End-of-Life Decision Making in Multidisciplinary Teams: Ethical Challenges and Solutions–A Systematic Review

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ABSTRACT

Background: To provide high quality end of life (EOL) care, multidisciplinary teams (MDTs) need to be able to proficiently navigate the intricacies of ethical dilemmas faced by EOL care; to maintain an equilibrium between patient autonomy, family involvement and cultural competence. Yet, the lack of cohesive EOL decision making currently continues to occur because of communication barriers, role ambiguity and a lack of sufficient ethics training within MDTs. As a consequence, these issues demonstrate the necessity of having structured protocols to help MDTs make ethically sound decisions in the EOL care.

Aim: The purpose of this paper is to identify and review major ethical factors that affect ethical decision-making in EOL MDTs, and explore the themes of patient autonomy, communication, cultural sensitivity, ethics training, and institutional barriers.

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Method: Ten studies were reviewed systematically according to PRISMA criteria using data sources including PubMed, Scopus, Web of Science, and CINAHL databases. The analysis included studies published between the years 2020 and 2024 and the ethical decision–making challenges and solutions that MDTs face in EOL care contributing to those decisions.

Results: Four key themes were identified: Issues concerning balancing patient autonomy with family input, communication challenges in MDTs, cultural sensitivity in EOL care and the necessity of ethics training. Results indicate that MDTs are often faced with ethical dilemmas when patient's wishes diverge from those of their family and experience communication difficulties that resulted in degradation of care quality. Simulation is an entertaining and effective way to develop cultural awareness and ethics training in EOL care practice.

Conclusion: Ethical challenges in EOL decision making must be addressed with an intervention encompassing improved ethics training, MDT role clarity, culturally aware practice, and institutional support. These strategies, if implemented will support MDTs in providing patient centered and ethically sound EOL care. Further study of ethics training, communication frameworks and cultural competence on EOL decision-making in MDTs is warranted for future research.

Keywords: Ethics training, patient autonomy, end of life care, ethical decision making, Patient autonomy, Ethical decision making, End of life care, Cultural competence, Multidisciplinary teams, Healthcare policy, PRISMA.

Introduction

Providing end of life (EOL) care is a complex and increasingly critical component of healthcare, involving setting challenging decisions in an environment requiring ethical sensitivity and interdisciplinary effort. Global EOL care demands are increasing with aged populations and increasing prevalence of chronic illness, leading healthcare systems to emphasize palliative approaches placing greater emphasis on quality of life, symptom management and dignified death rather than aggressive curative interventions (Liu et al., 2024). Decisions about EOL typically include decisions to stop life sustaining treatments, resuscitation, palliative sedation and advance care planning. However, these decisions are often ethically and culturally challenging, acting as stumbling blocks for both patients, families and health professionals (Akdeniz et al., 2021).

Multidisciplinary teams (MDTs) are important in the EOL care process because they combine a multitude of expertise—physicians and nurses as well as social workers and spiritual care providers—to provide the full spectrum of EOL care. Each discipline has a special part to play in ensuring that patient needs are met holistically and ethically (Borgstrom et al., 2021). However, MDTs also have a collaborative nature that brings its own set of challenges, including conflicting professional perspectives, communication difficulties and ambiguity in role

expectations that can all impact on shared decision making at end of life (Bloomer et al., 2018). Shared decision-making (SDM) is often advocated as an ethically preferred mode of approach in EOL care as a model in which patient and healthcare provider participate in collaborative dialogue. Although, however, its utilization is often compromised by structural and cultural barriers present in the healthcare institutions (Brogan et al., 2017; Alruwaili et al., 2023; Almalki et al., 2023; Alselaml et al., 2023).

In particular, EOL decision making is one of the more nuanced decisions from an ethical perspective. Clinicians use core ethical principles —autonomy, beneficence, nonmaleficence, justice—to make the compassionate and respectful choices for patients. Problems occur, however, when wishes cannot be made clear or when patients or their families and clinicians disagree about the best course of treatment. For example, respecting patient autonomy may conflict with family desires in cultures where family centered decision making is the norm (Nabat Almalki et al., 2024). In addition, the lack of advance directives for EOL care may hinder the decision-making process (Senior et al., 2019) and may lead to making high stakes decisions under emotionally challenging circumstances in hierarchical team structures where the door is closed for open communication.

