

Evolution and Expansion of Wishes in the 3 Wishes Program

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Background and Objectives

The 3 Wishes Program facilitates personalized end-of-life care by eliciting and implementing at least 3 wishes to honour a dying patient and their family. The objective of this analysis was to describe the evolution of wishes implemented since its inception in 2013.

Methods

The 3 Wishes Project started January 2013 in the St. Joseph's Healthcare Hamilton ICU, a 21-bed medical-surgical tertiary care unit. Patients and families were invited to participate after a decision was made to withdraw advanced life support or after the intensivist estimated that the probability of dying in the ICU was $\geq 95\%$. Patients were excluded if they were in the ICU for less than ≤ 12 hours. A project team member or bedside clinician elicited and implemented at least 3 wishes of the patient, family or clinicians that honoured the patient and family. From the original 5 wish categories, in triplicate, 3 investigators interpreted and reclassified 1376 wishes into a new taxonomy of 12 categories (*connections, providing food and beverage, humanizing the environment, humanizing the patient, music, family care, rituals and spiritual support, preparations and final arrangements, word clouds, keepsakes and tributes, organ donation and paying it forward*). We calculated the percentage of each wish category and analyzed the distribution of wish categories annually.

Results

Since the 3 Wishes Demonstration Project, more than 200 patients have been enrolled and over 1000 wishes implemented. Initially, research was led by a small team 1 week per month. The 3 Wishes Project has become the 3 Wishes Program, an interdisciplinary collaboration of frontline staff, spiritual care coordinators, and research team, who together deliver patient and family centered end-of-life care for most decedents. Accordingly, the number of patients enrolled increased 4-fold, and the number of wishes increased 6-fold; from 20 patients and 76 wishes in 2013 to 81 patients and 443 wishes in 2016. The most common wish category in 2013 was *providing food and beverages* (26.9%) while in 2016 it was *humanizing the environment* (15.2%). The most common 4 wish categories implemented in 2013 accounted for the majority of wishes implemented (67.2%), while in 2016 these 4 categories accounted for less than half of wishes implemented (49.7%). A wider portfolio of wishes in a broader array of categories was implemented over time, demonstrating diverse ways in which patients dying in the ICU can be honoured.

Conclusions

In this interprofessional end-of-life program, wish categories have evolved and expanded over 4 years. This diversification may reflect the empowerment of families and clinicians to engage; the authenticity and creativity of the encounters; and the motivation of meaningful shared celebratory stories in the 3 Wishes Program.