

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

The 10 things you didn't know about SEVERE HEAD OR BRAIN INJURIES in Intensive Care that you must know especially if your critically ill loved one is not WAKING UP or if the Intensive Care team is suggesting a POOR PROGNOSIS or even worse if the Intensive Care team suggests a "WITHDRAWAL" or a "LIMITATION OF TREATMENT"!

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

The 10 things you didn't know about SEVERE HEAD OR BRAIN INJURIES in Intensive Care that you must know especially if your critically ill loved one is not WAKING UP or if the Intensive Care team suggests a POOR PROGNOSIS or even worse if the Intensive Care team suggests a "WITHDRAWAL" or a "LIMITATION OF TREATMENT"!

Thank you so much for being a reader of our information! We believe we have valuable and important information to share for our readers!

But we also know that you and your Family are searching and looking for information about the topics that are so vitally important for you, for your Family and for your critically ill loved one!

You see if your critically ill loved one has just had a severe brain or head injury and is critically ill in Intensive Care you are in one of the toughest situations there can be on this earth!

I know from experience that I when I first started working in Intensive Care more than 15 years ago, in the first Intensive Care Unit that I worked in we had numerous brain and head injuries, mainly after car accidents and falls etc...

I remember when I first started looking after Patients with severe head and brain injuries and their Families I was so struck by the tragedy that these Patients and their Families experienced that I could barely cope doing the work that is required as a Registered Nurse in Intensive Care. Looking after Patients with severe head and brain injuries and their Families was hitting me without any warning and I soon learned that it can be extremely tragic for critically ill Patients with severe head or brain injuries and their Families, but it can also be extremely rewarding when one get involved in doing the work getting severe head or brain injury Patients back on their feet again and in the process also sees the Families of those Patients being much happier.

And if I felt terrible and if I felt that being involved in looking after critically ill Patients in Intensive Care with severe head and brain injuries is challenging, I know how you must feel as a Family member if your loved one is critically ill in Intensive Care with a severe head or brain injury.

But the reality and the fact of the matter is also that if I can cope with the challenges, the misfortunes and even the miseries of those situations, you can do too! Never underestimate your, your Family's and your critically ill loved one's resilience! Whilst we are not made of stone, we are all extremely resilient because otherwise we wouldn't be here on this earth. You and I wouldn't be here today, if our ancestors didn't know how to effectively deal with adversity, challenge, frustration and even despair!

And I won't neglect the fact that severe head and brain injuries are one of the biggest challenges in Intensive Care! And I also won't neglect the fact that severe head and brain injuries can sometimes lead to the end of the life of critically ill Patients in Intensive Care!

But before you can come to the conclusion whether the end of life of your critically ill loved one after a severe head or brain injury is the only option you really need to educate yourself as much as possible and you want to make sure you know as much about severe head and brain injuries in Intensive Care as you possibly can!

Therefore, without any further introduction let's dive into

The 10 things you didn't know about SEVERE HEAD OR BRAIN INJURIES in Intensive Care that you must know especially if your critically ill loved one is not WAKING UP or if the Intensive Care team suggests a POOR PROGNOSIS or even worse if the Intensive Care team suggests a "WITHDRAWAL" or a "LIMITATION OF TREATMENT"!

- 1. Critically ill Patients with severe head and brain injuries in Intensive Care can take a long time to heal or recover, more time than anybody will ever admit to**

Critically ill Patients in Intensive Care with severe head or brain injuries can take a long time to recover.

What do I mean when I say a long time?

I have seen some critically ill Patients in Intensive Care with severe head or brain injuries to be in Intensive Care for more than 6 months. The reason why they stayed in Intensive Care for such long periods was manifold. It was often a situation and a combination of those Patients having massive issues with intracranial pressures (pressure in the brain), Patients not **"waking up"**, Patients having a Tracheostomy and being ventilator dependent, Patients developing sepsis, Patients developing acute renal or kidney failure and just generally needing a long time to recover.

As I have said before, severe head and brain injuries are one of the biggest challenges in Intensive Care and the more time your critically ill loved one is given, the better chances are to recover!

Just take Michael Schumacher (the former Formula 1 world champion) who had a massive head and brain injury in January 2014 while skiing, and who was in Intensive Care for months, he's the best and also high profile example that Intensive Care stays after severe head and brain injuries can be extremely long!