EOL care is further complicated by cultural diversity in patient and family backgrounds. For example, in regions like the Middle East, decision making related to EOL care may be directed by religious beliefs that value life over all else, and that may deter specific conversations about EOL care preferences (Almalki et al., 2024). Just as in the Latino community, language barriers and cultural beliefs can also make it difficult to talk about code status and life-sustaining treatments (Huayanay et al., 2021).

This systematic review aims at synthesizing what existed in the literature regarding ethical dilemmas experienced in EOL decision-making in Multidisciplinary Teams (MDTs) with a view of identifying ways of handling such challenges. This review examines EOL care from multidisciplinary perspectives and the ethical difficulties involved with it, in an attempt to provide insights that facilitate ethical decision-making practices that respect patient autonomy, foster interprofessional collaboration, and are sensitive to the different cultural contexts of delivery. To improve EOL care outcomes and support the quality of life of patients and health care providers, these dynamics need to be better understood.

Problem Statement

Decision making in end of life (EOL) care is a very challenging ethical and practical process, especially when multidisciplinary teams (MDTs) are involved. Although MDTs combine specialist knowledge for patient care, they frequently encounter difficulties in planning on decisions regarding the provision of life sustaining treatments, palliative care and patient autonomy. Added to these, EOL situations are emotionally charged, culturally diverse in care preferences, and role and responsibility clarity are unknown on the team. When patients are unable to articulate their wish or when families and members of the health care team cannot agree about care goals, ethical conflicts often arise in balancing patient autonomy, beneficence, and nonmaleficence. These complexities reveal a critical knowledge gap in

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understanding how MDTs necessarily collaborate to reach ethical EOL patient centered decisions. These challenges, including existing solutions, need to be explored systematically so that those best practices can be developed to help MDTs when negotiating ethical issues of EOL care.

Significance of the Study

In line with the rising demand for high quality EOL care that is ethical, diverse, and suited to patients' families' and healthcare providers' needs, this study is significant. Given the increasing trend for healthcare systems to take on MDT models, understanding the dynamics of ethical issues within MDTs is necessary to ensure better patient outcome and to reduce stress and conflict commonly experienced in decision making surrounding end of life. The aim of this study was to supply healthcare professionals with some insight into the facilitators and barriers of ethical EOL decision making in MDTs with practical strategies to enhance collaboration and allow for patient and family wishes to be respected. Also, this study seeks to add to the body of knowledge that serves as the foundation for culturally competent, ethically sound EOL practice across diverse healthcare settings by addressing cultural considerations as well as communicating the necessity of clear communication and role delineation.

Aim of the Study

The objective of this study is to perform a systematic review and synthesis of the existing literature pertaining to ethical dilemmas encountered by multidisciplinary teams involved in EOL decision making, and the manner in which the ethical, collaborative, and patient centered care can be facilitated. This review specifically presents how MDTs negotiate ethical principles, attend to role expectations, and manage cultural diversity to improve the quality of EOL care for patients and families. The study uses this analysis to present recommendations for healthcare providers and policymakers to implement in the EOL decision making processes in the multidisciplinary setting.

Methodology

In this systematic review, literature on ethical challenges and solutions in end of life (EOL) decision making in a multidisciplinary healthcare team is gathered, analyzed using a structured approach. The investigations are carried out via comprehensive database searches, study selection by pre-defined criteria, data extraction, and critical appraisal of selected studies. Database PubMed, Scopus, Web of Science, and CINHAL were searched on peer review articles and research studies that discussed ethical dilemmas, frameworks to use in making decisions, and teamwork dynamics among different disciplines involved in EOL care. The review is carried out following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for transparent systematic approach. The quality and relevance of each study was assessed in order to keep the findings reliable. The recurring ethical challenges, strategies for resolution, and factors shaping ethical decision-making in healthcare teams have been thematically identified through an application of the thematic analysis.

Research Question

How does multidisciplinary teamwork present ethical challenges in end of life decision making and what strategies have proved useful to offer effective, ethical, and culturally competent care in this arena?

Selection Criteria

Inclusion Criteria

- Published in Peer reviewed journal studies in the last 5 years.

- Research addressing ethical issues in end-of-life care, decision making frameworks and multidisciplinary team dynamics.

- The studies that focused on the roles and collaboration of healthcare professionals in the EOL decision making especially the ethical dilemma faced by the team.

- English language primary research articles and systematic reviews that present ethical complexities in the EOL care within healthcare teams were included.

