- Increased compliance to care
- Respect for patient's willingness

for the healthcare team

- Better information collection
- Help in decision making
- Increased appreciation and trust
- Reduced moral distress
- Prevented litigation

for the patient' families

- Increased understanding of patient condition and treatment options
- Respect of demand for closeness
- Less anxiety and depression
- Better acceptance of bad news
- Help in working through grief
- Prevention of complicated grief
- Less feeling of powerlessness

for the whole ICU community

- Better and simpler communication
- Guaranteed transparency
- Shared decision-making
- Psychological wellbeing
- Creation of a family-centered ICU
- Improved patient and family satisfaction

greatly overcome the pandemic risks.



Figura 2. Le decisioni condivise. Trattamenti clinicamente non appropriati, ad esempio: supporto extracorporeo in un soggetto con cachessia neoplastica. Trattamenti clinicamente appropriati, ma rifiutati dal paziente, ad esempio: trasfusione di emoderivati in una persona Testimone di Geova competente. Da: Vergano M et al, Clinical Ethics: what the Anesthesiologist and the Intensivist need to know. *Minerva Anestesiol* 2018;84(4):515-22.

Well-being in the Intensive Care Unit

Looking Beyond COVID-19



Sheela Pai Cole, MD^{a,*}, Shahla Siddiqui, MD, DABA, MSc, FCCM^b

KEYWORDS

- Compassion fatigue • Burnout syndrome • Compassion satisfaction
- Secondary traumatic stress • Moral injury • Psychological resilience

KEY POINTS

- Wellbeing in the intensive care unit (ICU) is affected by a combination of personal factors, organizational factors, quality of interpersonal relationships, and exposure to end-of-life issues.
- Moral injury occurs when an act is perpetrated, one bears witness to or fails to prevent an act that is against deeply held moral beliefs.
- Second victim syndrome is the guilt and other psychological onslaught faced by health care providers who hold themselves responsible following unexpected patient morbidity or mortality.
- Leadership held check-ins, active listening to feedback, and availability of wellness resources help mitigate health care worker (HCW) burnout.
- Training in communication, conflict resolution, and simulation of team-based care aid in creating collaborative scenarios and clarifying roles among multi-disciplinary teams.

