INTENSIVE CARE HOTLINE

Helping Families of critically ill Patients in Intensive Care improving their lives instantly so that they can have PEACE OF MIND, exercise power, influence decision making and stay in control of their and their critically ill loved ones destiny

Follow this ultimate 6 step guide for Family meetings with the Intensive Care team, that get you to have PEACE OF MIND, control, power and influence FAST if your loved one is critically ill in Intensive Care!

Ok, welcome to another Ebook in INTENSIVECAREHOTLINE.COM's Ebook series. And once again, congratulations for you taking action in getting informed and taking control!

Just by you getting informed, you stand out from the rest of the Families of critically ill Patients in Intensive Care and it will give you an edge when dealing with the challenges, difficulties and complexities in Intensive Care. Our Ebook series will help you to find **your voice and will show you how to have PEACE OF MIND, take control, be powerful, and influence decision making,** in the jungle of complexities surrounding Intensive Care and it will more importantly help you to have peace of mind, be in control, feel powerful and influence decision making.

In this Ebook you will discover the guide to "**Follow this ultimate 6 step guide for Family meetings with the Intensive Care team, that help you to have PEACE OF MIND, control, power and influence if your loved one is critically ill in Intensive Care!"**

This Ebook is about peace of mind, control, power and influence

In this Ebook I'm going to show you how you can have something that 99% of Families of critically ill Patients in Intensive Care have no idea how to get. They don't even know that it exists!

You probably want to know what it is and you probably want to know what I'm talking about!

I'm talking about **control, power and influence in Family meetings** with the Intensive Care team!

Setting the scene for Family meetings in Intensive Care

Now, if I had a Dollar $ for every Family of a critically ill Patient in Intensive Care who has been in a Family meeting with the Intensive Care team who had no control, no power and no influence I would be a millionaire.

And if I had a Dollar $ for every Family of a critically ill Patient in Intensive Care who went into a Family meeting with the Intensive Care team and they had no idea about the dynamics, the positioning, the perceptions, the preconceived notions, the power play, the intrigue, the politics and the psychology of those meetings, I would even be a Billionaire…

If I have learned one thing after more than 15 years of Intensive Care nursing in three different countries, it's that Families of critically ill Patients in Intensive Care have very little or no control, power and influence, if they chose to.

And the situation is even worse when it comes to **Family meetings** with the Intensive Care team.

Families of critically ill Patients tend to be ill prepared

In those "official" and "formal" meetings, the Intensive Care team is setting the scene, whereas Families of critically ill Patients have no idea how to deal with those dynamics in those challenging meetings, they don't know how to position themselves, they don't know what to expect, they don't know what questions they need to ask and they are generally **ill prepared.**

Families of critically ill Patients in Intensive Care furthermore also have no idea how the Intensive Care team views and prepares for those meetings and Families also don't know that the Intensive Care team has **"scripted"** those meetings well in advance. Hence, the Intensive Care team knows what to say and they know how to say it.

The Intensive Care team is generally speaking a **master at orchestrating those meetings** so that they can continue driving **their agenda**, an agenda that you and

your Family generally speaking have no idea about. It's also an agenda that's well hidden from the public and the Intensive Care team's agenda is dependent on

- The **financial interests** of the Intensive Care Unit
- The **bed status** and other admissions awaiting admission into a precious, scarce and expensive Intensive Care bed
- **Research projects** that are going on in the Intensive Care Unit and those research projects generally attract 5, 6 or even 7- figure Dollar $$$ funding into the unit from Universities, Pharmaceutical companies or even from government organisations
- **Personal beliefs** held by powerful individuals within the Intensive Care team that can be vastly different from your and your Families **beliefs**
- The **power play** in the Intensive Care Unit, within the Hospital and within the Intensive Care team
- The **politics** in the Intensive Care Unit, within the Hospital and within the Intensive Care team
- The **dynamics** in the Intensive Care Unit and within the Intensive Care team
- The **intrigue** in the Intensive Care Unit and within the Intensive Care team
- The **constant fight for limited resources** within the Hospital and within the Intensive Care Unit and within the Intensive Care team
- The **psychology** within an Intensive Care Unit

Generally speaking, there is a lot at stake for the Intensive Care team that goes way beyond your loved one's best interest

Considering all of those facts you can see that there's a lot at stake for the Intensive Care team and for the Intensive Care Unit and that's why the Intensive Care team **frames** those meetings in ways that is very subtle and is almost invisible for somebody who doesn't know and doesn't understand the dynamics, the intrigue and the psychology in the Intensive Care team vs. Family relationship.

