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TERMINAL ILLNESS

DEALING WITH DEATH AND DYING

Advanced Care Paramedicine

Module: 11

Section: 04

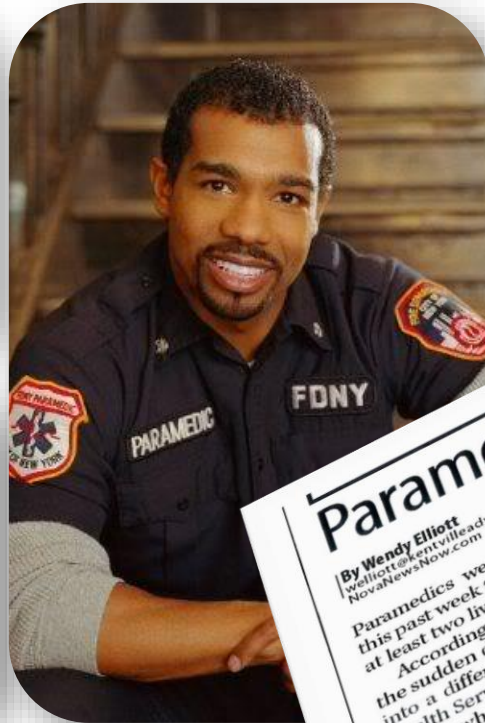
- Describes a disease that cannot be cured or adequately treated and that is reasonably expected to result in the death of the patient within a short period of time.
 - Considered to be terminally ill when the life expectancy is estimated to be six months or less
 - Though a given patient may properly be considered terminal, this is not a guarantee that the patient will die within six months



- Four major challenges

- Life is a fatal condition with a 100 % chance of mortality.

-anonymous



Paramedics step up, save lives

By Wendy Elliott
welliott@kentwilladvertiser.ca
NovaNewsNow.com

Paramedics were called upon four times this past week to render aid, and they saved at least two lives.

According to police records, a report of the sudden death of an elderly man turned into a different scenario when Emergency Health Services (EHS) staff found a pulse.

Elsewhere in the county, a man who hung himself was revived by paramedics on scene.

Two other elderly people were also treated in their homes.

EHS spokesman Paul Maynard says in the last 10 to 15 years the skill level, dedication and commitment of paramedics has grown demonstrably.

Before 1995, there were over 50 private

and public ambulance operations providing emergency transport services in Nova Scotia.

The system had inconsistencies in medical care, levels of staff qualifications and the type and condition of ambulances. Often, the type of care patients received was dependent on where they resided in the province.

Now, Maynard notes, the EHS system in Nova Scotia has become an internationally recognized leader in the provision of pre-hospital care.

He says the government made a good investment and EHS staff has a wide range of tools to assist with emergencies, including trauma and cardiac arrest.

"We have some terrific paramedics here," adds Kings RCMP Cst. Blair MacMurtery.

Challenge: Peer Perception



- Often inadequate
- Recognize the technical aspects of death
- Minimal amount of instruction covering the psychological or social aspects of death
- NOCP?
- Cultural and religious sensitivity, cultural and religious diversity



- The Dying Patient
- Dealing with the Death
- Death Notification
- Stress and CISM



- Paramedics treating patients approaching the end of life often face moral, ethical, and legal issues involving:
 - Shared decision making
 - Right to refuse medical treatment
 - Futility

- Beneficence
- Nonmaleficence
- Patient autonomy
- Justice



- Ethical treatment decisions should be shared between physician and patient
 - We act as extensions of this process