2. Critically ill Patients with severe head or brain injuries tend to use up a lot of expensive resources in Intensive Care and it therefore puts pressure on the budget and or on other beds in Intensive Care

The biggest **“ELEPHANT IN THE ROOM”** when you are dealing with the Intensive Care team if your loved one is critically ill in Intensive Care with a severe head or brain injury is that severe head or brain injuries tend to be extremely resource intensive! Those resources tend to be time, money, staffs expertise, equipment, diagnostics, operating theatre etc...

The Patients in Intensive Care with severe head or brain injuries tend to be ventilated for prolonged periods, they often end up with a Tracheostomy and they often end up using expensive drugs and medications. They also often have more CT scans and/or MRI scans compared to other Intensive Care Patients! Therefore resource pressures can be immense!

The Intensive Care team also knows that many of those Patients can stay in Intensive Care for prolonged periods and they therefore almost always weigh up the pros and cons of continuation of treatment. The Intensive Care team knows that if they are using expensive resources to get your critically ill loved one through the most acute and often life threatening phase of their stay in Intensive Care, it can be followed by an even longer stay that takes up even more expensive resources!

The average length of stay for severe head or brain injuries in Intensive Care tends to be a lot longer than for other Intensive Care Patients!

Therefore whatever the Intensive Care team mentions to you about prognosis, diagnosis, care and treatment of your critically ill loved one with a severe head or brain injury needs to be viewed and analysed in the context of resource management in the Intensive Care Unit!

If the Intensive Care team for example can foresee a high demand for their ICU beds in coming days or weeks and they also know that some of those other upcoming admissions are “making them money” or at least don’t put much pressure on a budget, the positioning of your critically ill loved one’s prognosis and diagnosis may be determined by the **“ELEPHANT IN THE ROOM”**, resource pressures and resource management!

To give you a quick example of how that may look like in the real world:

Let's say your critically ill loved one is in a 10 bedded Intensive Care Unit and has been there for the last two weeks after they sustained a severe head and brain injury. Your critically ill loved one isn't waking up and they now have a Tracheostomy and they are still ventilated!

The Intensive Care team is rather negative and pessimistic about the outlook of a recovery of your critically ill loved one and they have already painted a **“doom and gloom”** picture! They have hinted towards a **“withdrawal of treatment”** and a **“limitation of treatment”** as **“in the best interest”** of your critically ill loved one!

Even though you and your Family know that the Neurosurgery team who initially operated on your critically ill loved one's brain when they first came to the Hospital after they had a car accident, is still optimistic and they say that your critically ill loved one will recover, you and your Family are under the impression that it is the Intensive Care team who wants to call the shots so to speak!

And there is a reason for that. The Intensive Care team wants to call the shots for a number of reasons. For one they know that in such a small Intensive Care Unit with 10 beds, one Patient who is **“blocking a bed”** can lead to a refusal of other admissions that would most likely be less resource intensive, be less demanding and challenging and that would be less emotionally and mentally draining compared to a severe head and brain injury.

They also keep stakeholder management in the back of their minds. They may have some other powerful players who need regular ICU beds for their Patients that they want to keep good relations with etc...

The bottom line is that you and your Family need to have an awareness of the **“ELEPHANT IN THE ROOM”**, because the **“ELEPHANT IN THE ROOM”** will always dominate every conversation and it will dominate the Intensive Care team's positioning of your critically ill loved one's prognosis and diagnosis especially if they are not recovering quickly and if they are not recovering in a time frame that is convenient for the Intensive Care team!

3. The Intensive Care team and the Neurosurgery team often have contradicting views and opinions about the prognosis of severe head or brain injuries

The Intensive Care team and the Neurosurgery teams often have contradicting views and opinions about the prognosis and diagnosis of your critically ill loved one with severe head or brain injuries.

The reality and the fact of the matter is that in most instances after severe head and brain injuries the Neurosurgery team is involved often right from the start, because they are the ones who operate on your critically ill loved one's brain, they may remove part of the skull, not only to reduce the brain pressures, they may also remove some of the bleeding etc... The Neurosurgery team may also insert an intracranial pressure monitor(EVD= Extraventricular drain or ICP= Intracranial pressure monitoring) so that the Intensive Care team can continuously monitor and manage the pressures in the brain.

As a rule of thumb, the neurosurgery team will always tell you that the operation went well and they will never tell you that the brain surgery was not successful!

The Intensive Care team will most likely take a different stand and they often have a different point of view as they look more at what's happening in Intensive Care! They may be more cautious, more negative and more conservative in their outlook about your critically ill loved one's diagnosis and prognosis!