The biggest challenge here however is that you and your Family are coming **ill prepared** and you and your Family generally speaking have no idea about the **"moving parts"** in an Intensive Care Unit and you and your Family have no idea what's happening **"behind the scenes"** in an Intensive Care Unit. After all you

don't know what you don't know, but the good news is that you are about to discover…

Families of critically ill Patients are also often having **"blind faith"** in the abilities and even in the motives of the Intensive Care team.

Unfortunately Families of critically ill Patients are therefore very often on the wrong path and their thinking is wrong. Especially in difficult and challenging situations where your critically ill loved one faces uncertainty in situations such as

- if they are very unstable and in a very critical condition
- if they are in a life threatening situation
- if they have been in Intensive Care for long-term treatment and/or for a long-term stay
- if they are approaching their end of life in Intensive Care

The Intensive Care team knows how to *"play the game"*

Family meetings in those situations tend to be driven by the Intensive Care team's agenda and the Intensive Care team's positioning and the positioning of your critically ill loved one's prognosis and diagnosis by the Intensive Care team's is driven by their interests and not by yours.

The good news is that you are about to learn what's happening **"behind the scenes"** in Intensive Care and you are about to discover the **"moving parts"** in an Intensive Care Unit, because this **insider knowledge** will help you to understand why and how the Intensive Care team positions your critically ill loved one's prognosis and diagnosis and by you getting that crucial **"behind the scenes"** insight you will learn how you can position yourself powerfully in those meetings so that you will have peace of mind, control, power and influence!

As a rule of thumb, 99% of Families of critically ill Patients in Intensive Care have no control, power and influence and 99% of Families of critically ill Patients just take for **"face value"** whatever the Intensive Care team is telling them.

You've already shown that you are different

Now the good news is that if you are reading this right now that you don't belong to those 99% of those Families, because you probably had a hunch, a feeling or an

insight that you need to take action and that you need to be proactive about getting informed and taking matters in your own hands!

Congratulations! You now belong in that 1% bracket of Families of critically ill Patients in Intensive Care who have control, power and influence and I can promise and assure you that the Intensive Care team will notice and the dynamics change in your favour immediately, as soon as the Intensive Care team notices that you have assumed control, power and influence!

Why are Families of critically ill Patients so ill prepared for Family meetings with the Intensive Care team?

Well, you see as I have mentioned before the Intensive Care team has scripted those Family meetings with you well in advance, before you and your Family even knew that the Intensive Care team or even you asked for that meeting.

As a rule of thumb, 9 out of 10 Family meetings are held because **bad news** are being delivered.

Just think about this for a minute.

9 out of 10 Family meetings are held when there's bad news. Do you think that would be challenging for the Intensive Care team? Do you think that would be challenging for you and for your Family?

You bet…

The Intensive Care team knows what to say and how to say it

Therefore, the Intensive Care team knows how to break bad news, they have **mastered the art**, so to speak and they know how to continuously drive their agenda even in those often challenging Family meetings.

The Intensive Care team knows what to say and how to say it. They have also mastered the art of **"pre-framing"** those Family meetings often by having these "formal" meetings in a quiet Hospital room nearby or even in the Intensive Care Unit.

Location, location, location

That by itself sets the stage and sets the **perceived power dynamics**. Imagine you would be having those Family meetings in your House or at a more neutral place like a nearby café close to the Hospital. It would change the dynamics immediately.

Since that's not the case however, you and your Family need to learn a few things in order to challenge the Intensive Care team's positioning, you need to challenge the Intensive Care team's perceived power and you and your Family need to know

- what questions you need to ask in those meetings
- what mental positioning you need to have
- how to control your emotions
- how you can get what you want
- how to turn things around so that you have **peace of mind**, control, power and influence

The fact of the matter is that the Intensive Care team has been having those meetings over and over again. Given that 9 out of 10 Family meetings are held for **delivering bad news**, the Intensive Care team knows how Families react in those emotional and dramatic Family meetings and they know and understand the psychology and dynamics in those meetings.

