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Comment to ''In reply to the question: Are we really playing together in the same team?''☆

Comentario a «En respuesta a la pregunta: ¿Jugamos todos en el mismo equipo?»

Dear Editor,

After reading the Escudero-Acha et al. director's letter to the publication of our article, we wished to thank him for his contribution to the extremely interesting debate represented by the role of nursing and medicine in end-of-life care in intensive care services.[1]

Firstly we would like to congratulate the team for the combined physician–nurse ICU round consultations. As stated in their letter, work shifts do not help in the decision-making processes of either profession. This fact is reflected in a multicentre study conducted in 2014 by the Bioethical Group of the Spanish Society of Intensive Medicine, Critical care and Coronary Units (SEMICYUC), where only 26.3% of nurses participated in the decision to limit life-sustaining treatment (LST) in clinical practice.[2]

This percentage differs considerably to that of the ETHICUS study, which revealed that the physicians' perception of the nurses' participation in decision-making at end-of-life care varied between northern European countries (95.8%) and southern European countries (60.7%).[3] This difference was made evident in a similar manner in our study, when we asked both professionals whether the LST decisions were taken jointly in their centre: the doctors considered that this was so in 92.6% of cases, whilst the nursing staff believed it to be so in 63.5% of cases. There was clearly a difference in perception by the two professions regarding participation in decision-making. Added complexities, as highlighted by Oberle and Hughes, are that finally it is the doctor who is ''the person in charge of taking decisions'' and the nurses who ''have to abide by these decisions''.[4]

Nurses play a major role in patient care, because they spend a lot of their time with the patient and the family and are often involved in discussions on the end-of-life wishes. Their role is fundamental and essential in connecting with the other health professionals, the patient and their enviornment.[5] Not permitting the nurse to participate in decision-making and carrying out their role as the representative of the values and beliefs of the patient may often trigger moral distress or burnout,[6] resulting in even more difficult decision-making.[7]

Several international documents of consensus highlight the fact that the role of both professions, among other healthcare professionals, is essential and singular in guaranteeing quality end-of-life care.[7,8]

For this reason we believe that educating both professions with regard to end-of-life care must be carried out jointly, in a forum where all outlooks may be openly debated and both professions may learn together, by each understanding and accepting responsibilities. This idea drove the authors to conduct this multicentre study, which we hope will be the first of many to pinpoint the development of interprofesssional teams within intensive care services.

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