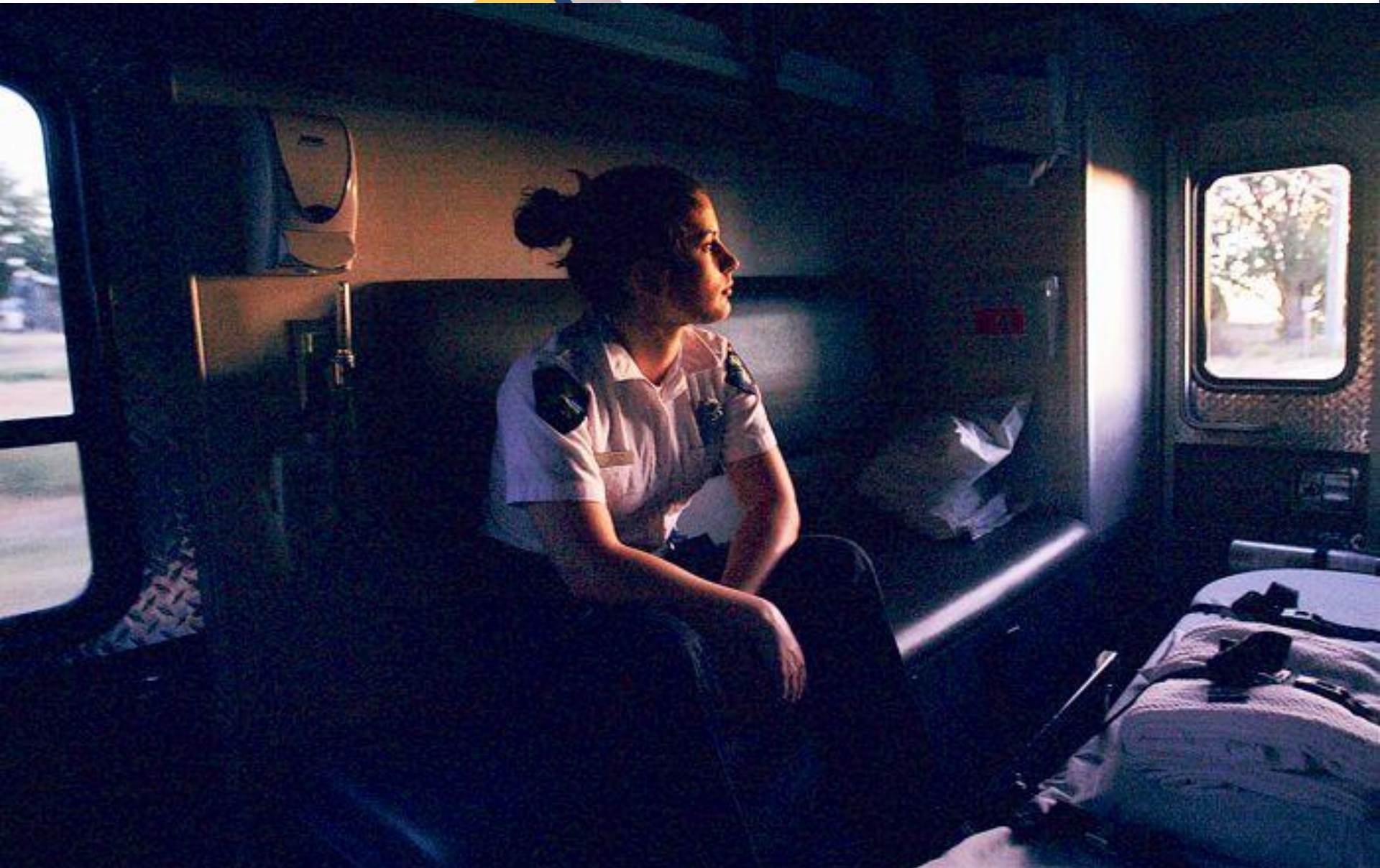
- Well established in medicine and in law
- Advanced Directives/DNR
 - In situations where there is no DNR and the patient lacks decision-making capacity, courts will allow proxy decision making
- “Substituted Judgment”
 - Many proxies feel uncomfortable in deciding to stop interventions
 - See themselves as deciding between life or death
 - Actual role of the proxy, however, is not to make the decision but to help carry out the patients’ wishes

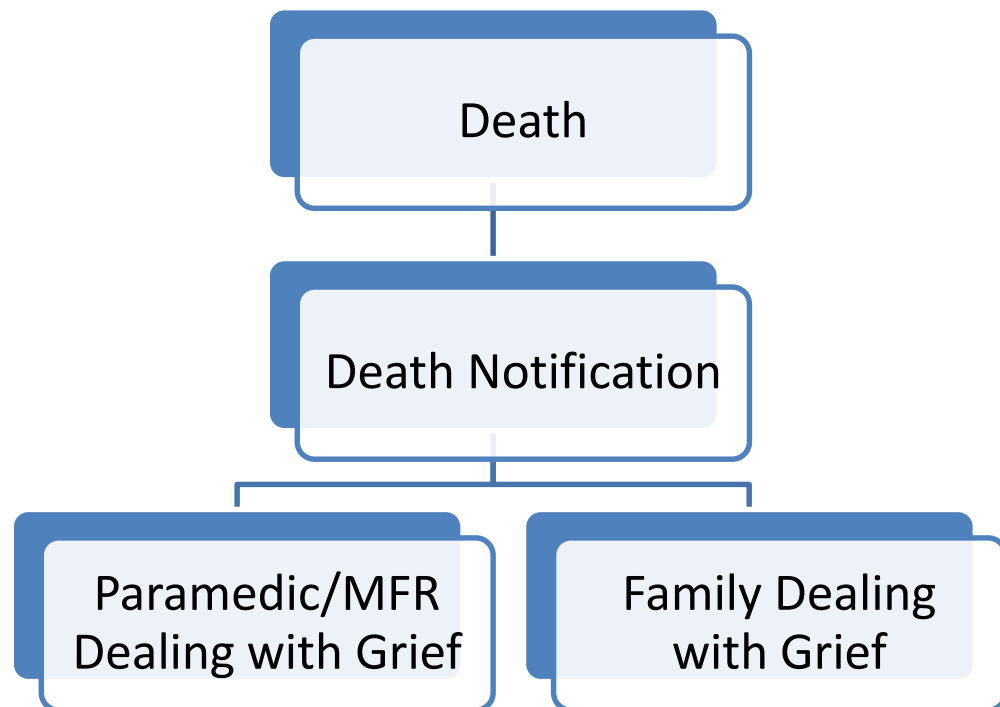
- No ethical obligation to provide treatment that is futile
- What constitutes futile treatment?