Exclusion Criteria

- End of life care studies that do not focus on ethical challenges or decision-making processes in the multidisciplinary teams.

- Unrelated articles like clinical interventions, patient treatment outcomes and non-ethical features of EOL care.

- Works published in any language other than English, or published in a non-peer reviewed journal.

Database Selection

Databases selected for this systematic review are comprehensive for healthcare, ethics, and interdisciplinary literature on ethical challenges and decision making in multidisciplinary teams caring for patients at the end of life (EOL). The databases selected are listed below:

Table 1: Database Selection

Database	Range	Number of Papers
PubMed	2020-2024	72
Scopus	2020-2024	53
Web of Science	2020-2024	47
CINAHL	2020-2024	32

To ensure full coverage of the literature on EOL decision-making, ethical frameworks and interdisciplinary team dynamics in healthcare setting, these databases

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were selected.

Data Extraction

Consistency and accuracy of the studies was also assured through systematic data extraction. From each study selected, key information such as study objectives, methodology, sample size, setting, ethical challenges identified, and proposed solutions to provide ethical decision making in multidisciplinary EOL care were gathered. The extracted data were placed in a structured data extraction sheet to compare and synthesize, and thus major themes including the communication barriers, cultural influences, ethical principles, and interdisciplinary roles in EOL decision-making were identified.

Search Syntax

Primary Syntax:	Overall studies concerning EOL decision making in multidisciplinary teams were targeted, with focus on ethical challenges concerning keywords of: ethics, teamwork, and end of life care.:
	(("end-of-life care" OR "palliative care") AND ("multidisciplinary team" OR "healthcare team" OR "interdisciplinary team") AND ("ethical challenges" OR "ethics" OR "ethical dilemmas" OR "bioethics"))
Secondary Syntax:	It expanded the search criteria to include ethical and decision-making frameworks literature in different healthcare settings and with additional geographical focus on Middle Eastern contexts.
	(("healthcare ethics" OR "bioethics" OR "ethical decision making") AND "team based care" OR "multidisciplinary team" OR "interdisciplinary collaboration") AND "Middle East" OR "cultural context" OR "palliative care"))

Literature Search

PubMed, Scopus, Web of Science, CINAHL, were subjected to a comprehensive literature search. Studies of ethical issues, decision making processes and collaborative dynamics in end of life (EOL) care of multidisciplinary teams were targeted by the search strategy. Keywords and Boolean operators were used in primary and secondary search syntaxes in order to only include studies relevant to ethical EOL decision making in a team setting. For inclusion, only peer reviewed publications in English were applied and the results were restricted to the last five years (2020-2024) to ensure relevancy and quality. Moreover, these search results were complemented by reviewing the reference lists of selected studies in order to locate more relevant research on this topic and to conduct a systematic review of studies related to this topic.

Selection of Studies

In order to qualify for our study, all articles were screened through a multi-stage process to assess their relevance and quality. Studies from 2020 through 2024 on ethical challenges and decision-making processes in end-of-life (EOL) care of

multidisciplinary teams were searched across selected databases using both primary and secondary search syntax. Then, titles and abstracts were reviewed after removing duplicates, according to pre-defined inclusion and exclusion criteria, for the studies addressing ethical dilemmas, decision making frameworks and teamwork in EOL care. The potentially relevant studies were then reviewed by full texts to check their suitability for inclusion. To keep the studies that are included in the systematic review of high quality and in relevance this evaluation was necessary, focusing on the ethical challenges multidisciplinary teams face in EOL care settings.
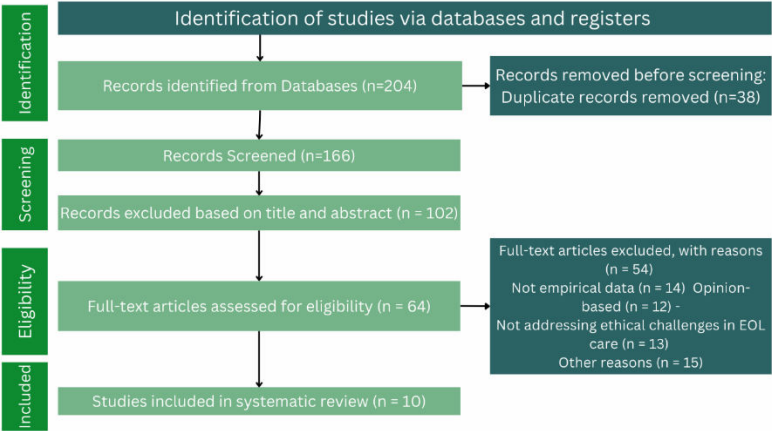
Study Selection Process