The Intensive Care team often **takes advantage of your emotions** and they know how to "juggle" your emotions so that they can continue driving their agenda.

In order to change the situation for you, for your Family and for your critically ill loved one so that you have more control, power and influence we need to change a few things and those things are

- you need to start asking the right questions
- you need to challenge the **perceived power** of the Intensive Care team in those family meetings(nobody ever does that and it's the biggest mistakes Families make)
- you need to stop being intimidated by the Intensive Care team
- discover how to control your emotions and also use your emotions to your advantage effectively
- discover how the Intensive Care team manipulates your emotions in a Family meeting and drives their agenda

As I have promised in the beginning we now look in detail at the **"Ultimate 6 step guide for Family meetings with the Intensive Care team, that help you to have peace of mind, control, power and influence if your loved one is critically ill in Intensive Care!"**

1. **Family meetings with the Intensive Care team have their own dynamics or *"The Elephant in the room"***

Now as I have briefly hinted on before, Family meetings in Intensive Care usually are only held to **deliver bad news**. As a rule of thumb, you and your Family can be briefed at the bedside if things are going well and if your critically ill loved one is on their way to recovery.

If the Intensive Care team is asking for a Family meeting, it's generally speaking to **deliver bad news.** On the other hand, sometimes Families are asking for a "formal" meeting as well, if things aren't progressing and/or if Families think they want to speak to the Intensive Care team. Most of the time however, Family meetings are initiated by the Intensive Care team and that sets the wheels and also some very specific dynamics and perceptions in motion.

Now in most Intensive Care Units that I have worked in, Family meetings are held in dark, sterile and unfriendly waiting rooms or meeting rooms, nearby or even in the Intensive Care Unit. Most of the time, **a box of tissues** is already waiting on the table, ready for Families to be used when they start crying. That's not a good starting point and it sets a very negative and not so subtle tone from the start.

Other dynamics that are set in motion are things like

- The perceived authority and the perceived power of the Intensive Care team
- The intimidation that many Families of critically ill Patients in Intensive Care feel by the sheer presence of Doctors and Nurses
- The helplessness, the frustrations, the fears, the vulnerability, the stress, the overwhelm and the feeling of not knowing what to do is a huge feeling experienced by Families of critically ill Patients
- The fear of losing your critically ill loved one and the elimination of that fear is almost impossible to shed in a "formal" Family meeting
- The clear cut agenda that is set by the Intensive Care team that remains largely hidden from you and your Family that is basically the **"Elephant in the room"**

On top of those feelings, you probably already know that if the Intensive Care team wants to meet with you and with your Family that there aren't any good news waiting for you…

The Intensive Care team is in the "pole position"

Now, if you look at those dynamics, you and your Family are not in a good starting position and that's exactly why Family meetings with the Intensive Care team are so challenging, frustrating, emotional and also frightening.

You and your Family have no idea what to expect, you generally have no idea what questions you need to ask, you have no idea what you are walking into and you feel you have no peace of mind, no control, no power and no influence.

On top of that, the Intensive Care team knows what to say, they know how to say it and they generally know and understand the emotions that Families of critically ill Patients feel and they often use those emotions to their advantage, continuously driving their agenda.

How to start meetings off on a better note

In order for you to start those meetings off on a better note and also with more control, power and influence from the very start, you may want to ask the Intensive Care team to have the Family meeting outside of Intensive Care and you may ask to have the Family meeting in a nearby coffee shop or even outside in a nearby park in summer. Also, think about if you had the Family meeting in your house, do you think it would change the dynamics and would set a different tone? It surely would…

Setting the scene is very important and the Intensive Care team are the master at it if you let them.

Having meetings in meeting rooms with no natural daylight where a box of tissues is generally sitting on the table, ready for the Families of critically ill Patients to use those tissues when they start crying, sets very powerful and very negative dynamics off from the very start, well orchestrated by the Intensive Care team…

Having such setups in meeting rooms imply a lot of negativity from the very start. It also means that the Intensive Care team is **"playing on home ground"** and you and your Family are the **"away team"** so to speak.