- Addresses the physical and psychological aspects of end of life. It involves:
 - Pain and other symptom management
 - Social, psychological, cultural, emotional and spiritual support
 - Caregiver support
 - Bereavement support

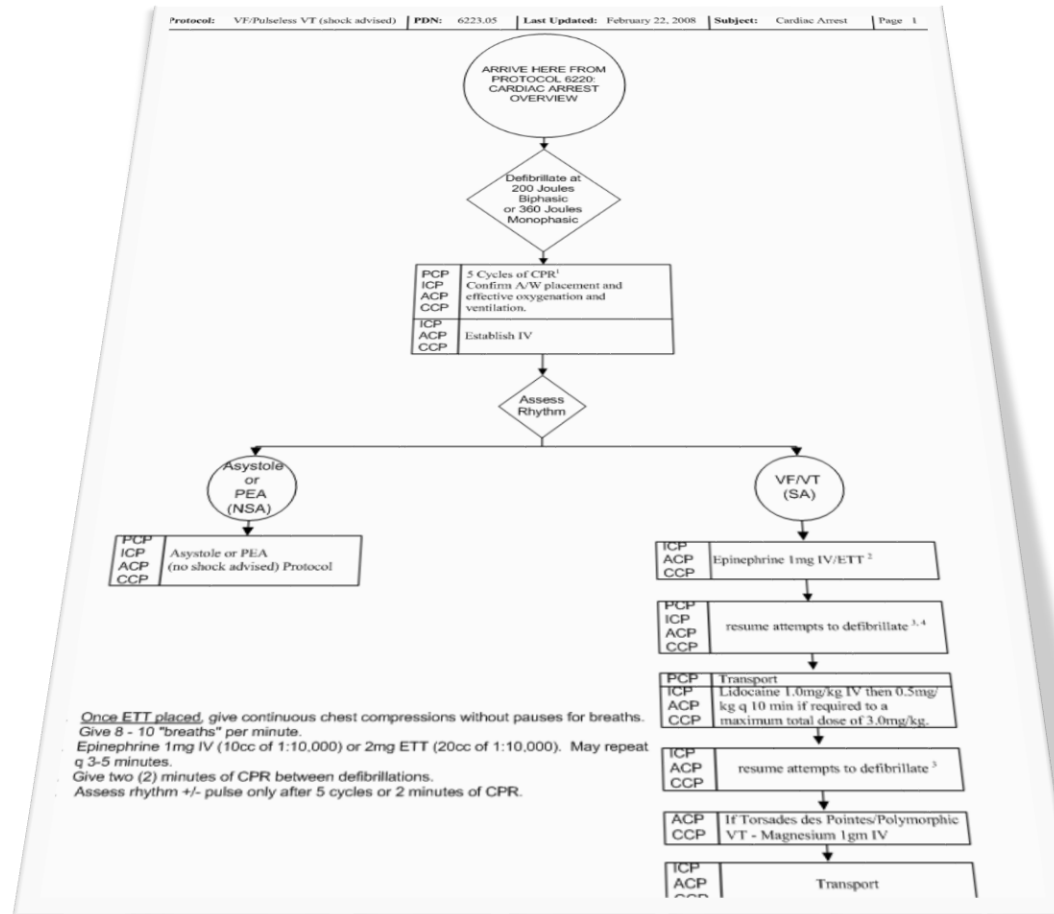


Dealing with the death





	EMR	PCP	ACP	CCP
GENERAL COMPETENCY 6.1 Utilize differential diagnosis skills, decision-making skills and psychomotor skills in providing care to patients.				
SPECIFIC COMPETENCY	SUB COMPETENCIES			
6.1.r Dealing with the patient post death.	?	?	?	?
	Describe the approach to a patient post death	Explain the approach to a patient in the post death setting	Explain the approach to a patient in the post death setting	Explain the approach to a patient in the post death setting
	Discuss the criteria to pronounce the death	Explain how patient history relates to patient presentation.	Analyze how patient history relates to patient presentation.	Analyze how patient history relates to patient presentation.
		Explain how age, gender and health status relate to patient presentation.	Analyze how age, gender and health status relate to patient presentation.	Analyze how age, gender and health status relate to patient presentation.
		Adapt care based on patient presentation.	Adjust care based on patient presentation.	Integrate care based on patient presentation.
		Communicate information to family regarding post death procedures.	Communicate information to family regarding post death procedures.	Communicate information to family regarding post death procedures.
		Integrate the approach, assessment, treatment and transportation of a patient.	Integrate the approach, assessment, treatment and transportation of a patient.	Integrate the approach, assessment, treatment and transportation of a patient.
		Justify approach, assessment, care and transportation decisions.	Justify approach, assessment, care and transportation decisions.	Justify approach, assessment, care and transportation decisions.
6.1.s Provide care to family members and others in the post death setting	?	?	?	?
	Describe the approach to a family member in the post death situation	Explain the approach to a family member in the post death situation	Explain the approach to a family member in the post death situation	Explain the approach to a family member in the post death situation
	Define Grief	Discuss the Levels of Grief	Discuss the Levels of Grief	Discuss the Levels of Grief
		Explain how age, gender and health status relate to the grief process	Explain how age, gender and health status relate to the grief process	Explain how age, gender and health status relate to the grief process
		Communicate information to patient regarding care.	Communicate information to patient regarding care.	Communicate information to patient regarding care.
		Adapt care based on patient presentation.	Adapt care based on patient presentation.	Adapt care based on patient presentation.