Once again, behind closed doors, the Intensive Care team and the Neurosurgery team will often discuss your critically ill loved one's case and even if they can't agree on future prognosis and treatment, they still don't want to be seen as not speaking with one voice when talking to you and your Family! They probably still end up disagreeing but they have to find some sort of compromise that they then can present to you and your Family! As a rule of thumb in most Intensive Care Units it's the Intensive Care team who has more power than the Neurosurgery team! It can be different in some Intensive Care Units where they have a really renowned or famous Neurosurgeon.

Where they often contradict on is the future of your critically ill loved one, or more importantly how to get to the future of your critically ill loved one! From the Intensive Care team's standpoint they want to minimise the resources used to get to the future and from the Neurosurgery point of view, they are more interested in showing proof that their surgery and treatment was successful. But if the Intensive Care team doesn't want to give your critically ill loved one the time to recover and if they push for a **“withdrawal of treatment”** or a **“limitation of treatment”** your critically ill loved one might be dead and the Neurosurgery team is certainly not in favour of prematurely stopping or reducing treatment!

Therefore, for you and your family it's very important that you have an awareness of those dynamics and that you speak to both parties in the process so that you get a feel for the people and that you get a feel for where they stand.

4. **The positive or the negative culture in an Intensive Care Unit can make or break the recovery of your critically ill loved one with a severe head or brain injury**

Intensive Care, just like any other working environment, is a place of culture. Just like where you work, there is a certain culture and that culture is not only driving everything that is happening in the environment, it can also make or break the results people achieve!

This is not any different in Intensive Care and the either **positive or the negative culture in an Intensive Care Unit** will often determine how the Intensive Care team frames the situation, it determines how the Intensive Care team positions themselves and your critically ill loved one's prognosis or diagnosis!

It also determines how **transparent** the Intensive Care team is in their dealings and discussions with you, your Family and your critically ill loved one!

Many Intensive Care Units **tend not be transparent** in their dealings with Families of critically ill Patients, because there is too much at stake for the Intensive Care team. Therefore you need to be prepared that many Intensive Care Units present your critically ill loved one's case in a more negative light, rather than in a hopeful and positive light.

Furthermore, you and your Family also need to be vigilant in how the Intensive Care team(The doctors and the nurses) react to your questions. Are they responding with patience, compassion and understanding or are they responding with impatience, are they giving you some "funny looks" and most importantly are they **transparent** in their answers?

The other thing you need to be mindful of is that if the Intensive Care team or if some members of the Intensive Care team have contradicting views of the situation, of the diagnosis and/or the prognosis of your critically ill loved one, there could even be an internal power struggle going on. Sometimes what happens is that mainly the senior doctors involved in the care and treatment of your critically ill loved one may not agree on the direction they should be taking.

Therefore, treatment might get delayed, open and transparent discussions may not be held etc...

Especially if your critically ill loved one is in an Intensive Care Unit with a severe head or brain injury, the positive or the negative culture in an Intensive Care Unit can **make or break** your critically ill loved one's stay.

You see, it doesn't take much to become negative, cynical or pessimistic when your loved one has been admitted to Intensive Care with a severe head or brain injury.

The major difference that I have found in more than 15 years Intensive Care nursing in three different countries is that the Intensive Care Units who have a **positive culture** tend to give head and brain injuries enough time to recover and they nurture those Patients to the best of their abilities. In an Intensive Care Unit with a **positive culture** those Patients are given a good and fair chance to recover! No **“doom and gloom”** scenarios are being painted. Those Intensive Care Units tend to be transparent, they get Families of critically ill Patients involved in the decision making process and everybody seems to be on the same page. Those units also tend to have a **“can do attitude”**!

In Intensive Care Units with a **negative culture**, Intensive Care teams are very quick in painting a **“doom and gloom”** picture, especially when it comes to severe head and brain injuries. There was one Intensive Care Unit in particular that I worked in that was very quick in painting **“doom and gloom”** pictures for severe head and brain injury Patients and their Families from the start. The Intensive Care team there was also very quick in suggesting a **“withdrawal of treatment”** and/or a **“limitation of treatment”** for Patients with severe head and brain injuries. In those Intensive Care Units with a negative culture the Intensive Care team made sure that from the start Families of critically ill Patients almost felt intimidated from the start!

Therefore, more Patients were not given a fair chance of recovery and many Patients died because the Intensive care team was very shrewd and adept in **“selling”** to Families of critically ill Patients that a **“withdrawal of treatment”** and/or a **“limitation of treatment”** would be **“in the best interest”** of their critically ill loved one!