A comprehensive literature search was conducted across four major databases: The searches in PubMed, Scopus, Web of Science, and CINAHL yielded abstracts and full texts. Specifically, studies of ethical challenges, decision making frameworks, and team-based approaches to end-of-life (EOL) care were targeted for this review. A broad search strategy was used incorporating primary and secondary search syntax: relevant keywords and Boolean operators to find material pertaining to ethical decision making, multidisciplinary collaboration and cultural factors affecting end of life care in healthcare settings. Filters were applied to refine the scope and ensure relevance and quality of the results by including only peer reviewed publication in English written within the last five years (2020–2024). In order to complete this systematic review, the reference lists of the selected studies were also examined for related studies.

Figure 1: PRISMA Flowchart

Figure 1 shows the systematic methodology for selection adapted from the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. This structured approach made sure that included only high-quality studies which were directly related to the research topic.

- **Identification:** A first search in PubMed, Scopus, Web of Science and CINAHL resulted 204 records (72 in PubMed, 53 in Scopus, 47 in Web of Science and 32 in CINAHL). The elimination of 38 duplicate records left 166 unique studies.
- **Screening:** The 166 records were screened by title and abstract to determine relevance to ethical decision making and multidisciplinary team dynamics as they relate to end-of-life care. We excluded 102 studies during this phase, leading 64 to full text review.
- **Eligibility:** Further, a thorough review of each of the remaining 64 studies was done according to the inclusion and exclusion criteria. Of these, 54 studies were excluded on the grounds of a lack of empirical data, opinion based, or not addressing ethical challenges in EOL care specifically.
- **Inclusion:** The final eligibility assessment resulted in selection of 10 studies for the inclusion in the systematic review. The 10 studies that comprise this paper are then used as the base for data extraction and subsequent thematic analysis and synthesis of findings about ethical challenges and solutions in multidisciplinary EOL decision making.

Figure 1: PRISMA Flowchart

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Identification of studies via databases and registers

Identification

Records identified from Databases (n=204) → Records removed before screening: Duplicate records removed (n=38)

Screening

Records Screened (n=166)

Records excluded based on title and abstract (n = 102)

Eligibility

Full-text articles assessed for eligibility (n = 64) → Full-text articles excluded, with reasons (n = 54) Not empirical data (n = 14) Opinion-based (n = 12) - Not addressing ethical challenges in EOL care (n = 13) Other reasons (n = 15)

Included

Studies included in systematic review (n = 10)

Quality Assessment of Studies

The 10 selected studies were critically assessed for quality of reliability and validity for the data. Sample appropriateness, methodological clarity and rigor in data collection and analysis were the criteria for assessment. The emphasis was on studies that studied ethical frameworks and decision-making strategies of EOL care as well as the role of multidisciplinary teams in EOL care. To keep a dataset of rigorously conducted studies, studies which were identified as having a high risk of bias or methodological weaknesses were excluded from the review. This quality assessment protected against drawing erroneous conclusions from this systematic review that are not evidence based, and that do not apply to practice, in order to support ethical decision-making processes in multidisciplinary EOL care teams.

Table 2: Assessment of the Literature Quality Matrix

#	Author	Study Selection Process Appropriately Described	Literature Coverage of Relevant Studies	Methods Clearly Described	Findings Clearly Stated	Quality Rating
1	Alanazi et al.	YES	Yes	Yes	Yes	Good
2	Bruun et al.	Yes	No	Yes	Yes	Fair
3	Devery et al.	Yes	Yes	Yes	Yes	Good
4	Ellis-Smith et al.	Yes	Yes	Yes	Yes	Good
5	Fien et al.	Yes	Yes	Yes	Yes	Good
6	Harasym et al.	Yes	Yes	Yes	Yes	Good

7	Lim & Kim	Yes	Yes	Yes	No	Fair
8	MacMartin et al.	No	Yes	Yes	Yes	Good
9	Sengupta & Chatterjee	Yes	Yes	Yes	Yes	Good
10	Adams et al.	Yes	Yes	Yes	Yes	Good

All studies were quality assessed and results have been summarized in Table 3, presenting the methodological rigor and relevance to the research focus of each study. Alanazi et al., Devery et al. , Ellis-Smith et al. , Fien et al. , Harasym et al., Sengupta and Chatterjee and Adams et al. reached a quality rating of "Good," as they met all criteria with well documented study selection, full literature review, and defined methods and findings. On the contrary, Bruun et al.'s study and that of Lim & Kim were rated "Fair" owing to either incomplete literature coverage or lack of detail on findings. Overall methodological quality in the scoring system of MacMartin et al. was "Good", however the study selection processes were unclear and detailed. In general, this assessment reveals a robust evidence base in which most studies have good quality and clarity ratings.