- Death that occurs outside of the hospital environment takes on four phases:
 - The Acute Phase
 - The death event occurs and a call to 9-1-1 is placed
 - Death Determination Phase
 - Field personnel determine that it would be appropriate not to begin or to cease basic and/or advanced life support measures
 - Investigative Phase
 - Law enforcement and/or the Medical Examiner's Office investigates the incident to ensure that no criminal activity has occurred
 - Removal Phase
 - Removal of the body



- Have a Plan
 - Department protocols for out-of-hospital death
 - Regional policies
 - Do the police come?
 - Is there an investigation?
 - Who moves the body?
 - Where is the morgue or funeral home?

- Have a Plan
- Introduce Yourself
- Rehumanizes the uniform, serving as a small buffer to the information you're about to deliver.
- Validates your information as coming from someone in authority

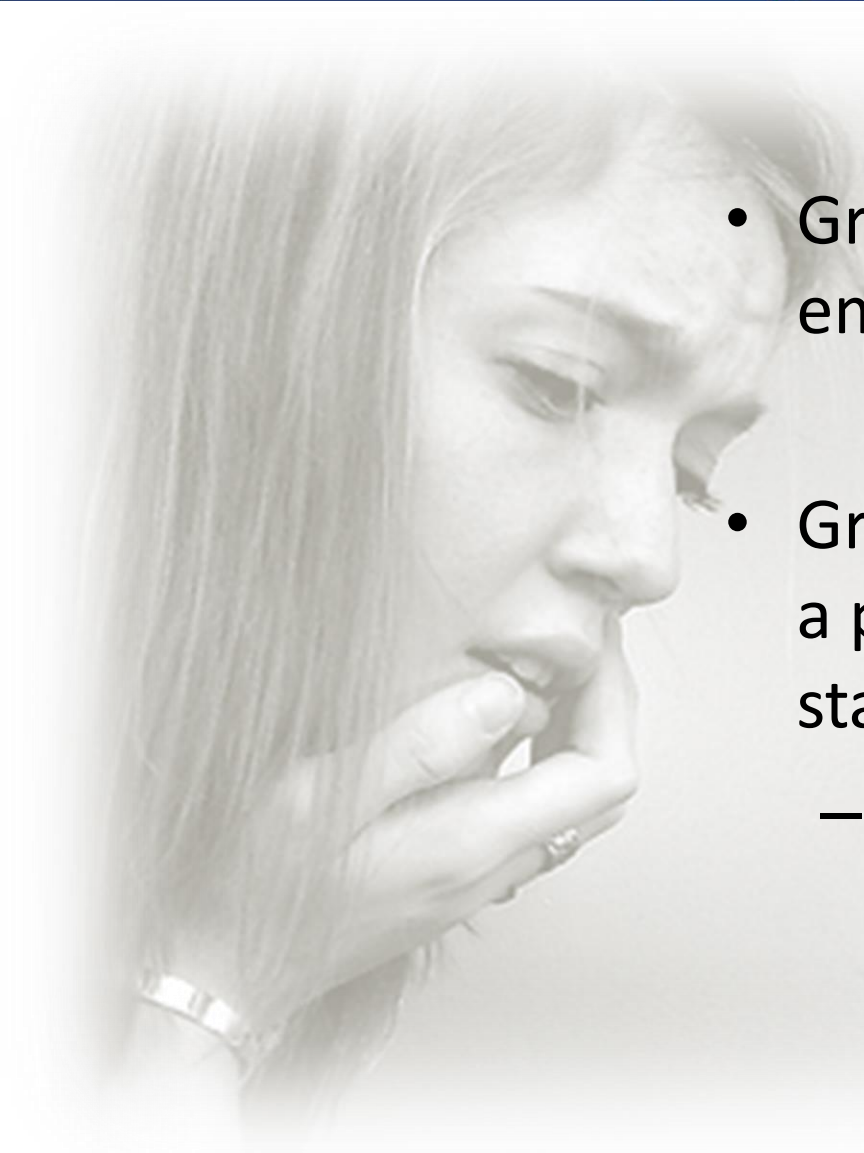
- Have a Plan
- Introduce Yourself
- Identify Who's Who
- Figure out the relationship of those present to the deceased.
- When asking, always use the present tense: "Are you the parents/husband/wife of...?"