Now, by you asking for another meeting venue will set the scene and it will show the Intensive Care team that you are not intimidated, that you understand the dynamics and it also shows that you and your Family know what you want.

It also shows the Intensive Care team that you are having an awareness of what to expect and it shows the Intensive Care team that you have different expectations and also different ideas about those meetings.

Try it out and I'll promise your level of control, power, influence and peace of mind will be increased big time!

2. The psychology of those meetings and what the Intensive Care team wants

In order for you to have peace of mind, control, power and influence in Family meetings with the Intensive Care team, you need to understand the deeper psychology and also the positioning of the Intensive Care team.

As I have briefly mentioned before, the Intensive Care team knows what they want and they know how to get it.

Families of critically ill Patients on the other hand often don't know what they want, because they are generally overwhelmed by their emotions, frustrations, by their fears, they feel very vulnerable and they often also don't see the light at the end of the tunnel of their loved one's critical illness. The fear of losing their critically ill loved one is huge and Families of critically ill Patients tend to be so far **outside of their comfort zone** that they don't know what to do…

The Intensive Care team on the other hand knows and understands your emotions to the point that they use it to their advantage and to drive their agenda.

In situations where the Intensive Care team wants to meet with you, they are generally speaking situations where your critically ill loved one

- is very unstable and in a very critical condition
- is in a life threatening situation
- is or has been in Intensive Care for long-term treatment and/or for a long-term stay
- is approaching their end of life in Intensive Care

The Intensive Care team's (hidden) agenda

Those are all challenging situations and in order to understand the Intensive Care team's positioning in those situations, you and your Family need to understand how an Intensive Care Unit operates on a psychological level and how the Intensive Care team views those situations.

Also keep in mind that the Intensive Care team is having those meetings over and over again many times a week and sometimes even many times a day!

During all of those situations the Intensive Care team generally operates from a mindset of

- What are our **financial**(budget) interests in your critically ill loved one's case, will we make or will we lose money if we continue treating your loved one?
- What is the current **bed situation** in Intensive Care? Do we need to free up some beds quickly because we have other admissions competing for Intensive Care beds?
- What are the **personal beliefs**, **values and ethics** of some of the key members of the Intensive Care team? Do they believe in the recovery of your critically ill loved one? Or do they not belief in the recovery of your critically ill loved one? Are they under pressure from their peers or hospital executives? Do they compete for limited resources within Intensive Care or with other hospital departments?
- What are our **medical research** interests in your critically ill loved one's case, can we do some **medical research** on your critically ill loved one that attracts 5,6 or even 7 figure funding to our hospital from Universities, the government and/or Pharmaceutical companies?
- Most Intensive Care teams think **"they know what is best"** and they operate from that mindset that is bordering on arrogance or sometimes even is sheer arrogance that leave your opinion, your beliefs, your values, your ethics and your judgement out of the equation

- On top of that the Intensive Care team knows that you are **ill prepared** or even not prepared at all

That tends to be the psychology and the dynamics at play in Family meetings with the Intensive Care team and unless you have an acute awareness of those dynamics and the psychology you stand very little or no chance to have peace of mind, control, power and influence.

Having an acute awareness of the dynamics is critical

As it relates to **medical research** activities in the Intensive Care Unit, you and your Family need to know that it even has two sides of the coin. On the one hand if the Intensive Care team thinks that your critically ill loved one doesn't fit a research category, it means that an earlier **"withdrawal"** or **"limitation of treatment"** may be suggested by the Intensive Care team if your critically ill loved one is in a difficult situation.

On the other hand if your loved one is in a difficult or life threatening situation and your critically ill loved one is falling into a medical research category the Intensive Care team may suggest to prolong treatment unnecessarily, because they can continue doing research, whilst unnecessarily prolonging your critically ill loved one's suffering!

In order for you to turn it all around, your first step is to know what outcome you want for your critically ill loved one and then simply ask for it.