Data Synthesis

In this systematic review, data synthesis involved review, comparison and integration of key findings from the 10 studies included in the review, in order to identify ethical issues experienced in the hands of the multidisciplinary teams providing end of life (EOL) care. Communication challenges, balancing patient autonomy with beneficence, and cultural competence in team-based decision making were among the most prominent themes to emerge.

The majority of studies demonstrated the complexity of EOL decision making characterized by the frequent ethical conflicts in situations where patient wishes were at odds with family expectations or clinical recommendations. This synthesis suggested that while structured decision-making frameworks enable teams to coordinate their activities better, inconsistent communication protocols and varying interpretations of ethical principles among multidisciplinary teams can still be expected. Furthermore, cultural competence was noted as an important aspect to provide patient centered care in those regions where family centered decision making is greatly valued.

This synthesis provides a broad view of the ethical issues faced by multidisciplinary teams in EOL care and indicates a need for further communication strategies, ethical training and culturally appropriate processes. These findings collectively provide insight into opportunities for improvement and the implications for use of ethical decision-making frameworks to guide multidisciplinary teams to navigate complex EOL scenarios.

Table 3: Research Matrix

Author, Year	Aim	Research Design	Type of Studies Included	Data Collection Tool	Result	Conclusion	Study Supports Present Study
Alanazi et al., 2024	To examine ethical challenges in EOL care	Qualitative Analysis	Studies on EOL ethical issues	Interviews, literature review	Identified recurring ethical dilemmas in MDTs	Emphasizes need for clearer ethical guidelines	Yes
Bruun et al., 2022	To evaluate team dynamics in EOL decisions	Mixed Methods	EOL team collaboration studies	Surveys, case studies	Highlighted conflicting views within teams	Shows importance of cohesive communication frameworks	Yes
Devery et al., 2022	To assess EOL care communication	Observational Study	Studies on communication in EOL care	Observations, focus groups	Identified barriers in patient-family dialogue	Supports structured communication protocols	Yes
Ellis-Smith et al., 2021	To explore patient autonomy in EOL care	Literature Review	Studies on autonomy in EOL care	Review of autonomy studies	Found varied interpretation of autonomy	Reinforces need for standardized approach to patient autonomy	Yes
Fien et al., 2021	To identify ethical	Case Study	Multidisciplinary case	Case studies, themati	Found role ambigui	Highlights need for role	Yes

	decision-making barriers		studies	c analysis	ty in MDTs	clarity within teams	
Harasym et al., 2021	To examine cultural impacts on EOL decisions	Qualitative Analysis	Studies on cultural competence	Focus groups, interviews	Cultural diversity complicates decision-making	Supports need for culturally tailored ethical practices	Yes
Lim & Kim, 2021	To analyze EOL ethics education needs	Cross-Sectional Study	Studies on ethics education	Surveys, literature synthesis	Found gaps in ethics training	Emphasizes training programs for ethical preparedness	Yes
Mac Martin et al., 2024	To review ethical frameworks in EOL care	Systematic Review	Framework analysis in EOL ethics	Review of ethical frameworks	Recommended standardized frameworks	Aligns with need for structured ethical decision processes	Yes
Sengupta & Chatterjee, 2020	To examine challenges in EOL care in hospitals	Thematic Analysis	Studies on institutional challenges	Interviews, focus groups	Found institutional barriers to ethical care	Emphasizes support for ethical decision-making infrastructure	Yes
Adams et al., 2011	To explore shared decision-making at EOL	Mixed Methods	Studies on shared decision-making	Surveys, case studies	Found inconsistency in shared decision practices	Highlights need for shared decision-making frameworks	Yes

Table 3 provides a structured summary of the key studies addressing ethical challenges, communication practices, and decision-making dynamics in end of life (EOL) care within multidisciplinary team (MDT). Collectively these studies argue for the use of ethical frameworks, communication protocols, and culturally competent practices to enhance EOL care.