- Have a Plan
 - Introduce Yourself
 - Identify Who's Who
 - Fire the Warning Shot
- "Preparation statement"
 - "We arrived to find your father unconscious. He was not breathing, and there was no pulse, so we immediately began CPR..."

- Have a Plan
- Introduce Yourself
- Identify Who's Who
- Fire the Warning Shot
- Get to the Point
- “Core statement.”
- Simple, direct and try to deliver it with compassion
- Using the word died or dead is important

- Have a Plan
 - Introduce Yourself
 - Identify Who's Who
 - Fire the Warning Shot
 - Get to the Point
 - Express Empathy
- “I’m sorry for your loss”

- Have a Plan
- Introduce Yourself
- Identify Who's Who
- Fire the Warning Shot
- Express Empathy
- Be prepared for the aftermath

- 
- Grief: The normal, appropriate emotional response to loss
 - Grief Process: The movement of a person through the various stages of grief
 - Different for each person

- Each person's grief is unique
- No standard timetable
- Not all family members will experience each stage
- EMS personnel may witness one or many reactions during the short time spent with the decedent's family





- First introduced by Elisabeth Kübler-Ross in her 1969 book, *On Death and Dying*.
- Five discrete stages
 - Denial
 - Anger
 - Bargaining
 - Depression
 - Acceptance



- A conscious or unconscious refusal to accept facts
- A temporary defence mechanism and is perfectly natural
- Shock should also be expected even after a long terminal illness in which the family has been preparing for death

- ACTION:
 - Very little of what you say will be remembered by the family. They will remember your kind voice and sense of caring
 - Make eye contact, sit with the family, touch their hand or shoulder if it seems appropriate and acceptable
 - A hug or touch may be more appropriate when departing the scene rather than a gesture of comfort in the middle of the grieving process

- Acknowledge what has happened
 - “I’m sorry, your father has died”.
- Be honest and give brief, laymen term explanations
 - “His heart stopped and the medication could not get it restarted”
- Give them some time alone for the reality of the situation to set in and for them to collect their thoughts.

- Allow family members to hug or hold each other
- Continue to give them small details surrounding the event to help them focus on reality - “He stopped breathing”, “Her injuries were too severe”
- Let them view the body if they want
 - let them make their own decision – there is no right choice

- Not uncommon to see intense emotional release by the family
- Crying, screaming, feelings of relief, sadness, helplessness, hopelessness, anger, even laughter
- May be directed to themselves, God, their loved one or even to the EMS crew



- ACTION:
 - Allow the family members to express their emotions and encourage them to accept and support each other's reactions
 - Realize that their anger and emotions are not usually directed at you - do not react back with anger or frustration
 - Instead, try to remain compassionate and supportive. Do not place blame or jump to conclusions

- Avoid “God-talk”
- If Angry/Aggressive
 - Provide safety and security for yourself and the other family members. If someone becomes aggressive or violent, get backup, try to isolate the individual to another area
 - Acknowledge his/her feelings and inform him/her of the consequences of his/her intended actions. Keep a good distance away and don’t threaten or scold

- “I should have done this” or “I should not have done that”
- Bargaining is trying to get them back. Guilt is sometimes real, often imaginary or exaggerated. Death amplifies whatever problems existed in the relationship

- **ACTION:**
 - Allow the family to verbalize their concerns
 - Try to find something positive about their relationship which you can comment upon - “It looks like you have taken very good care of her”
 - Let them know that they participated positively in the death event
 - “You did the right thing by calling 911”. (if appropriate)

- Family members may be afraid to touch the deceased, afraid of sleeping in the same room, afraid of being alone
- Natural to feel sadness and regret, fear, uncertainty, etc

- **ACTION:**
 - Give them permission to view the body. Prepare them by warning them of physical changes that have taken place - the skin may be discolored, a breathing tube may be in place, etc
 - Stay with them until they no longer feel afraid of the deceased
 - Help them to make phone calls to have a neighbor, friend or relative come to stay with them

- The final stage of grief
- May take years for families to reach this stage
 - The family will often go over every little detail leading up to and following the death
- The EMS providers' response to the family experiencing a loss can help them begin their movement through the painful grief process

- Acute grief is a normal reaction to loss
- In these situations the emotional needs of the family should be of the utmost importance to the health care provider
- The family members often need to be comforted and given privacy
- The loved ones may need to express feelings of rage, anger, despair and sometimes guilt