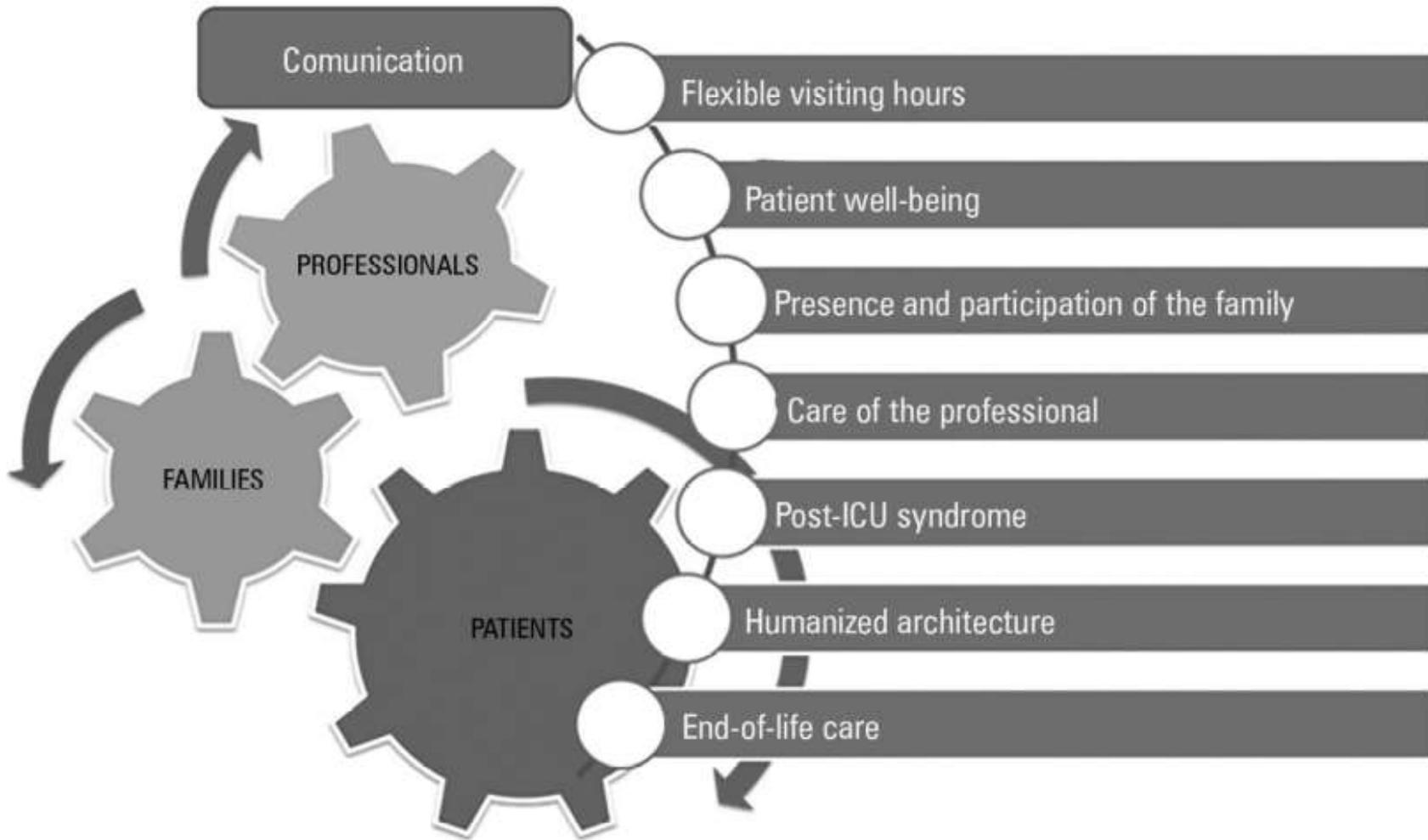


Figure 1 - Conceptual framework for the humanization of critical care. ICU - intensive care unit.

Aprire la rianimazione non vuol semplicemente dire

“aumentare l’orario di visita”

vuol dire innanzi tutto

ridare centralità al paziente nella sua
dimensione umana

entrare in relazione con la famiglia, e quindi
incontrare la componente affettiva ed
emotiva della malattia



Raffaello Cortina Editore

LUIGINA
MORTARI

Filosofia della cura



La nostra struttura ontologica è essenzialmente relazionale, nel senso che il nostro esserci diviene attraverso le relazioni con altri

*Proprio perché siamo esseri intimamente relazionali, siamo dipendenti da altri; in questo dipendere da altro-da-sé sta la **vulnerabilità** dell'essere umano*

*Siamo **fragili** poiché veniamo a essere indipendentemente da una nostra decisione, e una volta al mondo veniamo a trovarci nel fluire del tempo, e questo essere nel tempo non sta sotto la nostra sovranità*

*Fragilità e vulnerabilità danno **debolezza ontologica***

La relazione di cura è asimmetrica

Cosa e come fare perché all'altro arrivi del bene?

Il sentire la responsabilità non solo della propria qualità di vita, ma anche di quella dell'altro è una condizione necessaria per avere cura dell'altro



Series Editor, Jonathan E. Sevransky, MD, MHS

Excellence in Intensive Care Medicine

Charles L. Sprung, MD¹; Robert Cohen, PhD²; John J. Marini, MD^{3,4}

Objective: Excellence is an important goal for all physicians. Unfortunately, it is hard to define, evaluate, and achieve. To provide a concise interpretive review of excellence in intensive care medicine, with a focus on those key characteristics that excellent physicians possess but are seldom discussed.

Data Sources: Electronic search of the PubMed database using the search terms "excellence," "role models," "compassion," "commitment," "dedication," and "passion."

Study Selection: Publications or studies of excellence, role models, compassion, commitment, dedication, and passion. Two reviewers evaluated each term.

Data Extraction: Publications or studies were abstracted independently and in duplicate.

Data Synthesis: Excellence in critical care can be achieved through deliberate practice, feedback, and effective evaluation. Excellence embodies numerous characteristics, which include compassion, commitment, and passion.

Conclusions: Awareness of the fundamental characteristics of excellence can help young students and doctors determine what they should strive for to become excellent physicians as well as encourage experienced doctors to rekindle the spark that initially motivated them to become physicians. (*Crit Care Med* 2016; 44:202–206)

Key Words: characteristics; commitment; compassion; dedication; excellence; intensive care; passion

Excellence is an art won by training and habituation ... We are what we repeatedly do. Excellence, then, is not an act but a habit.

—Aristotle

The practice of medicine changed over the last several decades. Doctors work long and often pressured hours, fear litigation, are less autonomous than their predecessors, and have ever increasing paperwork. Important social and economic transformations have also taken place. Previously, many dedicated physicians often neglected their families, considered sacrifice a virtue and valued social esteem as an apt reward. Many still do. Yet, doctors who practice today understandably value time with their families and give high priority to achieving balance and quality of life.