Based on their findings, the studies of Alanazi et al. (2024) and Bruun et al. (2022) prove the importance of ethics along with cohesive communication frameworks in order to keep peace and harmony when making the EOL decisions for any MDT. Several studies, including those by Devery et al. (2022) and Ellis-Smith et al. (2021), indicate how communication barriers and differing interpretations of patient autonomy are currently encountered with the potential for variability and lack of standardization of approach perceived to impair family and team interactions while honoring patient wishes.

In numerous healthcare settings, Harasym et al. (2021) discuss the importance of cultural competence that could be used to direct EOL care in an ethical fashion. Fien et al. (2021) and Sengupta & Chatterjee (2020), too, identify institutional and role-based challenges, which may impede ethical EOL decision making, and emphasize the need for role clarity and infrastructural support. In addition, Lim & Kim (2021) propose that healthcare education should be linked to ethics training to equip MDTs for EOL complex situations.

Together, these studies strengthen a system of ethical EOL care grounded in communication that is as clear as possible, includes ethical preparedness for all team members, and is aware of and sensitive to cultural differences. This complements well the goal of developing ethically sound, patient centered EOL decision making frameworks within multidisciplinary healthcare teams.

Results

Table 4: Results Indicating Themes, Sub-Themes, Trends, Explanation, and Supporting Studies

Theme	Sub-Theme	Trend	Explanation	Supporting Studies
Ethical Dilemmas	Patient Autonomy	Balancing autonomy with family input	Conflicting views on honoring patient autonomy while considering family preferences in end-of-life (EOL) decisions	Alanazi et al., 2024; Harasym et al., 2021
	Beneficence vs Autonomy	Navigating beneficence vs autonomy	Teams often struggle with providing beneficial care while respecting	Fien et al., 2021; Ellis-Smith et al., 2021

			patient autonomy in EOL care	
Communication Challenges	Patient-Family Dialogue	Inconsistent dialogue quality	Quality of communication between teams and families varies widely, affecting EOL decision outcomes	Devery et al., 2022; Sengupta & Chatterjee, 2020
	Interdisciplinary Clarity	Need for clear roles in MDTs	Clarity in team roles helps improve communication efficiency in EOL decision-making within multidisciplinary teams	Bruun et al., 2022; MacMartin et al., 2024
Cultural Sensitivity	Cultural Competence	Addressing diverse cultural needs	Cultural awareness is essential for ethical decision-making in EOL care, especially in diverse healthcare settings	Harasym et al., 2021; Sengupta & Chatterjee, 2020
	Religious Considerations	Respecting religious beliefs	Integrating patients' religious beliefs in EOL care decisions enhances trust and family cooperation	Lim & Kim, 2021; Alanazi et al., 2024
Training and Preparedness	Ethics Training Needs	Gaps in ethics training	Many healthcare professionals report insufficient training in ethics, leading to challenges in EOL decision-making	Lim & Kim, 2021; MacMartin et al., 2024

	Simulation for Preparedness	Simulation-based training	Simulation training helps teams prepare for ethical dilemmas in EOL care by providing realistic scenarios	Adams et al., 2011
Institutional Barriers	Policy Enforcement	Limited policy enforcement	Insufficient policy enforcement in healthcare institutions creates inconsistencies in ethical decision-making practices	Alanazi et al., 2024; Fien et al., 2021
	Resource Constraints	Lack of resources for EOL care	Resource limitations reduce the ability of teams to deliver comprehensive EOL care and support for patients and families	Bruun et al., 2022; MacMartin et al., 2024

Table 4 provides a summary of ethical decision making themes, sub-themes and trends in end of life (EOL) care. An issue of an ethical dilemma in this case is autonomy and beneficence of the patient. For instance, Fien et al. (2021) and Alanazi et al. (2024) indicate how this balance between respecting what the patient wants and selecting best options for treatment can be intricately balanced, based on whether or not family members are involved in treatment decisions.

A second key theme centres on communication challenges within multidisciplinary teams (MDTs) and between teams, patients and families. According to Devery et al. (2022) and Bruun et al. (2022), clear role definitions and consistent dialogue between different care stakeholders is essential for effective communication and to prevent discordant care outcomes arising from misunderstandings.