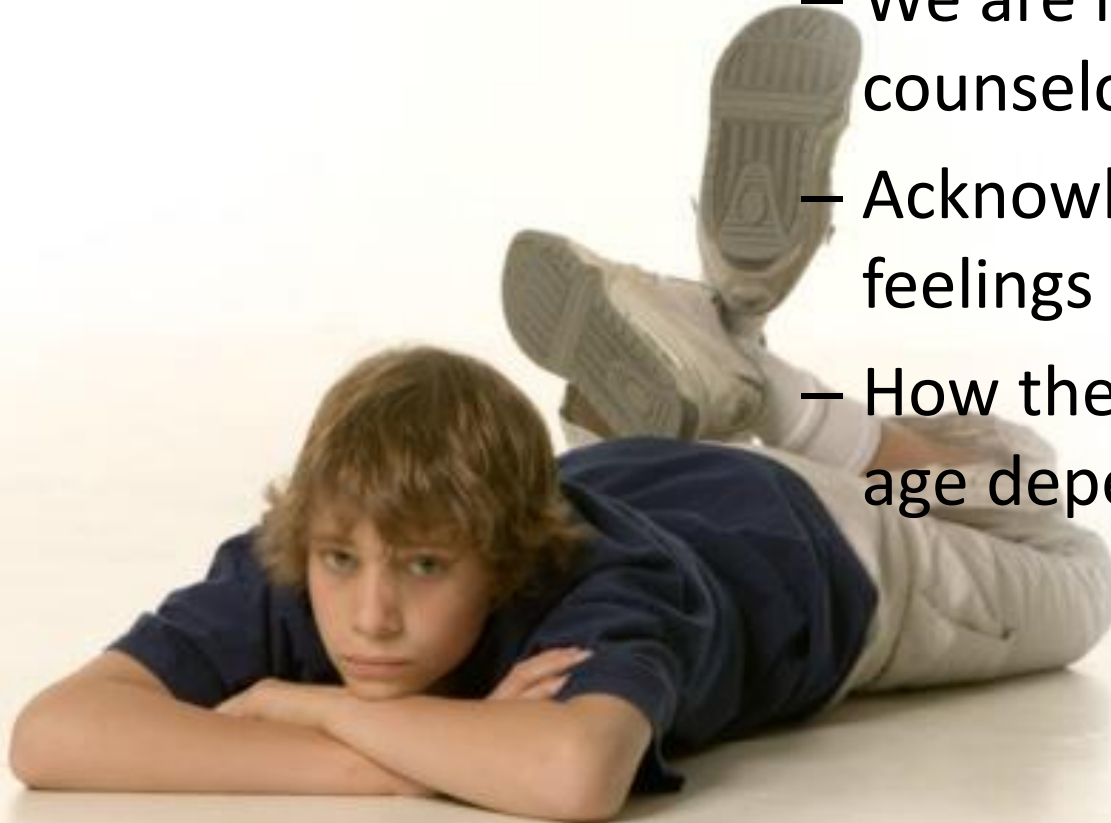
- At times, they may need someone to help them in some direction
 - i.e. tentative selection of a funeral home
- The positive role that paramedics take during a situation can help the way that the survivors adjust to their loss
- It is uncomfortable to be in a situation that involves death
- Communication with those that are grieving can be very difficult
- It is important to answer questions that the family may have whenever possible
- It is helpful to explain why you are taking certain actions
 - i.e. calling control, requesting police to attend

- **ACTION:**
 - Use compassionate and nonverbal communication (facial expressions, attentive listening and appropriate touch).
 - Remember that each person responds differently to the touch of a stranger, no matter how well intentioned.
 - Take your cues from the grieving person as to whether they need more space or feel comfortable with your approach.



- **ACTION:**
 - Parents may experience more guilt, a prolonged period of numbness and shock and in cases of injury, intense anger at those responsible
 - Allow them the freedom to express their emotions
 - At this time it is best to listen without giving too many comments or explanations
 - Emergency personnel should be sensitive to the special needs of children when they are experiencing the death of a loved one
 - It is important to remember the children in the house, especially if the adult family members are involved with their own grief

- ACTION:
 - We are not there to be a counselor
 - Acknowledgement their feelings
 - How they perceive death is age dependant





- **PRESCHOOLERS (up to age 6 years)**
 - View death as temporary and reversible
 - May view death as punishment for their own thoughts or fulfillment of angry wishes
 - Answers need to be brief, simple and repeated if necessary

- SCHOOL AGE CHILDREN (7-12 years)
 - Death seen as punishment.
 - Still wanting to see death as reversible but beginning to see it as final
 - Specific questions. Desire for complete details.
 - Concerned with how others are responding. What is the right way to respond?



- ADOLESCENTS (12 and older)
 - Understand that death is irreversible
 - Starting to explore personal philosophies of life and death
 - Teenagers may have problems finding coping mechanisms to deal with death depending on their past experiences



- “What do I say and how can I help the families of victims?”
- Always introduce yourself and explain your role in the crisis...
 - The crisis is a confusing time.
 - Simple things like saying your name, explaining who you are, and what you do, will reduce the family’s confusion and make your interaction with them more personal.
 - Refer to the deceased by their name when possible, this conveys your respect for their loved one.

- Be there to listen...
 - At this point in time, your priority is to allow the grieving person time to talk
 - Do not rush to return to the field
 - Provide education by answering questions with the truth as you know it
 - Be aware that all questions cannot be answered

- Show your concern, acknowledge their loss, accept expressions of grief and express your own...
- Allow tears
- Understand their anger...
- Expect guilt...
- Be comfortable with silence...

