



Three Wishes Project brings peace to critically ill patients and their families

Published on July 15, 2015

Asking for and honouring last wishes helps to create meaning, memories and closure at death, and personalizes the dying process for patients and their families, says a new study led by a McMaster University professor.

The research published this week in *Annals of Internal Medicine* is about the Three Wishes Project initiated by lead author Dr. Deborah Cook, a professor of medicine and clinical epidemiology and biostatistics with the Michael G. DeGroot School of Medicine and a staff physician in the intensive care unit (ICU) at St. Joseph's Healthcare Hamilton.

The ongoing project involved a researcher or patient's clinician sensitively eliciting three wishes to best honour the dying person from the patient, the family or other clinicians caring for the patient, and then finding a way to honour them.

"We developed this project to try to bring peace to the final days of critically ill patients and to ease the grieving process," said Cook. "For the patients we wanted to dignify their deaths and celebrate their lives; for family members, to humanize the dying experience and create positive memories; and for clinicians, to foster patient and family-centred care."

The study took place at the ICU of St. Joseph's Healthcare Hamilton. Participants in the study included 40 dying patients, at least one family member per patient, and three clinicians per patient.

The wishes were in five areas:

- humanizing the environment (such as bringing favourite flowers or cherished mementoes into the room);
- personal tributes (such as having a tea party or planting a tree in the patient's name);
- family reconnections (such as locating a lost relative);

- rituals and observances (having blessings or renewal of wedding vows);
- paying it forward (such as organ donation or charitable giving).

Cook's research team interviewed families and clinicians to assess the program and found that 97.5 per cent of the requested wishes were implemented, at a cost ranging from \$0 to \$200 per patient.

End-of-life care was rated high by family members and post-mortem interviews with 160 family members and clinicians provided overwhelmingly positive feedback.

One patient's son said: "It gave me peace that final day - the way she went...I think that's actually helped me in the long run...I believe it's because the death process - the dignity that was given to her and the compassion that was shown to her family - made it much easier to deal with."

A medical resident said: "It did make the experience seem dignified and peaceful. It didn't necessarily feel like we were letting someone go; it felt more like we were wishing someone well."