Because the demanding practice of medicine may not be as intrinsically satisfying as it once was, it is vital to convey to others within our profession the fundamental importance and joy of practicing excellent medicine even in today's difficult environment. This review explores key but underemphasized aspects of what makes intensive care medicine (ICM) physician excellent. Our intent is not only to inspire young students and trainees but also to encourage experienced doctors to be the best possible professionals they can be. Therefore, the twin perspectives from which excellence is considered in this review are the physician in training and the practicing physician.

Excellence can describe any one or all of the important components of the intensive care physician's activities. We chose to



CLINICAL SCHOLARSHIP

Predictors of Compassion Fatigue and Compassion Satisfaction in Acute Care Nurses

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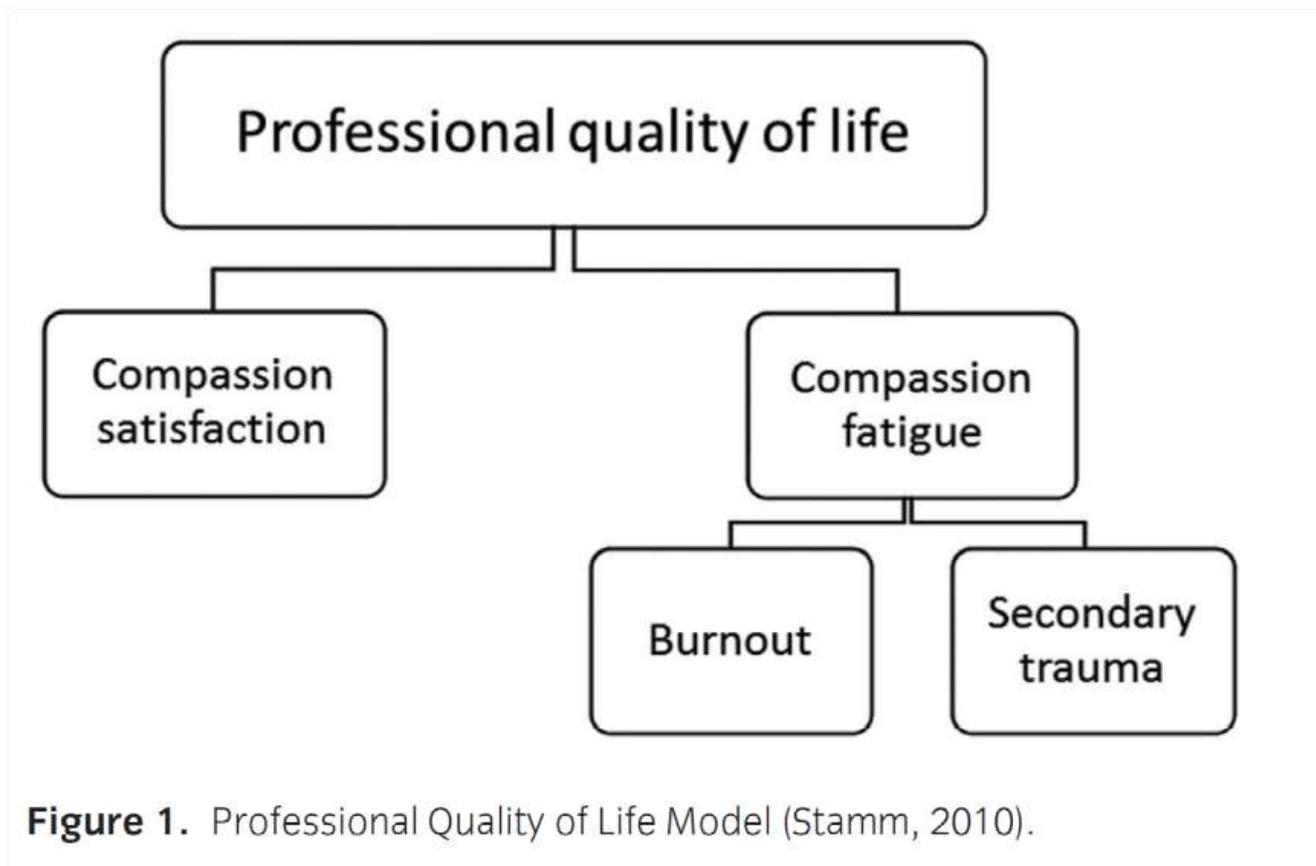


Figure 1. Professional Quality of Life Model (Stamm, 2010).