- Say "I'm sorry"...
- Be careful of the advice you give...
 - Asking “Would you like someone to talk to?” is better than “You need professional counseling.”
- Provide information and offer continued support...
- Remember your posture...
- Check the family’s understanding...

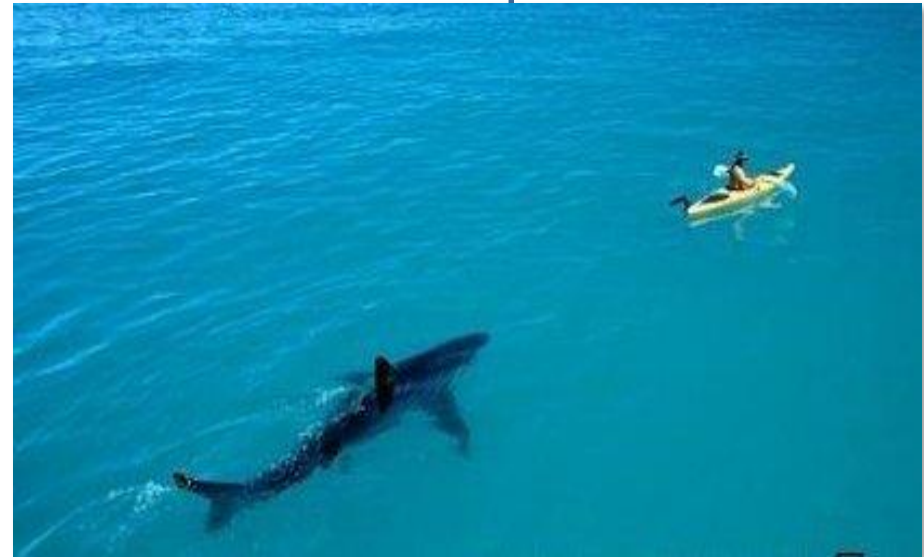
- Be there to listen
- Allow expressions of grief, both yours and theirs
- Allow them to share memories of their loved one
- Reassure the bereaved individual that they did all they could
- **REMEMBER**
 - You can't take away their pain or bring the individual back

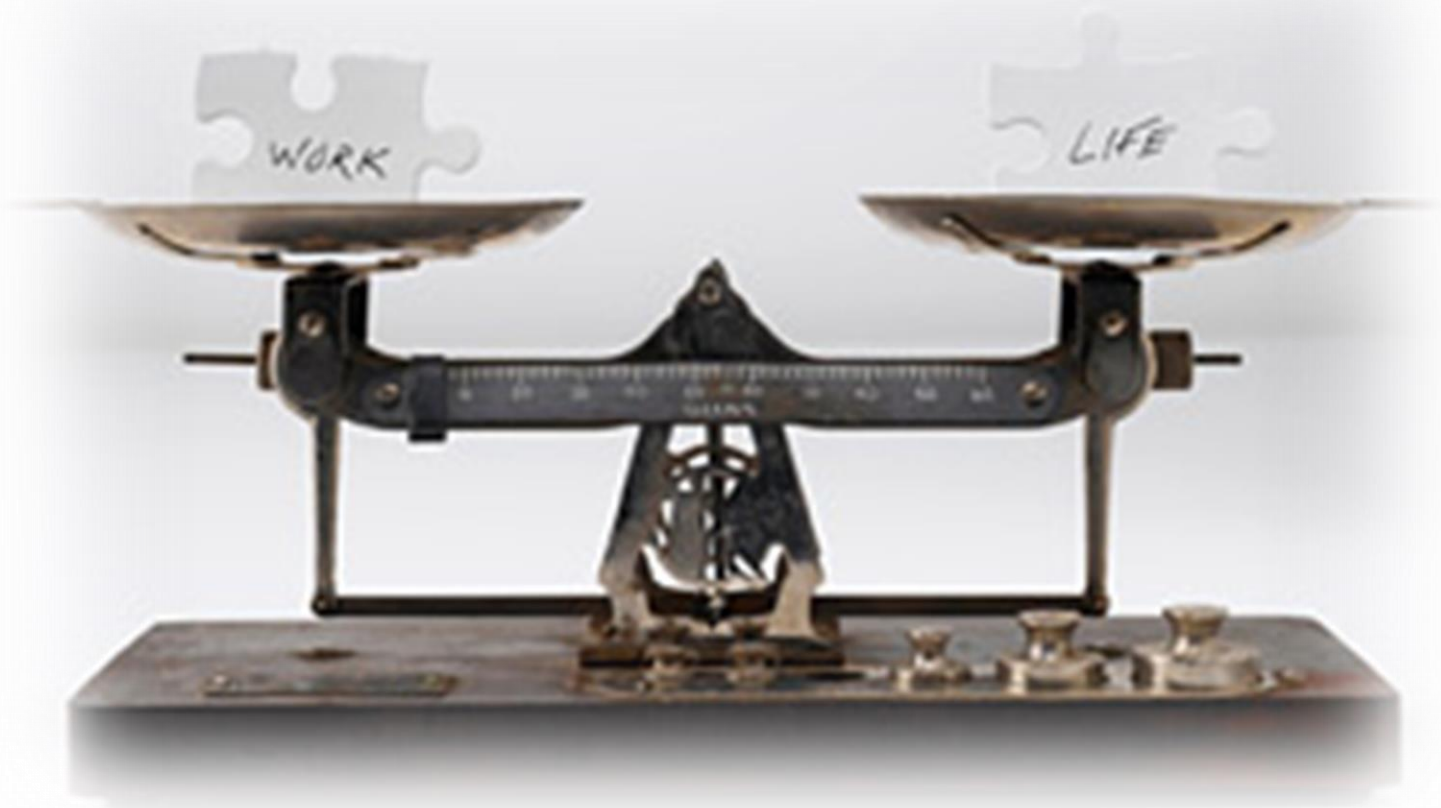
- Say “I know how you feel”.
- Say “You ought to...”
- Forget to identify the deceased by name
- Offer platitudes like “Well you can always have another baby”
- Be suspicious or judgmental, such as suggesting the deceased did not have good care

