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Pediatric Intensivists' Perspectives on Nudging

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Pediatric Intensivists' Perspectives on Nudging

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Background:

Nudging is a behavioral economics term describing types of choice architecture that affect behavior predictably without eliminating alternative options. Nudging has been studied in medicine recently, mostly in adults, looking at wording for surgical consent. While some literature has discussed nudging regarding decision making for tracheostomy, there is no literature on its use in the Pediatric Intensive Care Unit (PICU). Shared decisions with families are made frequently in the PICU, where nudging likely occurs. A survey to gauge pediatric intensivists' perspectives on nudging will help us understand how ethically permissible providers believe these techniques to be.

Objectives:

To gauge pediatric intensivist's perspectives on nudging throughout the country, and to evaluate perceptions of ethically permissibility between different forms of nudging.

Methods:

This is a multi-center survey of pediatric intensive care physicians. Investigators sent a REDCap survey to selected pediatric intensivists at various institutions, who disseminated the survey to their department faculty. Surveys queried demographic data, including details about the provider and the institution in which they practice. They were presented with 4 clinical scenarios representing framing, saliency and default techniques of nudging. Providers were questioned on their perception of ethical permissibility of their frequency of use of each technique.

Results:

402 surveys were distributed. Thus far, 130 (32%) surveys have been completed. Preliminary analysis shows wide variability in perceived ethical permissibility in nudging techniques. The widest variability has been seen with the application of saliency. For example, variable responses have been given for framing ("Families should be coached into making a decision for their child, which framing can do" vs "Framing is imposing the medical team's opinion on the family.") and for saliency ("It is inappropriate to paint the family into a corner, making them feel bad if not moving toward a [specific] decision." Vs. "I think it is important to include saliency...so that the family can understand the real life impact of the medical condition.") Qualitative and quantitative analysis, including subgroup analysis, is ongoing.

Conclusion:

Early trends suggest wide variability in both utilization practices and opinions on the use of nudging in discussions regarding critically ill children. Further understanding of choice architecture is essential to understand how physicians can optimally engage in shared-decision making with families.