Many of those critically ill Patients with severe head or brain injuries in Intensive Care Units with a **negative culture** ***“never saw the light of the day”***, so to speak because the Intensive Care teams in units with a negative culture tend to be so preoccupied by ***“getting their way”*** and they are so preoccupied of ***“managing”***

or even *“micromanaging”* the process around not spending too many resources on Patients they deem as *“hopeless”* cases.

Many critically ill Patients in Intensive Care with severe head or brain injuries who end up in an Intensive Care Unit with a negative culture are not given the chance to come to the point where they may get a Tracheostomy, where they may get mobilised in a chair, where they may get taken out of an induced coma etc... because the Intensive Care Unit has already made up their mind that they are not going to invest any more resources. And with resources I not only mean financial, equipment and/or personnel I also mean **emotional resources**.

In units with a **negative culture** the emotional resources that are so vital for a successful recovery tend not to be there, because usually there is one or a few power players in the unit who are responsible for the negative culture and they tend to keep a “lid on the pot” so to speak! Their interests tend to override everybody else and their often dictatorial leadership style tends to drive the culture in the unit!

5. Why the Intensive Care team’s judgement about *“future”* or *“perceived” QUALITY OF LIFE* may be the **ULTIMATE DETERMINANT** in how they present and position your critically ill loved one’s **DIAGNOSIS AND PROGNOSIS**

If you have read some of my other Ebooks you would have heard my talking about **“Quality of life”** or even **“perceived Quality of life.”**

And if your loved one is critically ill in Intensive Care with head or brain injuries the Intensive Care team will base many of their decisions on the *“perceived Quality of life”* of your critically ill loved one in the **future**.

That’s a **triple hypothesis** there and that’s what the Intensive Care team often bases their decisions on. With **triple hypothesis** I mean that the Intensive Care team is basing their decisions on the **“future”**(which is a hypothesis about something that may or may not happen), they base it on their **“perception”**(it’s a perception and it’s not even real) about **“Quality of life”**(Quality of life is the Quality of life of an individual that can not be quantified or measured and who is the Intensive Care team to judge the perceived Quality of life of somebody else in the future)!

The fact of the matter is that the Intensive Care team is basing their decisions on something that is entirely hypothetical and “up in the air” and it also means that they are making judgements about what they think people are prepared to put up with or to live with.

The future is often in the Intensive Care team’s hands, especially if Families of critically ill Patients in Intensive Care have no **PEACE OF MIND**, control, power and influence if they don’t know how to manage the Intensive Care team.

Therefore, I believe it’s highly irresponsible and highly unethical that the Intensive Care team bases some of their decisions that decide about death or life on their “**perception**” about the future “**Quality of life**” of your critically ill loved one!

The reality and the fact of the matter is that the Intensive Care team are the experts in Intensive Care and they are not experts about “**perceived Quality of life in the future!**” The Intensive Care team’s job is to save your critically ill loved one’s life no matter what and the Intensive Care team’s job is to get your critically ill loved one’s life out of Intensive Care alive!

Sometimes you have to remind them of that, because the Intensive Care team’s strictly academic point of view gives them the perception that “**they know it all**”.

You and your Family also need to simply ask, what Quality of life means to you, to your Family and to your critically ill loved one? It’s a very subjective and individual question that only you can answer for yourself and for your Family. You may even have to answer it for your critically ill loved one, depending on the circumstances. But the Intensive Care team are not the ones who can answer it for you, even though they think that they can.

The reality and the fact of the matter is that once a Patient has left Intensive Care the Intensive Care team often has no idea what the “**Quality of life**” looks like for your critically ill loved one, because the Intensive Care team has no idea what’s happening outside of Intensive Care. Once again, they are the experts in Intensive Care and they are not the experts about “**Quality of life**” outside of Intensive Care!

Because I also work in the community with Intensive Care Patients in the Home that are long-term ventilated with Tracheostomy I know what some

people are prepared to put up with and still have Quality of life! You would be surprised how many grateful people are at home, alive and happy to be at home on a ventilator and their Families are happy too to have them around!

(www.intensivecareathome.com.au)

I am not saying that this is the ultimate end goal, however what I'm saying is, don't let anyone tell you what a **“future perceived Quality of life”** needs to look like, because it probably won't fit **YOUR perception about “future Quality of life”**!