- It is important to remember that many of these calls will be investigated to determine how and why the patient died
- For this reason, it is important to preserve as much evidence as possible while still providing the patient with the best possible care
- Be respectful
- Stay with the family, if possible, until law enforcement arrive to take over the scene
- Remove disposable packing and any litter from the scene. Do not leave it behind for family to dispose of
- You may place a sheet over the deceased to be respectful



Stress





- Phases of the stress response
 - Alarm reaction
 - Resistance
 - Exhaustion

- “Fight or flight” phenomenon
 - Occurs when any emergency situation threatens one’s safety or comfort
 - Is considered positive (eustress)
 - Prepares the individual to be alert and to defend himself or herself



- Autonomic nervous system (ANS) and coordinated by hypothalamus
- Physiologic responses
 - Reaction takes only seconds
 - Reaction is stopped when body realizes event is not dangerous
- Individual begins to adapt to the situation, and bodily functions return to normal



- Stress response raises the level of resistance to the agent that provokes it and others like it
- If the stress persists, a person's reactions to the stress may change

- As stress continues, coping mechanisms are exhausted
- Adaptive resources used
- Resistance to all stressors declines
- Increased susceptibility to physical and psychological ailments
- Rest and recovery are needed

- Person may be aware of:
 - Heart palpitations
 - Difficult /rapid breathing
 - Dry mouth
 - Chest tightness or pain
 - Anorexia
 - Flushing, diaphoresis
 - Frequent urination
 - Dysmenorrhea
 - Aching muscles and joints
 - Backache, headache
- Person may be unaware of:
 - Increased blood pressure and heart rate
 - Blood shunting to muscles
 - Increased blood glucose
 - Increased adrenalin
 - Reduced gastrointestinal peristalsis
 - Pupillary dilation

- External:
 - Physical environment, Social, Organizational, Major life events, Daily hassles
- Internal:
 - Lifestyle, Negative self-talk, Mind traps, Type A personality
 - *Most stress is actually self-generated.*

“Conceit is a local anesthetic that deadens the pain of stupidity.”

-Sir William Osler

- Physical
- Emotional
- Cognitive
- Behavioral

- Physical:
 - Fatigue
 - Headache, stiff neck, muscle aches
 - Insomnia
 - Heart palpitations
 - Abdominal cramps
 - Flushing/sweating
 - Frequent colds



- Emotional:
 - Anxiety, depression
 - Nervousness
 - Anger, frustration, worry, fear, irritability, impatience, short temper.....



- Cognitive:
 - Decreased concentration/memory
 - Indecisiveness
 - Mind racing/going blank
 - Loss of Sense of humor



- Behavioral:
 - Pacing, fidgeting, nervous habits
 - Crying, yelling, swearing, blaming
 - Throwing things, eating, smoking, drinking



- Individual reactions to stress are “customized” based on:
 - Previous exposure to a specific type of stress
 - Perception of the stressful event
 - Personal coping skills

- Dynamic, evolving process whereby one “learns” successful ways to deal with stressful situations
- This process:
 - Usually begins with using defense mechanisms
 - Then develops coping skills
 - Continues with problem solving
 - Culminating in mastery

- Critical Incident Stress Management Program (CISM)
 - Structured group meetings
 - Emphasize ventilation of emotions and other reactions
 - Emphasizes educational and informational elements
 - They are not considered psychotherapy, nor are they psychological treatment
 - Two major goals of debriefings
 - Reduce the impact of a critical event
 - Accelerate the normal recovery



- A confidential service provided by an outside agency available to employees and family members in times of crisis
- The program is designed to help you resolve personal or work-related problems and pressures before they lead to more serious difficulties.



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Employee & Family Assistance Program

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