Facilitating Connections and Closure:  
Impact of the 3 Wishes Project on Critical Care Clinicians  
A Boyle, BScN, MD  
A Woods, MD, MDiv  
M Swinton, MSc  
F Toledo, MDiv  
F Clarke, RRT  
D Cook, MD

**Background:** The sterile, technological ICU environment where mortality rates are high is a challenging setting for clinicians who care for dying patients and their families.

**Objective:** To explore how the 3 Wishes Project influences clinicians providing end of life care in a university-affiliated medical-surgical Intensive Care Unit (ICU).

**Methods:** We enrolled 70 ICU patients in the 3 Wishes Project with the aim of improving the dying process for patients, families and clinicians. The project involved eliciting and implementing 3 or more wishes for a dying patient or their family. Wishes were elicited by clinicians, family members or the Project Team. Wishes were implemented by clinicians, family members or the Project team. We conducted semi-structured interviews with 136 clinicians who cared for these patients to learn about their experiences with the project, including questions about the influence of the project on them. Interviews were digitally recorded, transcribed verbatim and anonymized. Interview transcripts were analyzed using conventional content analysis where codes were derived directly from the data. Two investigators analyzed a subset of transcripts in duplicate and through consensus the code list was developed.

**Results:** We interviewed 136 clinicians (69 physicians [staff, fellows and residents], 41 nurses, 8 chaplains and 18 other health professionals). Three main themes emerged from the data. Asking about wishes (1) Facilitates Connections with Patients and Their Families, (2) Empowers Clinicians to Deliver More Holistic End of Life Care (3) Provides Opportunities for Clinician Closure.

**Conclusions:** Both professionally and personally, the 3 Wishes Project has a positive impact on clinicians working in the ICU who routinely care for dying critically ill patients and their families.