6. Why the Intensive Care team's judgement about “future” or “perceived” QUALITY OF LIFE may be the ULTIMATE DETERMINANT in how they present and position any FUTURE TREATMENT AND CARE your critically ill loved one MAY RECEIVE OR NOT RECEIVE

Just like in the previous point(# 5) where the Intensive Care team is making judgements about the **“future perceived Quality of life”** of your critically ill loved one who sustained a severe head or brain injury, the Intensive Care team will therefore also implicitly or explicitly decide on the treatment and the care they are going to give to your critically ill loved one based on their judgement and perception about **“future perceived Quality of life”**!

The reality and the fact of the matter is that **“behind closed doors”** the Intensive Care team will work out their positioning, they will work out how they present and position your critically ill loved one's prognosis and diagnosis and they will work out how they can convince you to play along with all of that.

I have seen some critically ill Patients in Intensive Care with severe head or brain injuries that have just come out of an induced coma and they weren't **“waking up”** straight away and therefore the Intensive Care team knows from experience that **“waking up”** can take a long time and **“waking up”** is also not guaranteed.

That doesn't mean however that it's not achievable! Furthermore, if the Intensive Care team sometimes doesn't want to invest the time, the money, the resources and the **emotional energy** that it inevitably takes to get your critically ill loved one with a severe head or brain injury out of Intensive Care alive, they will just minimize their efforts without you even noticing.

For example if the Intensive Care team's agenda is to have an empty bed available ASAP because they experience a high demand on their Intensive Care beds, they will inevitably start with "emptying" the beds with the most **vulnerable** Patients! And the unfortunate reality is that severe head or brain injuries tend to be some of the most vulnerable Patients in Intensive Care!

By preparing you and your Family and by telling and **"selling"** to you that a **"withdrawal or a limitation of treatment"** maybe in **"the best interest"** of your critically ill loved one because the Intensive Care team thinks that your loved one wouldn't have any **future Quality of life**, they only tell you a one sided story and they are not even talking about giving your loved one more time, a genuine opportunity and the time they need in order to recover and in order to "wake up"!

As I have pointed out in #4, a positive culture in Intensive Care goes a long way and generally facilitates better Patient outcomes, however you also need to be mindful of the **competing interests in an Intensive Care Unit**, because the reality and the fact of the matter is that if there are other Patients in Intensive Care needing expensive resources and if the Intensive Care team has a bigger interest in treating those other Patients, because of medical research interests or because they are dealing with other Families of critically ill Patients who are demanding, who ask the right questions and who have control, power and influence then your critically ill loved one's treatment and care may simply suffer. The reality and the fact of the matter is that as soon as you start asking the right questions, as soon as you start to notice what's happening **"behind the scenes"**, as soon as you start to become aware of the competing interests that the Intensive Care team may have and as soon as you start to become more difficult and demanding, that's when you will have control, power, influence and PEACE OF MIND!

But the bottom line often is that if the Intensive Care team thinks that your critically ill loved has no **"future perceived Quality of life"** then they may silently not offer full or the best treatment and they may even silently and quietly document in the medical notes that your critically ill loved one is not for resuscitation in case their heart would stop!

That's how arrogant and condescending some Intensive Care teams can be. They often make decisions behind closed doors without even informing you, because of their competing interests, because of their often strictly academic

view and because of their hesitancy to overcome their negative culture and have a more positive outlook, because a positive outlook can make all the difference!

7. Why the Intensive Care team may suggest that a “withdrawal of treatment” or a “limitation of treatment” may be in “the best interest” of your critically ill loved one and what they really mean when they say it

As I have pointed out before, critically ill Patients in Intensive Care with severe head and brain injuries tend to belong to the most vulnerable group of Patients in Intensive Care!

Why are those Patients with severe head and brain injuries more vulnerable than other Patients in Intensive Care?

Critically ill Patients with severe head and brain injuries are more vulnerable compared to other Patients in Intensive Care simply because the head and the brain have a life on their own and the outcomes for critically ill Patients with severe head and brain injuries are never linear, straightforward or predictable.

If you think about it, if someone is being admitted to Intensive Care with Pneumonia, with kidney failure, after open heart surgery etc... those Patients generally speaking, go through similar stages in their journey in Intensive Care. Those Patients sometimes are even on clinical pathways and if the Intensive Care team follows those pathways, Patients have a good chance of leaving Intensive Care alive. Of course there can be complications and then Patients deviate from those pathways, however it's far less common that Patients deviate from what is expected. Those Patients therefore are not as vulnerable as Patients with severe head or brain injuries.

