

SCCM Choosing Wisely KEG meeting November 18, 2020

Zentensivism: A Primer

Speaker:

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Slides are available on SCCM Connect - Choosing Wisely KEG website

- Zentensivism: A holistic approach to the art of caring for the critically ill
- Focus on minimalism, grounded in clinical mastery and risk tolerance and motivated by humanism
- A reaction against the zentensivism approach is “how do you not just *do something?*”. How do you stand by as clinical deterioration happens?
- However, this is not the case with the zentensivism approach:
 - Upon clinical deterioration, the zentensivist attends to the patient, providing resuscitative care
 - After the initial care, the zentensivist starts backing off with the goal to do what is evidence-based and then get out of the way
 - This was illustrated with a patient case diagram showing maximum intervention compared to the zentensivism approach. An elderly woman with shock and hypoxemia with low odds of survival may be subjected to a host of unnecessary care (maximum intervention) or appropriate care while maximizing dignity and minimizing pain and suffering (zentensivist approach)
- Steps to becoming a zentensivist:
 - Clinical mastery is a prerequisite
 - Must develop risk tolerance. Move to a paradigm where we understand there are far more ‘abnormal’ values that can be tolerated than conventional wisdom allows
 - Must adjust our view of additive treatment. Typically assume the interventions we introduce are mostly beneficial with small downside. Need to introduce the idea of therapeutic humility.
 - All of this is grounded in the idea of maximizing humanity and minimizing suffering. Help patients determine what goals are appropriate for them. Early goal directed palliation needs to be a big focus.
 - This approach takes a lot of effort. Requires more communication. Must talk to team to discuss why you're doing a lot less and speaking with all members of the care team to level set expectations.
- Two publications on zentensivism:

Further Reading

The Zentensivist Manifesto: Defining the Art of Critical Care

doi: 10.34197/ats-scholar.2020-0019PS



Treading Lightly in a Pandemic: #Zentensivist Reflections on COVID-19

doi: 10.1016/j.chest.2020.04.013



Q&A:

1. Tips for implementing the zentensivist approach?
 - a. Important to model these in a crisis. Calmly watch things play out and try to bring the energy in the room to the level you are. As situation is evolving, make sure to communicate/explain your rationale.
 - b. They have developed multi-professional education sessions where they are trying to share their ideas with everyone.
 - c. Curb reflexive behavior (ex: RT pages resident re: abnormal lab → expectation is that intervention will be forthcoming). Need to communicate expectations clearly. Important caveat: if your intention is good but not communicated well, you will be seen as uncaring.
2. With persistent modeling of this method, has he seen adoption by other physicians, physicians in training or other members of the care team?
 - a. Has seen RN, residents carry this forward. Must reiterate communication. He spends a lot of time at the bedside so people get used to it. Need to discourage compliance that is only due to accepting this is a select physician's preference. Need to encourage adoption of the method overall.
3. Have other attending physicians embraced this approach?
 - a. Some have. Overall, there is a wide variety of practice and experience. Less is more is not a new concept. This is about packaging in slightly different ways that will encourage uptake
4. How do you promote this idea of diagnostic uncertainty and being comfortable with it?
 - a. He has always been interested in behavioral economics and - reinforce the idea of naïve interventionalism. Hard starting out – you will see others come after and do it differently - start to doubt yourself. Not sure how to get around it. Need to teach these skills in training.