The reality is that if the Intensive Care team is telling you that your critically ill loved one is dying and that you should brace for it, you might turn it all around by challenging the Intensive Care team's assumptions(the Intensive Care team won't like it) and see how they react. This is the only way to get what you want. You can also ask questions about the Intensive Care team's motives and agenda and as soon as you've done that, you have done something 99% of Families of critically ill Patients in Intensive Care won't do and you have done something that the Intensive Care team won't like, but you and your Family are well on your way to have peace of mind, control, power and influence.

If you do that, challenge the assumptions of the Intensive Care team by asking the right questions, if you ask for what you want and if you ask for another venue for the meeting, you are well on your way to challenge the Intensive Care team, you are challenging their assumptions and you will be able to find out what's really happening…

3. Your mental positioning

Your mental positioning is absolutely critical. It's one of your biggest leverage points on your way to peace of mind, control, power and influence!

The Intensive Care team on the one hand has figured out their mental positioning way before you have even met them. And as I have hinted before their positioning is based on perceived authority, perceived power as well as other factors that are happening **"behind the scenes"** in Intensive Care. From the Intensive Care team's perspective, it's rock solid. It's rock solid because they have to drive an agenda and they are also very rarely challenged by Families of critically ill Patients.

Families of critically ill Patients buy into this limited mindset of 99% of other Families in Intensive Care who believe that they can't change things. They believe that the Intensive Care team has all the answers and they have no idea how what's happening **"behind the scenes"** is really dominating the agenda and is really the **"Elephant in the room"!**

A real world example to give you real world insights

I'll give you a quick real world example here. Let's just say that your critically ill loved one has been in Intensive Care for three months, is ventilator dependent with Tracheostomy and your critically ill loved one is depressed, has no Quality of life, they are heavily dependent on other people, they have no privacy and dignity and worst of all, your critically ill loved one has gone through multiple failed attempts to be weaned off the ventilator. It's a vicious cycle that your loved one seems to be unable to escape.

You and your Family's life is difficult and challenging as well and you haven't slept properly, you haven't eaten properly and your Family life is suffering. You are spending far too much time in Intensive Care and you are running out of energy…

The Intensive Care team wants to meet with you and your Family to talk to you and "giving you an update".

The Intensive Care team knows what they are going to say and they know how they are going to say things. The obligatory box of tissues is also waiting for you in

the meeting room. Remember, the Intensive Care team is playing on home ground here if you let them…

The Intensive Care team is most likely **framing** the situation in a way that suits their agenda and they most likely will tell you that a **"withdrawal of treatment"** or a **"limitation of treatment"** might be in the **"best interest"** of your critically ill loved one…

What the Intensive Care team isn't telling you

The Intensive Care team certainly won't tell you that they think they are losing money if they continue treating your loved one, they won't tell you that they are experiencing bed pressures from other potential admissions, they certainly won't tell you that they are fed up with continuing treatment, they won't tell you that your critically ill loved one doesn't fit any medical research criteria and they also won't tell you that they think that you and your Family "will play along" because the Intensive Care team thinks that you and your Family don't really know and understand what has been happening so far.

The way that you and your Family have interacted so far didn't leave the impression that you had any control, power and influence as you went along with everything that the Intensive Care team suggested so far.

Challenging assumptions and not taking "NO" for an answer

In order to challenge the assumptions of the Intensive Care team, you and your Family need to have strong mental positioning and you need to belief that you have control, power and influence! It's making all the difference, because the Intensive Care team doesn't expect that positioning and by you having the belief that you can have control, power and influence, as well as by you having an awareness of the Intensive Care team's agenda, you can position yourself accordingly, ask the right questions and not take "no" for an answer.

If you belief that your critically ill loved one can get through their challenging situation then you should make that very clear to the Intensive Care team and you should follow your gut and intuition, because your gut never lies.

Your positioning is absolutely crucial and critical to getting what you want, irrespective of what the Intensive Care team is telling you and irrespective of what the odds may be for your critically ill loved one. You can always change these "odds" in your favour if you think that you can.

4. **Your body language**

Most Families of critically ill Patients in Intensive Care have poor body language when they first come to Intensive Care. After all they are experiencing a new, challenging, frightening, stressful and overwhelming situation. It's a normal reaction and generally speaking Families of critically ill Patients tend to have poor body postures that communicate to the Intensive Care team implicitly or explicitly that they have no peace of mind, no power, no control and no influence.