There are no pathways for severe head and brain injuries. The reason for that is that simply the brain has a life on its own and we know far too little about the brain, compared to other organs such as the heart, the liver, the lungs and the kidneys. You see, those organs have a mechanical, physiological and almost technical function. Pretty much every one of those organs, heart, liver, lung, kidneys has the same functionality in all humans. However, the brain operates differently in every human being. If you think about it, how many people do you know that are not like you that are totally different from you? You probably know many people who are not similar to you. What's the main

difference? It's their behaviour and their thinking that makes them different to you, which stems from the brain!

Their heart, their lung, their liver and their kidneys do exactly the same than they do in your body, assuming that you and the other person are healthy, however the way those people operate on a mental level is very different from you and the difference is in their thinking and in their brain.

This one way or another has implications on the recovery of critically ill Patients with severe head or brain injuries, because the brain operates so differently on many levels in different people, that it therefore makes the recovery process in severe head or brain injuries unpredictable!

In my experience after more than 15 years Intensive Care Nursing experience in three different countries, most critically ill Patients in Intensive Care with severe head or brain injuries will not follow a pathway and they will never follow whatever anyone might be expecting.

It is therefore that critically ill Patients in Intensive Care with severe head or brain injuries are so vulnerable, especially if they are not **“waking up”** in a time frame that is “acceptable” to the Intensive Care team. And with acceptable I mean that the Intensive Care team might give your critically ill loved one a couple of weeks to “wake up”, which in the bigger scheme of things is not a lot of time, after a severe head or brain injury, because as I have pointed out before, some Intensive care units and teams give critically ill Patients with severe head or brain injuries the time, the nurturing, the care and they often have an inert belief that those Patients will wake up and will recover!

Many other Intensive Care Units are quite strict and far more negative in their outlook when it comes to severe head or brain injuries and the Intensive Care team may be quick to point out that a **“withdrawal of treatment”** or a **“limitation of treatment”** may be in **“the best interest”** of your critically ill loved one.

The reality and the fact of the matter is that some Intensive Care teams are simply not prepared to put the money, the resources and most importantly the **emotional energy** in that it takes to let your loved one **“wake up”** in their own time, because from my experience, time is the ultimate healer.

I can also tell you from experience that every Intensive Care Unit who is having a long-term Patient with a severe head or brain injury that isn't going to **“wake**

up” is taking its emotional toll on the staff and also on the Family of that critically ill Patient. It’s quite a journey and it can be emotionally draining. Sometimes the Intensive Care team may have had emotionally draining experiences with severe head or brain injury Patients in the past that they consciously or subconsciously have in the back of their minds, where they have been traumatised as well and they therefore don’t want to go through the experience again.

That doesn’t mean however that the Intensive Care team shouldn’t give your critically ill loved one with a severe head or brain injury the best of treatment and care there is and the time and the nurturing that it takes to “wake up” and recover!

I’m just listing and explaining to you some of the underlying reasons and the psychology why the Intensive Care team may suggest to you that a **“withdrawal of treatment”** or a **“limitation of treatment”** may be in **“the best interest”** of your critically ill loved one.

The reality is that too many competing interests maybe in the way of giving your critically ill loved one a fair chance to recover and survive and as I have pointed out, the Intensive Care team also needs to invest some emotional energy in the recovery of your critically ill loved one!

8. Why your attitude, your outlook on life, your resilience and your level of control, power, influence and PEACE OF MIND maybe your biggest leverage points in this difficult and challenging situation!

What do you think is your deepest source of wisdom? What do you think is going to happen? How do you think your critically ill loved one will fare?

Have you, your family and your critically ill loved one overcome massive challenges in the past? I bet you have! How did you overcome these massive challenges?

Do you think that some of your ancestors that you have never met have been in difficult and challenging situations during times when life was a lot harder than it is today?

Do you think that you, your family and your critically ill loved one are resilient? Do you think that your ancestors have been resilient? I think I can sincerely assure you that you and your family are resilient, because the reality and the fact of the matter is that if you are here today on this planet alive is a miracle and you wouldn’t be

here today and reading this right now if you and your ancestors hadn't been resilient. Imagine, centuries of war, famine, mass epidemics etc... and you are still here today, it's a miracle isn't it? I think that we highly underrate the challenges that our ancestors had to overcome in order to survive during times when there was no electricity, no cars, no trains, no airplanes, no internet, let alone hospitals! We must start putting things into perspective and we must acknowledge and pay tribute to the fact that our ancestors paved the way for us to be here today!

I think we really have to put things in perspective here and I really think that we can learn many valuable lessons from some of the challenges our ancestors had to face.

Therefore, think of a time when your parents, your grandparents or even your great-grandparents told you about a time of struggle, of war, maybe of famine, of a catastrophe and so on. I'm sure you can learn a lesson and I'm sure you can find some strength in the resilience they have shown.

