**Figure 1. Dehumanization and Humanization of Intensive Care Unit Patients**

### Dehumanization of ICU Patients

#### Medical Team Behaviors
- Talking “over” the patient and not “to” the patient
- Not introducing themselves or explaining what they are doing or why
- Not learning about the patient as a person outside of the hospital
- Not allowing family presence
- Ignoring or minimizing suffering
- Saying dismissive, dismissive, or offensive remarks
- Blaming, moaning, or getting angry (e.g., for taking care of themselves)
- Touching roughly or without explanation (e.g., during bathing or repositioning)
- Neglecting hygiene or usual appearance (e.g., clothing, hair, dentures, eyeglasses, etc.)
- Disregarding privacy and modesty
- Interrupting sleep (for other patient-centered activity)
- Preventing the patient from exercising any control or participation
- Not preparing the patient for ICU or post-ICU events

#### Consequences
- Patient/family
  - Feeling devalued by (or a burden to) the medical team (i.e., “body in a bed”)
  - Loss of trust in the medical team
  - Loss of motivation to participate in recovery plan
  - Disorientation (misinterpreted reality)
  - Distress (fear, pain, anxiety)
  - Loss of encouragement and support
  - Loss of patient advocacy
  - Suboptimal medical treatment (impact)
  - Family guilt, depression, anxiety

#### Causes
- Patient/family
  - Medical condition and appearance
  - Impaired cognition (assessed or not interactive)
  - Language barrier (does not speak English)
  - Perceived to be too difficult or have exceptional needs
  - Perceived to be the cause of their own illness
  - Absence of family advocate at bedside

- Medical Team
  - Coping mechanism for the medical team’s own distress
  - Focus on task completion
  - Lack of situational awareness (of the patient and treatment plan)
  - Time constraints
  - No training in or modeling of humanized care
  - No personal experiences of being an ICU patient or family

- Medical System
  - Computers, medical records, prioritization on documentation
  - Dehumanized culture (aspects of dehumanized care are normalized)
  - Fragmentation (e.g., shift changes) leads to loss of engagement
  - Protocols do not allow for humanizing behavior (e.g., CPR protocol)
  - Hospital schedules do not fit individual patient needs

### Humanization of ICU Patients

#### Medical Team Behaviors
- Talking “to” the patient and not “over” the patient
- Introducing themselves and explaining what they are doing and why
- Learning about the patient as a person outside of the hospital
- Compassionately addressing suffering
- Providing a personalized environment (e.g., familiar music or items from home)
- Using empathetic and encouraging language
- Using appropriate physical touch (e.g., holding hand and comforting the patient before other physical touch)
- Addressing hygiene and usual appearance (e.g., clothing, hair, dentures, eyeglasses, etc.)
- Respecting privacy and modesty
- Respecting sleep (for other patient-centered activity)
- Preparing the patient for ICU or post-ICU events

#### Consequences
- Patient/family
  - Increased physical recovery
  - Improved emotional and mental well-being
  - Better comprehension of reality and less delirium
  - Feel valued (treated like a whole person)
  - Increased trust in the medical team
  - Improved physician/patient relationship
  - Increased sense of involvement and purpose

- Medical Team
  - Increased empathy for the patient
  - Increased motivation to help the patient
  - Spend more time with the patient
  - Value the patient as a person
  - Develop a personalized care plan
  - Better understand goals of care
  - Found joy and not “humanized” themselves (shared humanization)