Signs of poor body language and poor body postures that I observed over the many years working in Intensive Care as a nurse are things like

- Head down
- Slumped back posture
- Avoiding eye contact
- Crossed arms
- Slumped shoulders
- Weak hand shake
- Fiddly hands
- Sweat on their forehead

Now, don't get me wrong. That's normal and we all show those signs of poor body language if we are in a challenging and difficult situation.

However, your job is to notice that it's happening, that you have poor body language and poor posture and then change it.

Have strong body language instead

Now, imagine you walk into the Intensive Care Unit with your head held high, with your chin up, with your chest forward and your shoulders back, you make strong eye contact, your arms are comfortably normal and you don't have your arms crossed and when you shake the doctors or the nurse's hands you have a strong and powerful hand shake.

Do you think the Intensive Care team will notice? You bet… How do you feel by displaying powerful body language? Do you feel like you are now ready to face this challenging situation? Do you feel now like you are ready to deal with whatever life is throwing at you? You bet…

Most Families of critically ill Patients in Intensive Care that I have seen have no or very little awareness what their body language communicates to the outside world and over and over again do I see that when they receive bad news that their body language gets even worse.

Your job is to keep an open posture and strong body language at all times. The message that you display with your body language will tell your conscious, your subconscious, the Intensive Care team and your critically ill loved one that you can handle the situation. You are now well positioned to ask the right questions and to also ask for what you want, irrespective of what the Intensive Care team is telling you. Only then will you find out what is really happening.

5. **Your questions to the Intensive Care team are your biggest leverage point and are critical for the level of peace of mind, control, power and influence you will have**

To get the outcome you desire for your critically ill loved one, you need to ask the right questions. The Intensive Care team doesn't expect you to ask the right questions, because very rarely do they deal with Families who know what the right questions are.

Very rarely have I seen Families of critically ill Patients asking the right questions. Most Families of critically ill Patients focus on the clinical questions and the reality is that when it comes to the clinical questions, the Intensive Care team will always have the upper hand. They can twist and turn the prognosis and diagnosis of your critically ill loved one in whichever way they like and **keep you at arm's length** so to speak, because that's the Intensive Care team's area of expertise.

But if you hone in on the questions that relate to the Intensive care team's positioning that is based on their decision making **"behind the scenes"** that is based on their interests and their agenda that **goes way beyond** your critically ill loved one's well being, that's when you get peace of mind, control, power and influence.

The Intensive Care team doesn't expect you to ask questions that relate to the stuff that's happening **"behind the scenes"** and if anything, they will be surprised by you having done your own research. The Intensive Care team doesn't expect you to challenge them, because after all they are the professionals who **"know what's best"**…

You see medicine and Intensive Care is an antiquated system, where mainly doctors still think they **"know what's best"** because they often still believe that they are superior to everybody else. But the bigger challenge often is that Families and the general public let them behave that way and they don't question Doctors' perceived authority.

The good news is that even though it's an antiquated system, we're not living in the 19th century anymore, thankfully we're living in the 21st century, information is readily available so that you can do your own research and you can make up your own mind and therefore you can challenge the Intensive Care team's assumptions and their positioning…

6. **Learn how to control your emotions in a Family meeting, because if you don't control your emotions, the Intensive Care team knows how to use your emotions to their advantage**

Emotions are generally speaking a healthy sign. It shows that you are alive and it shows that you've got passion for whatever situation you are dealing with. That's the good news. However many, if not most people can't control their emotions and therefore their emotions are their biggest enemy.

In a situation where your loved one has been admitted to Intensive Care for critical illness, your emotions are generally running wild. There can be a lot of tension and drama and even more so in a Family meeting!

The obligatory box of tissues and the meaning behind it…

Remember, the obligatory box of tissues on the table in the Family meeting room in or nearby the Intensive Care Unit? What a powerful framing by the Intensive Care team. The Intensive Care team expects you to cry after they've delivered the bad news… it's explicitly expected with the box of tissues on the table.

