The Role of EMS in End of Life Situations

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Lecture Outline

- Case Presentations
- Types of death at risk for complicated mourning
- Recognition of culture & belief systems
- Talking with patients and family members
- Children and death
- Compassion fatigue and Self Care

Case 1

- 48yr male collapses in the kitchen after cutting the grass
- You arrive to find patient surrounded by his wife and 3 children
- Patient's initial rhythm is asystole
- No response to 3 rounds ACLS drugs, your command physician agrees with calling the arrest.
- Now comes the hard part!

Case 2

- You arrive to find an 35 yo male in a hospital bed, "obviously DOA"
- Family states he has brain cancer and was last seen alive 2 hours ago

End of Life Situations

- These are very difficult situations
  - Some of us have very little experience with death or death situations
  - Others may carry the burden of personal losses or work exposures.

Feedback

- "The paramedics were wonderful… They did everything they could for my father…

This was a DOA call!

The medics obviously did something right!

Feedback

- "They didn't even shine the flashlight in her eyes to check her pupils.
  - Mother of a cancer victim

Why should we care?

- It should be obvious but…
- This is how we make ourselves "unique" from other public safety providers that respond to cardiac arrests.
- When the patient dies the friends and family members become our patients
  - We have an obligation to help with the grieving process.

Why should we care?

- To you, this may be an average day.
- To the family, it may be the worst day of their life.
  - They will remember it for ever
  - You **will** be a part of that memory

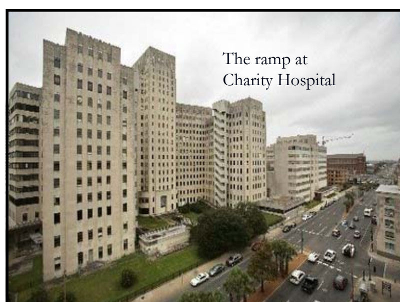
What can the EMS provider do?

Arrival

- Setting the stage
  - The family will always think it took you too long to get there.
    - Time moves slowly when you are waiting
    - Don't engage on this subject at this point
  - Be mindful of your appearance upon arrival.
    - Walking casually or laughing may be misinterpreted by families.

The "Obviously Dead Call"

- Examine the patient even if you are certain that he/she is dead. This will help the family in their grief process and demonstrate that you care.
  - It is also part of the DOA protocol
  - Doctors/paramedics on TV always shine a pen light in the eyes. (It is part of the show/ritual)
- Talk to the family, ask about the patient



The ramp at Charity Hospital

The Failed Resuscitation

- Have someone interact with family during the process.
  - Prepare and provide family with updates in non-medical terms :
    - He is not breathing so we put the tube in so we can breath for him.
    - His heart is not beating so we are doing CPR
    - He is very sick, we are giving him medicines to try to re- start his heart but…
  - Many families still won't comprehend. Remember most people who get CPR or defibrillated on TV/Movies, wake up and start talking.
- If family asks, interpret for them any radio messages from command.

Words to live by…

- We understand that the following terms are bad:
  - Life threatening injury
  - Doing CPR
  - Shocking the heart
- Family members may think these are signs that the patient is still alive.

Should the family be allowed to watch?

- The literature would say yes, this helps them realize you did everything you could.

But

- The family must be comfortable with this AND **you** must be comfortable with this.
- Remember scene safety

ON SCENE

- Introduce yourself
- Be truthful and confident
- Maintain privacy
- Dose out the bad news
- Allow family to spend time with their deceased loved ones

Don't just do something? Stand there!

- Convey caring
- Allow grief
- Offer continued support
- Respect religious rituals

Family Response to Death

- Social, cultural, religious
- Sudden vs. expected death, suicide
- Reactions
  - Stoic – No tears or apparent reaction
  - MCI response – Mass hysteria and or fainting
  - Violence – "I will kill you if my grandmother dies!"

Be prepared!

- You may need to render medical assistance to family members
- Watch for signs of mental instability
- Staggered arrival of friends and family
  - Reactions may vary
  - Group mentality
- Know how to call for police back up

What can you do?