Maybe you don't need to go that far back and maybe you have been in some challenging situations that you had to overcome and maybe you can draw some strength from there.

You can't control the Intensive Care team's positioning and their attitude, but you can control your attitude, you are in total control about your outlook in life, you know how resilient you are and you also know that your critically ill loved one is far more resilient than the Intensive Care team thinks they are.

What story has inspired you from your own family how they overcame an obstacle, some struggles or a big challenge? What story inspired you from other people how they beat the odds and how they overcame insurmountable obstacles?

Do you think that there are some lessons for your situation? I bet...

- 9. The brain has a life on its own and is the organ of the human body that we know very little about, compared to other organs such as the heart, the lungs, the liver or the kidneys! Therefore a lot of what the Intensive Care team or the Neurosurgeons tell you could be based on guesswork, as severe head or brain injuries don't follow "pathways" or clear guidelines**

All major organs in the human body are well known and those major organs such as the heart, the lungs, the liver and the kidneys have been researched to the point that modern medicine is now even in a position to transplant a new kidney, heart, lung or liver between humans! That's amazing stuff and saves lives! That's good and encouraging news!

Why didn't I mention the brain with all the other major organs above? I didn't mention the brain, even though it's a major organ as well, because very little is known about the brain compared to all the other major organs!

You see, the brain has a life on its own! If you think about it, every other person on this planet is different from another person! What's the difference?

Well, you could say it's their physique, their height, their name, their gender etc... sure those are some of the features that make people different from each other! However, when you are pointing to the differences of another person, very rarely will you point out their height, their gender or their name as being the point of difference! What will make a person unique and different though, is their thinking and the way they are living life or the way they are behaving etc...

And those behavioural features have their roots in the brain and nowhere else. The main differences in human beings are in the brain and therefore the brain is different in every single person!

You see, in Intensive Care for example, critically ill Patients who go through open heart surgery, lung transplants, kidney or liver transplants tend to follow pathways. Those pathways tend to map out the path for a Patient's recovery over many days or weeks!

Because those organs are well known, understood and researched, it's therefore relatively easy to predict the steps of a successful recovery!

Quite the opposite is true about the brain! Not enough is known and understood about the brain and therefore there are no pathways for a successful recovery in severe head and brain injuries!

One of the lessons that I have learned in more than 15 years Intensive Care nursing in three different countries is that brain and head injuries are very **unpredictable!** Severe head and brain injury Patients can often, in an instant, deteriorate quickly and they can also miraculously recover!

I have seen and looked after so many Patients with severe head and brain injury in Intensive Care over those years and the only commonalities those Patients had was that they are very sick and that their recovery is very unpredictable in both ways, positive and negative!

I remember, some Patients made remarkable recoveries after sometimes many weeks and many months and others, who had already been on their way to a recovery had set backs and they deteriorated!

But the big difference in the Patients who survived and recovered compared to the Patients who didn't make it wasn't so much the treatment! The big difference was mainly people's attitude towards their critically ill loved one! The Patients who survived and recovered after severe head and brain injuries in Intensive Care usually had Families behind them who weren't giving up, they simply knew that time would be the ultimate healer and they wouldn't "put up" with all the negativity and the "doom and gloom" from the Intensive Care team or let it impact on their outlook!

As I have mentioned before, Intensive Care teams can be very quick at suggesting that a ***"withdrawal of treatment"*** or a ***"limitation of treatment"*** is ***"in the best interest"*** of your critically ill loved one with a severe head or brain injury, because they simply don't want to have a bed occupied for very long, because they know that there are other Patients waiting for those Intensive Care beds!

The Intensive Care team also often doesn't want to invest the resources(money and other resources) and also the emotions that it inevitably takes in order to get your critically ill loved one through this difficult and challenging time. The Intensive Care team would never admit that they don't want to spend or invest resources for your critically ill loved one! The emotional toll that it takes to get your critically ill loved one through this difficult and challenging time is a tough one, but once again, the difference to get your critically ill loved one on their way to recovery is generally speaking resilience and not giving up, in the face of extreme adversity!

Don't listen to the Intensive Care team's ***"doom and gloom"*** if you and your Family think that your critically ill loved one will survive and recover!

You also need to know and understand that the Intensive Care team doesn't perceive head and brain injuries as being ***"SEXY"***. They don't perceive that having your critically ill loved one in Intensive Care for long periods of time

with a severe head or brain injury as very fashionable and as I have mentioned before, the Intensive Care team is often trying to justify a “***withdrawal of treatment***” or a “**limitation of treatment**” as “**in the best interest**” of your critically ill loved one, because they wouldn’t have any “**Quality of life**” anyway!