But you already know that you need to ask for another venue for the meeting anyway…

Another real world example

I'll give you another real world example of how the Intensive Care team is playing with your emotions in a Family meeting so that you understand how it works and so that you understand how the Intensive Care team can manipulate you and your Family.

Let's say your critically ill loved one has been in Intensive Care for about a week after a car accident. Your critically ill loved one sustained a severe head and brain injury with severe rip fractures. Your critically ill loved one had a Craniectomy(opening and removal of some of the skull) to decompress the brain to reduce the intracranial brain pressures(pressure in the brain). The rip fractures also damaged your critically ill loved one's heart so that they went into an irregular heart rhythm.

Not a good scenario and not a good starting point. The situation is pretty bleak from the Intensive Care team's point of view, however you are very optimistic that your loved one can pull through, because your critically ill loved one has shown in the past that they can deal with setbacks in life and they are used to dealing with adversity. If anyone can do it, then it's your loved one. You are convinced that they will survive their ordeal and come out good at the other end!

Walking on the edge

You and your family had an extremely stressful week especially since you haven't slept properly, you haven't eaten properly and you know that you've spent far too much time in Intensive Care, almost day and night. And if you have been at home, you woke up in the middle of the night feeling compelled to ring the ICU to get an update on your loved one's condition. You feel like you are walking on the edge and in fact you are close to a nervous breakdown.

You have also noticed that the Intensive Care team has been relatively negative from the start and you felt like they have been painting a "doom and gloom" picture and you almost felt like they have been deliberately trying to get your hopes down…

The next challenge is that you and your Family have been asked to come to the ICU the next day at 3pm to have a Family meeting with the Intensive Care team.

You wonder why the Intensive Care team wants to have a Family meeting, you felt like you have been given updates regularly by the Intensive Care team and you and your Family know that the situation is difficult and life threatening, but you and your Family have been positive all the way along, knowing that your critically ill loved one is quite strong and knows how to deal with adversity.

You and your other Family members have now arrived in the Intensive Care Unit and before you go into the Family meeting with the Intensive Care team, you visited your critically ill loved one and you've been updated by the bedside nurse about your critically ill loved one's condition. The nurse said that things are still the same, that your loved one is in a critical condition, that they are still having high pressures in the brain and that the heart is still in an irregular rhythm that's also compromising your loved one's blood pressure, to the point where your loved one requires Inotropes(intravenous drugs that increase blood pressure) in order to maintain a decent blood pressure. The Inotropic support(drugs for blood pressure) have now been maximised and have reached a dangerously high level.

So there haven't been any news really and you are anxiously going into the Family meeting with the Intensive Care team.

Once you and your Family are entering the dark and unfriendly meeting room you do notice the box of tissues on the table but you're not paying too much attention as yet.

The meeting

Besides you and your Family members there is the senior Intensive Care Consultant present who you have met briefly during the week, two other more junior doctors who you have been speaking with regularly and the bedside nurse.

The senior Intensive Care consultant opens the meeting and explains the situation that the Intensive Care team has been dealing with all week since your critically ill loved one has been admitted and he stresses the fact that things aren't going too well and that he fears for the life of your critically ill loved one. The ongoing high pressures in your loved one's brain in spite of the decompression of the brain,

where some skull was removed, appears to not being effective as the Intensive Care team is still having issues to control those high pressures in the brain. The Intensive Care Consultant explains that ongoing high pressures in the brain have a tendency to damage the brain irreversibly.

Furthermore, your critically ill loved one's heart has been damaged and the heart is beating irregularly and is therefore not maintaining a decent blood pressure. In order to maintain a decent blood pressure, inotropes(blood pressure drugs) have been started in order to maintain a decent blood pressure, however the inotropic support is now at a dangerously high level, where the Intensive Care team fears that your loved one's heart may not be able to cope.

The Intensive Care consultant is now looking at you and your Family and is asking whether you are having any questions so far. You and your Family deny and the Intensive Care consultant continues and says that he thinks that it is **"in the best interest"** of your critically ill loved one to **"limit treatment"** and **"withdraw treatment"** and let your critically ill loved one die, as he feels a recovery is unlikely and he also feels that if your loved one is recovering that they wouldn't have any **"Quality of Life".**

At this point you and your Family are starting to cry and you are reaching for the obligatory box of tissues in the meeting room. You and your Family are overwhelmed and you feel powerless by the negative emotions you are experiencing.