- Be yourself, be sincere.
- Don't try to take away the pain, you can't.
- Be helpful
  - "Is there anyone that I can help you call?
- Take special care to show respect & dignity with the dying patient and family.

Comfort

- One medic should spend time with family after the death while the other medic prepares truck to go back into service.
- Sit next to the family member rather than stand over them while talking.
- If this is not a coroner's case, you may pull the ETT. (Check first)

- Don't make judgments about the cause of death (even if it is clear to you).

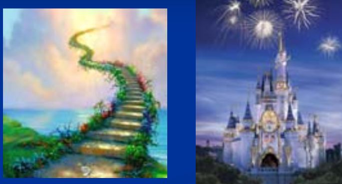
Support

- Have available a list of resources for grieving families.
- Tell the family what will happen next.
  - Police, maybe coroner, funeral home…
- Support each other after the call. You never know which call will be the one to upset you.

Tips

- Look at the family when you talk with them.
- Notify receiving hospital if key survivors have asked to be with patient during hospital resuscitation (especially parents.)
- Allow at least one key survivor to ride to the hospital in the ambulance (usually in front)
- Use the word died or dead.

"He has gone to a better place"



Positive experience

- The EMT/Paramedic showed sympathy
- They answered my questions
- Timely announcement
- Provide details of efforts to save life
  - List special skills used such as intubation and defibrillation

Things to Say

- I'm so sorry for your loss
- How can I be of help to you right now?
- Listen……..
- If appropriate, ask to hear about their loved one.

Things not to say

- I know how you feel.
- You need to be strong.
- Things will get better, you'll see.
- You're young, you can have another baby.
- She went to a better place.
- Only the good die young.

Things not to say…

- Do not be graphic in your description of the event
- Don't be judgmental
  - "If he wasn't drinking and driving…

Children and Death

- Every child will respond to loss/death.
- Know what the child has been told ahead of time.
- Ask the adult what he/she wants the child to know
- Grief will manifest in behavioral, emotional, physical, and cognitive domains.
- The age of the child will determine how these manifestations play out.

The Grief Process

- Models of grieving
  - Elisabeth Kubler-Ross (5 stage process)
  - Therese Rando (6 "R" Process of Grieving) recognize, react, recollect, relinquish, readjust, reinvest
  - There is no right or wrong way to grieve, it is a very individualized process.

Calling an arrest in the field

- Pros
  - Accepted by family
  - Appropriate use of resources
    - Shorter call turn around
  - No hospital bill
- Cons
  - Not accepted by all families
  - EMS can not bill for services
  - Lack of Social Services
  - Must really be dead

Not dead yet…

- The DNR patient
  - Know your local rules and regulations
  - Know your documents
    - Power of attorney
    - DNR
    - POLST
- DNR does not mean do nothing
- Watch for the Chinese menu version of DNR orders

DNR

- When in doubt, start treatment
  - We can stop the resuscitation in the hospital
- The patient has the right to reverse orders
- Family may technically not have the right to reverse orders
- Consult medical command for difficult cases. (start treatment)

Signs of Compassion Fatigue and the EMS Provider

- Feelings of being overwhelmed
- Social withdrawal
- Cynicism about your ability to help others
- Numbing
- Self-medicating
- Increased irritability

Self Care

- Talk about the call with trusted person
- Write in a journal
- Exercise (walk)
- Limit caffeine, alcohol & sugar
- Humor
- Make use of down time (relaxation; be with the people you love)
- Obtain education about grief reactions
- Use the CISM process

RESOURCES

- Good Grief Center for Bereavement Support
  - 412-461-1776 or 1-888-Grief88
  - Walk-in support and telephone support.
  - Support groups
  - Therapists
  - Library

RESOURCES

- The Caring Place
  - 1-888-224-4673
  - Provides support and counseling for grieving children and families.
- Catholic Charities Bereavement Program
  - 412-456-6923
  - Offers support groups

RESOURCES

- The Center for Victims of Violence and Crime
  - 412-392-8582
  - Victim advocacy services (counseling & support)
  - 24 hour hotline
- Contact Pittsburgh
  - 412-820-HELP (4357)
  - 24 Hour crisis and suicide hotline