

# Care Beyond Cure: Humanizing the Intensive Care Unit Journey

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## INTRODUCTION

While medical and technological advancements have substantially enhanced the ability to treat and stabilize critically sick patients, the depersonalization that frequently occurs during intensive care has prompted concerns in recent times.

The descriptive article by Gautam et al. on patients and families' perspectives on humanization is a timely reminder on the importance of addressing this issue in critical care settings in our country.<sup>1</sup> In this study, lack of effective verbal and nonverbal communication, nursing care experience, infrastructure, and perceived patient autonomy were the main factors recognized as contributing to the dehumanizing experience in the intensive care unit (ICU). This concept still warrants further research and needs to be studied on a larger scale in different ICU settings (e.g., private vs government ICUs) and among people of different economic backgrounds in our country.

Medical humanization in the ICU involves acknowledging the emotional, psychological, and existential needs of not only patients and their families, but also the healthcare workers, ensuring that the experience of critical illness is not reduced to a purely medical problem.<sup>2,3</sup>

### Patients' Perspectives: A Desire for Dignity and Understanding

Survivors of critical illness emphasize the importance of recognition of their individuality, being treated as human beings and not just as a list of "medical diagnoses." Many patients have reported feeling dehumanized during their ICU stay, describing the environment as cold, impersonal, and overwhelming. Often, patients are sedated or unable to communicate due to intubation or other medical interventions, leaving them vulnerable to feelings of helplessness. Loss of dignity and dehumanization further leads to profound emotional and psychological damage, erosion of trust, lapses in communication and violation of the relationship between patients, their families, and the healthcare providers caring for them.<sup>4,5</sup>

A recent survey of physicians, patients, and their families demonstrated that inadequate communication was possibly the key problem contributing to patient distress and fear.<sup>6</sup> Healthcare professionals can foster a sense of value in patients by engaging in simple actions, such as explaining procedures prior to their execution, respecting patient privacy, considering non-medical aspects of the patient's identity, such as their values, preferences, and life stories, and promoting family involvement whenever feasible. Over the years, several interventions including the

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introduction of ICU diaries, music therapy, pet therapy, and even virtual reality experiences have been analyzed to help humanize the environment for patients and families.<sup>7,8</sup> Bundle authors are looking to expand the A-F bundle in the ICU to include a focus on preserving human dignity by incorporating humanitarian care in the bundle: gaining (G) insight into patient needs, delivering holistic care with a "home-like" (H) environment, and redefining ICU architectural design.<sup>9,10</sup>

### Families' Perspectives

Families of ICU patients often face considerable emotional and psychological burdens as they navigate the uncertainty of their loved one's condition. Given that ICU patients are often unable to communicate, family members play a crucial role in advocating for the patient's wishes and preferences, particularly in situations where difficult decisions regarding life-sustaining treatment are required.

A humanized approach to critical care recognizes the importance of family centered care, which involves actively engaging families in the care process. This includes providing timely and clear communication about the patient's condition, involving families in care discussions, and allowing for flexible visiting hours. One family-centered initiative that has gained popularity is the open visitation policy, which allows family members to visit ICU patients outside of traditional visiting hours.<sup>11</sup> This practice has been shown to be associated with decreased anxiety, shorter length of stay, and higher patient and family satisfaction with care.<sup>12</sup> There is also an added level of transparency helps demystify the ICU experience and fosters a sense of collaboration between families and healthcare providers. There are reports, however, of healthcare workers having increased levels of stress and emotional involvement with this visitation policy.<sup>13</sup>

## Healthcare Workers' Perspectives

The humanization of the ICU environment is not only about patients and families—it also extends to the healthcare professionals involved in the delivery of care. The ICU professionals work in high-pressure settings where the stakes are often life and death. As a result, they are frequently exposed to emotionally charged situations that can lead to burnout, compassion fatigue, and moral distress. Healthcare workers often feel torn between the need to maintain clinical detachment and the desire to connect with their patients on a human level. Studies show that ICU nurses and physicians often struggle with the burnout and moral distress, a condition that arises when they feel unable to act according to their ethical beliefs due to institutional constraints or medical protocols.<sup>14</sup>

To address this, many ICUs are now focusing on improving the well-being of their healthcare staff through initiatives such as debriefing sessions, mental health support, and team-based care models, thereby creating a more supportive and collaborative environment.<sup>15</sup> By promoting a work environment that supports both clinical excellence and emotional connection, ICUs can help healthcare professionals maintain their own sense of humanity while delivering high-quality care.

## Challenges to Humanization in the ICU

The movement toward humanizing ICU care is part of a broader shift in medicine that emphasizes patient-centered, holistic approaches to healthcare. However, significant challenges remain. One of the primary barriers to humanizing care in the ICU is the fast-paced, high-stakes nature of critical care medicine. The ICU staff often focus on stabilizing critically ill patients, leaving limited time for meaningful emotional engagement with patients and families. Staff burnout and emotional fatigue are additional hurdles reducing their ability to provide human-centered care. In ICUs with an insufficient number of healthcare personnel, policies such as the open visitation policy may be challenging to implement and could potentially disrupt patient care. In recent years, the psychological and emotional needs of patients can potentially be overshadowed by the heavy reliance on technology for diagnosis and patient management and other interventions such as robotics for medication administration.<sup>16</sup> To ensure personalized care, a concentrated effort must be made to improve staff support, enhance communication strategies, and transition to patient- and family centered care models. Balancing the need for efficiency and protocol adherence with the desire to provide personalized, compassionate care will require ongoing innovation and commitment from healthcare institutions.

## CONCLUSION

Humanization in the ICU is a multifaceted challenge that requires the integration of emotional, psychological, and ethical considerations into the fabric of medical care. While technology and medical expertise are vital to critical care, the perspectives of patients, families, and healthcare workers highlight the need for a more compassionate and holistic approach. Addressing these needs can improve the overall ICU experience, reduce long-term psychological trauma for patients and families, and support the well-being of healthcare workers. As we move forward, the ICU can evolve into a place not just of survival, but of healing and human connection. The need of the hour is to comprehend the

current state on a broader scale and the obstacles to humanizing ICU care in India.

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