What is really happening here and what are the dynamics at play?

I want to stop here and I want to zoom out of the conversation in order to explain what is really happening here on a deep emotional level.

Most Families of critically ill Patients when faced with a challenge like this automatically react with overwhelming negative emotion and they are unable to channel their feelings and emotions into anything positive. They are usually so overwhelmed and challenged by facing the mortality of their critically ill loved one for the first time head on.

By you and your Family being removed from the bedside where you are at least able to physically see your critically ill loved one and by you and your Family being in a dark and unfriendly meeting room, where the Intensive Care team is basically

"playing on home ground", you and your Family are more likely to give in to whatever the Intensive Care team is suggesting to you.

You and your Family are most likely also feeling an appreciation of what the Intensive Care team has done for your critically ill loved one so far. And that is exactly the point where the rubber hits the road so to speak.

The rubber hits the road…

Prior to the meeting, you felt like your critically ill loved one will survive their ordeal, but the psychology, the dynamics and the "framing" by the Intensive Care team of the situation makes it very difficult for you and for your Family to challenge the Intensive Care team's positioning and you and your Family are unable to really challenge the Intensive Care team's positioning because of your overwhelming emotions.

The most dangerous point for you and your Family is that since you are feeling an appreciation of what the Intensive Care team has done so far for your critically ill loved one, you implicitly or explicitly don't want to disappoint them, even though you know that you should challenge their positioning and even though you know that you should start asking questions about the Intensive Care Unit's financial interests, about their budget, about other admissions waiting for an ICU bed, about their research interests etc…

That's exactly the point where the Intensive Care team is **playing with your emotions** in order to get what they want and in order to continuously drive their agenda.

Your lowest point and "the law of reciprocity"

This is your lowest point and the Intensive Care team knows that, because they have seen it over and over again.

They know that the **law of reciprocity** kicks in at that point, however counterintuitive it may sound to you. All human relations are built on reciprocity and it's all about "give and take". The variation here is that you may **"trade in"** your critically ill loved one's life for everything the Intensive Care team has done so far. I have seen it over and over again.

The same rules apply if the Intensive Care team wants to continue treatment and you and your Family think it's hopeless and it only prolongs your loved one's

suffering. You and your Family know that your critically ill loved one would not want to be in such a difficult situation where they are suffering.

If the Intensive Care team wants to continue treatment because they have interests beyond your critically ill loved one's well being, such as financial interests by continuing treatment to make money or if they have **research** interests in your critically ill loved one's case or if they want to keep a bed occupied for a little longer, the Intensive Care team will also "grab" you at your weak point, where you want to **reciprocate** for whatever they have done so far for your critically ill loved one.

Your challenge is to have an awareness what **powerful emotions** are at play in those situations and also to have an awareness where your low points are and to not give in during your low points.

Thankfully, you are however in a different position now, because you have learned a tremendous amount about what's happening **"behind the scenes"** in Intensive Care, you have learned about the dynamics, the psychology, the power play, the emotions and the intrigue and now you know what questions you need to ask and you are aware of the **"law of reciprocity"** and how it applies to Family meetings.

You and your Family are now well positioned to go into those Family meetings!

I hope that this Ebook has served you well and I hope that you have gained even more insight of how you can effectively deal with your fears, frustrations, your struggles, your vulnerability and how you can turn the situation around so that you feel powerful, in control, influential so that you are mentally well positioned and mentally strong to deal with adversity! Hopefully I was able to "elevate" your thinking and also to lift your spirits.

I also hope that I will see you in our other Ebooks so that you can find even more strength, more power, more energy, greater influence and also hope in your challenging journey through the Intensive Care landscape.

For more information on a variety of topics, within Intensive Care, check out more of our reports and Ebooks and also read our "**blog"** for more tips and strategies and the **"your questions answered"** section. Find the links here

http://intensivecarehotline.com/category/blog/

http://intensivecarehotline.com/category/questions/

You can also send me an email to support@intensivecarehotline.com if you have more questions

Sincerely, your friend

Patrik Hutzel