Therefore, your job is to know that **time is the ultimate healer** and you also need to know that the Intensive Care team is looking for early signs of recovery, because if they don’t see those early signs, the Intensive Care team will be trying to minimise the resources they spend on treating your critically ill loved one. Therefore, your critically ill loved one may not reach the point where they get a **genuine opportunity to recover in their own time!**

I have worked in some Intensive Care Units where critically ill Patients have been given plenty of time to recover with good results, generally speaking and I have worked in some Intensive Care Units, where the Intensive Care team generally speaking wouldn’t go beyond the two to three week mark for severe head or brain injuries and the Intensive Care team would be extremely adept and shrewd at “**selling**” to the Families that a “***withdrawal of treatment***” or a “**limitation of treatment**” is “**in the best interest**” of their critically ill loved one.

The Intensive Care team would never admit that financial and/or bed pressures are the real reasons why they wouldn’t continue treating those Patients! The Intensive Care team also would never mention one of their other biggest reasons why they didn’t think that continuing treatment would be warranted! As I have said before, severe head and brain injuries are not being perceived as “**SEXY**” by the Intensive Care team, the Intensive Care team generally speaking wants to allocate their precious resources towards Patients where they can do medical research that attracts **5, 6 or even 7 figure \$\$\$ funding!**

They also tend to focus their interests more on the technical stuff such as ECMO, Ballon pumps amongst other forms of fancy equipment such as ventilation and/or VAD devices for the heart!

You really need to understand what’s happening in an Intensive Care Unit on a deeper level so that you can position yourself and your critically ill loved one’s prognosis and diagnosis powerfully!

10. **If your critically ill loved one after a severe head or brain injury is really dying, know that an end of life situation even for Intensive Care Patients can be done at home, where you and your Family can have more control, power and influence and most of all PEACE OF MIND**

Now, if you, your Family and your critically ill loved one are in the situation where your critically ill loved one is inevitably approaching their end of life in Intensive Care and you and your Family know that it is the only option after you have done your own research here at **INTENSIVECAREHOTLINE.COM!**

If you have done your own research and you have come to the sad conclusion that your critically ill loved one is inevitably dying, you still want to have **PEACE OF MIND**, control, power and influence!

Now, if I had a Dollar \$\$\$ for every Family in Intensive Care who asked the Intensive Care team whether they can take their loved one home in an end of life situation, I would certainly be a Millionaire, period!

It's a recurring theme in Intensive Care that Families of critically ill Patients who are approaching their end of life want to take their loved one home, only to find that the Intensive Care team and/or the Hospital has no interest in providing such services, even though they would vastly profit from those services by

- Improving their reputation by providing a far more Patient, a far more Family centred and a far more dignified option for your critically ill loved one to die at home
- Being in a position where they can empty their beds earlier and reallocate those resources to other critically ill Patients
- Saving money and resources because home care tends to be far more cost effective compared to a bed in Intensive Care!

Most surveys in western countries suggest that if given the choice, 75% of people want to die at home! The reality however is that less than 20% of people are dying at home, the rest is dying in hospitals, nursing homes etc...

The good news is that in some countries **INTENSIVE HOME CARE** services provide the opportunity not only for long-term ventilated Adults&

Children with Tracheostomy to go home, they also provide the opportunity for dying Patients to approach their end of life in a private, dignified and Patient and Family friendly environment that is home. Those services(check out WWW.INTENSIVECAREATHOME.COM.AU) provide Patients and Families with what they want most, which is **PEACE OF MIND**, control, power and influence and often, if you can have your loved one at home when they die, you can create better memories of the situation, rather than letting them pass away in a sterile and hospital environment!

I have personally worked with long-term ventilated Adults& Children with Tracheostomy in their homes, where the grim alternative would have been a long-term stay in Intensive Care. I have also personally worked with some Patients at home that came from Intensive Care directly and we would take care of them in an Intensive Care home environment and provide those Patients with the care, the dignity and the privacy they and their Families wanted in such a unique and “once in a lifetime” situation!

Families who decided to take their critically ill loved one home at the end of their life, generally experienced a deeper sense of meaning of their loved one’s death and they therefore felt like they had **PEACE OF MIND**, control, power and influence!

Once again check out WWW.INTENSIVECAREATHOME.COM.AU for more information!

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 Hutzl

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