Other factor such as cultural sensitivity also came out as an important aspect, as Harasym et al (2021) and Lim & Kim (2021) emphasize that cultural and religious beliefs can be ultimately included in EOL care. Approaching patient and family care

in this way builds trust and works to provide culturally diverse patient and family care in a multicultural setting.

The training and preparedness theme shows the gaps in ethics education, Lim & Kim (2021) and Adams et al., (2011) suggest for simulation ethics training for the healthcare teams to train and be prepared for real-world ethical dilemmas. The institutional barriers, including limited policy enforcement and resource restrictions, were outlined as major challenges, and studies of Alanazi et al. (2024) and MacMartin et al. (2024) indicated that robust institutional support could improve ethical EOL care delivery.

These themes are suggestive of a multidimensional approach needed to tackle ethical decision-making challenges in EOL care. Collectively, stricter policy support, improved communication and training programs and a cultural informed approach towards patient autonomy will improve ethical standards and EOL decision-making in the multidisciplinary context.

Discussion

In this systematic review, key factors impacting ethical decision-making in multidisciplinary teams (MDTs) in end of life (EOL) care are detailed. The one major theme across studies is the ongoing tension between respecting patient autonomy and the role of family input into medical decisions. MDTs are always challenged when there is a conflict between patient autonomy and family's expectations and in situations where patient's wishes are unclear, as per Alanazi et al. (2024) and Ellis-Smith et al. (2021). The presence of this ethical conflict implies the necessity of more well-defined guidelines and structured MDT communication in order to support ethical decision making between patient autonomy and family involvement.

Clients consistently experience challenges in MDT communication, including the lack of clarity about role expectations and quality of interdisciplinary dialogue. For example, in the study like Bruun et al. (2022), it is observed that unclear role definitions obstruct the understanding of team members which can result in the reduction of EOL care quality. The improved role delineation and communication protocols increase collaboration and promotes integration of the input of each team member more neatly into the decision-making process.

The importance of cultural competence in ethical EOL care was also established. According to Harasym et al. (2021) and Lim and Kim (2021), while providing EOL care, MDTs must consider cultural and religious beliefs of patients and their families, since such beliefs indeed define the EOL care preferences of individuals. Including cultural awareness and sensitivity within ethical frameworks may assist MDTs to deliver a developing respectful and patient value aligned care.

Finally, due to the importance of this issue for the patients and their relatives, of importance for the medical staff, including their psychological problems, this review highlights the need for ethics training for healthcare professionals concerned in EOL care. The work of MacMartin et al. (2024) and Lim & Kim (2024) finds that insufficient ethics training seems to prevent the effective resolution of complex ethical dilemmas for MDTs. Continued training in ethical principles, such as using simulation and case based learning may also help MDTs to become comfortable making decisions

on some of the ethical complexities that EOL decision-making poses.

Future Directions

Therefore, future research should study how cultural and religious beliefs affect ethical decision-making frameworks in MDTs in environments where two or more cultures are present. Furthermore, the long-term effects of ethics training on handling EOL dilemmas were the subject of studies based on simulation education. In addition, research into improved structured communication practices and defining the roles of members of MDTs could improve collaboration and reduce misunderstanding. Additionally, further work in understanding the effects of policy support on ethical practice in EOL care would add to knowledge of how institutional frameworks may best support MDTs to make ethically reasonable choices.

Limitations

The limitation of this review is based on finding that the majority of studies focus primarily on studies conducted in specific geographic regions; in so doing, the capability to generalize findings to other healthcare settings is potentially restricted. Furthermore, most included studies were qualitative or observational studies and therefore do not allow for drawing causal conclusions. There is also variability in the definition and outcomes across studies which complicates consistent synthesis of findings. Although themes are represented fairly well, some studies based on descriptive data rely on a limited amount of empirical validation.

Conclusion

To make effective ethical decisions in EOL care a comprehensive workforce preparedness, clear communication, cultural competence and institutional support are needed. For MDTs working in EOL care, establishing ethical dilemmas means developing structured protocols that uphold patient autonomy and invite family involvement, ethics training and culturally aware practice. Improved clarity around roles, continuous ethics education, and communication frameworks are necessary to help MDTs not only struggle through the complexities of EOL decision making but also to do so more effectively and efficiently. These are basic approaches of how to achieve EOL patient centered, ethically sound care in systems that are looking to improve their EOL care practice.

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