Enhancing psychological support and communication in intensive care unit data transmission

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Dear Editor,

We have read with great attention and interest the article "Clinical data transmission in intensive care unit: what have we learned from COVID-19?"[1] by Pota *et al.* We believe that the authors have addressed a very important clinical and ethical aspect regarding the transmission of clinical data. The pandemic has taught us that unforeseen emergent events are still possible and that the global healthcare and economic systems may not be adequately prepared to respond. We agree that, to date, there is no precise regulation on the transmission of patient-related clinical data to families. This includes challenges such as identifying the appropriate recipient, the lack of qualified personnel for medical communication, and the use of uncertified channels that neglect data protection regulations. Additionally, we wish to draw attention to another crucial aspect: psychological support. Healthcare personnel often find themselves communicating severe clinical evaluations and sometimes unfavorable treatment outcomes. Some of the main challenges faced daily by operators in intensive care contexts involve continuous exposure to severe physical and psychological suffering, navigating uncertainty and unpredictability, and balancing the needs of the patient with those of their family. The complexity of current technological aspects introduces new challenges in this scenario.[2] The lack of in-person communication could weaken the trust and empathy that should exist between healthcare personnel and the family.

Providing adequate information requires communication skills, for which many healthcare professionals have not received proper training.[3] Effective communication between healthcare personnel and family members involves creating a space for emotional expression and exchange. It is particularly important for the person delivering clinical news to have competencies in conveying clinical data. Attention to this dimension is a significant preventive factor for family health, as it has been demonstrated that post-traumatic stress, anxiety, and depression decrease following interventions to improve communication in intensive care units.[4] This issue is exacerbated by non-verbal communication and the lack of adequate skills in defining the clinical situation. Additionally, the COVID-19 pandemic has had significant effects on the mental well-being of many people, regardless of the clinical severity of the infection.[4] Therefore, the concept of "patient" could be extended to include family members, often also COVID-19 positive, who, despite not having severe clinical symptoms requiring hospitalization, are susceptible to anxiety and depression. This makes them even more sensitive to receiving critical news about a family member.

All these aspects highlight the necessity of involving psychologists as an integral part of clinical data transmission. Early psychological assistance allows individuals to process traumatic experiences; without processing, individuals are almost always condemned to the deleterious effects of Post-Traumatic Stress Disorder, which do not resolve naturally but tend to become chronic. Such support would be desirable in in-person meetings but is, in our opinion, essential when communication occurs through multimedia channels. The COVID-19 pandemic served as an important prototype for emergencies. Critically analyzing all processes enables the implementation of protocols that reduce issues and prevent previously encountered errors.

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