Physicians’ decision-making when managing pediatric patients with prolonged disorders of consciousness: A qualitative study

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Introduction
Advances in medicine have resulted in treatments that can extend the survival of patients with prolonged disorders of consciousness (PDOCs) for years. However, several diagnostic and prognostic uncertainties remain, particularly in the care of pediatric patients. Physicians dealing with patients with PDOCs face complex and taxing clinical, ethical, and legal challenges. We aimed to explore physicians’ decision-making when managing pediatric patients with PDOCs.

Methods
We conducted a qualitative study using semi-structured, individual interviews and employed an inductive thematic analytical approach to explore physicians’ subjective experiences and decision-making when managing pediatric patients with PDOCs. We recruited a purposive sample of 19 Swiss Italian-speaking physicians (intensivists, pediatricians, internists, or neurologists).

Results
Participants stated that making clinical decisions involving pediatric patients with PDOCs is extremely challenging because the decisional process requires finding a balance between several contending factors.
Time: The concept of time was reported to be key in allowing both a careful evaluation of the evolution of the disease and their understanding of the relationship between the etiology and the prognosis.
Goals of care: from an ethical point of view, individuals may perceive commission/omission errors concerning pediatric patients to be more morally condemned than with adult patients.
Target of care: in treating children with PDOCs, clinicians are confronted not only with the child’s clinical situation but also with the painful experience of the family. Furthermore, participants were aware of the risk of self-fulfilling prophecies for both prognosis and main clinical outcomes and reported a risk of self-fulfilling prophecies (predicting or expecting something which come true simply because the physician believes it will). Such prophecies tend to be negative most of the time and their risk may be managed by physicians by acknowledging what value they attribute to life and to the life that should be considered a “good” life.

Conclusion
Our study confirmed that experienced clinicians acknowledge the complex nature and challenge of clinical decision-making of patients with PDOCs and the complex nature and challenge of clinical decision-making of pediatric patients with PDOCs. It also highlights the difficulty not only to estimate the patient’s prognosis but also to manage risk and uncertainty.

What we suggest following our results
• Improving current guidelines could facilitate successful ethical and clinical decision-making and increase physicians’ awareness of the plethora of factors affecting their decisions.
• More research is warranted to improve and expand existing guidelines aimed at assisting and facilitating clinical and ethical decision-making and improving physicians’ awareness of the factors affecting their decisions when dealing with patients with PDOCs.