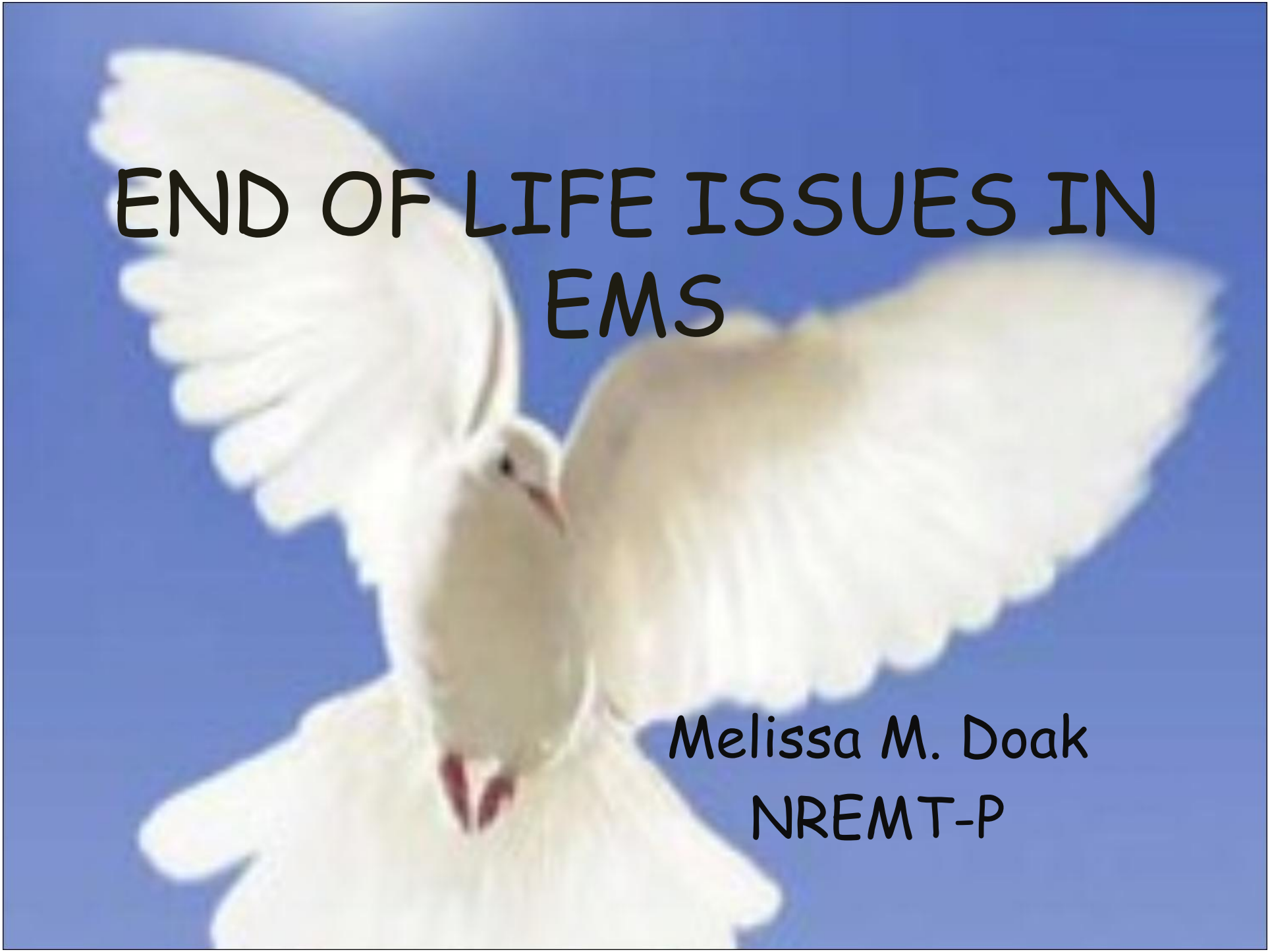

END OF LIFE ISSUES IN EMS
Melissa M. Doak
NREMT-P

HUGE DISCLAIMER.....

- I am not a lawyer.....I know a few.....maybe you do as well.....so if you want clear legal advise seek the advise of a true legal professional and call a lawyer.....I am merely a Paramedic.....

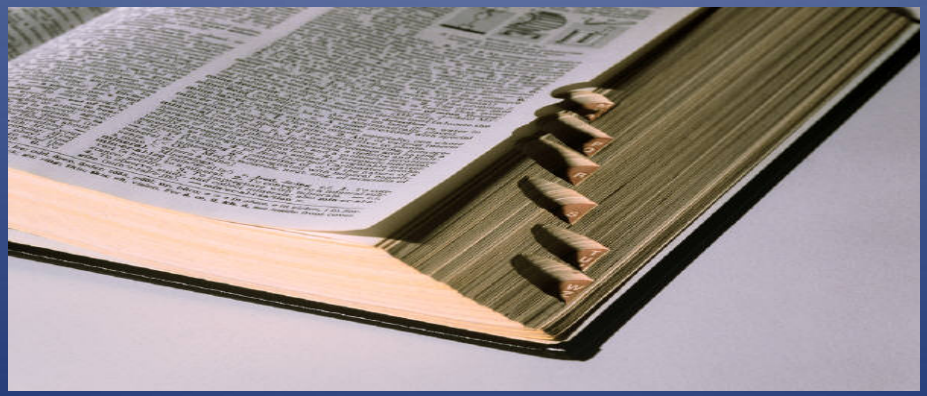
- HUGE DISCLAIMER

Objectives

- Discuss Terminology Related to Legal Aspects of End of Life
- Discuss Code of Virginia as it Relates to End of Life
- Briefly Discuss DDNR in Virginia & NEW CHANGES TO THE LAW
- Review Regional Protocols Relating to Out of Hospital Deaths
- Offer Suggestions & Tips on Handling Difficult Scenes

Terminology

- POA-Power of Attorney
- Living Will
- Advanced Directive
- DNR/DDNR-Do Not Resuscitate/Durable Do Not Resuscitate
- Clinical Death
- Biological Death
- Pronouncement of Death
- Grief
- Stages of Grief



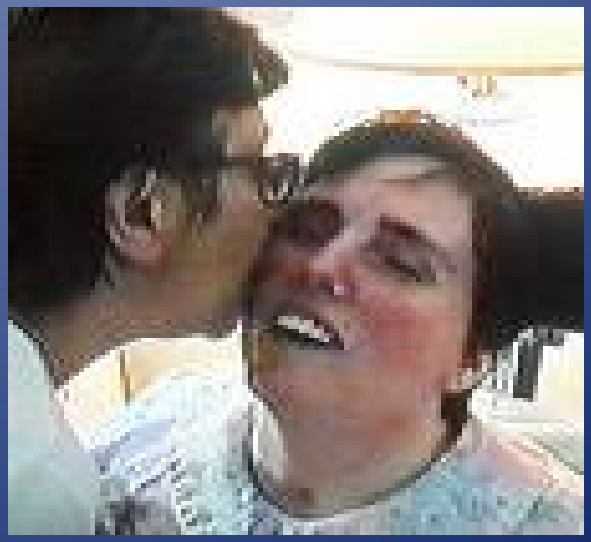
Terminology

- POWER OF ATTORNEY- The authorization to act on someone else's behalf in a legal or business matter
- Many different types of POA's-medical, financial, special, limited, general ~ each depends on the situation at hand and variables involved

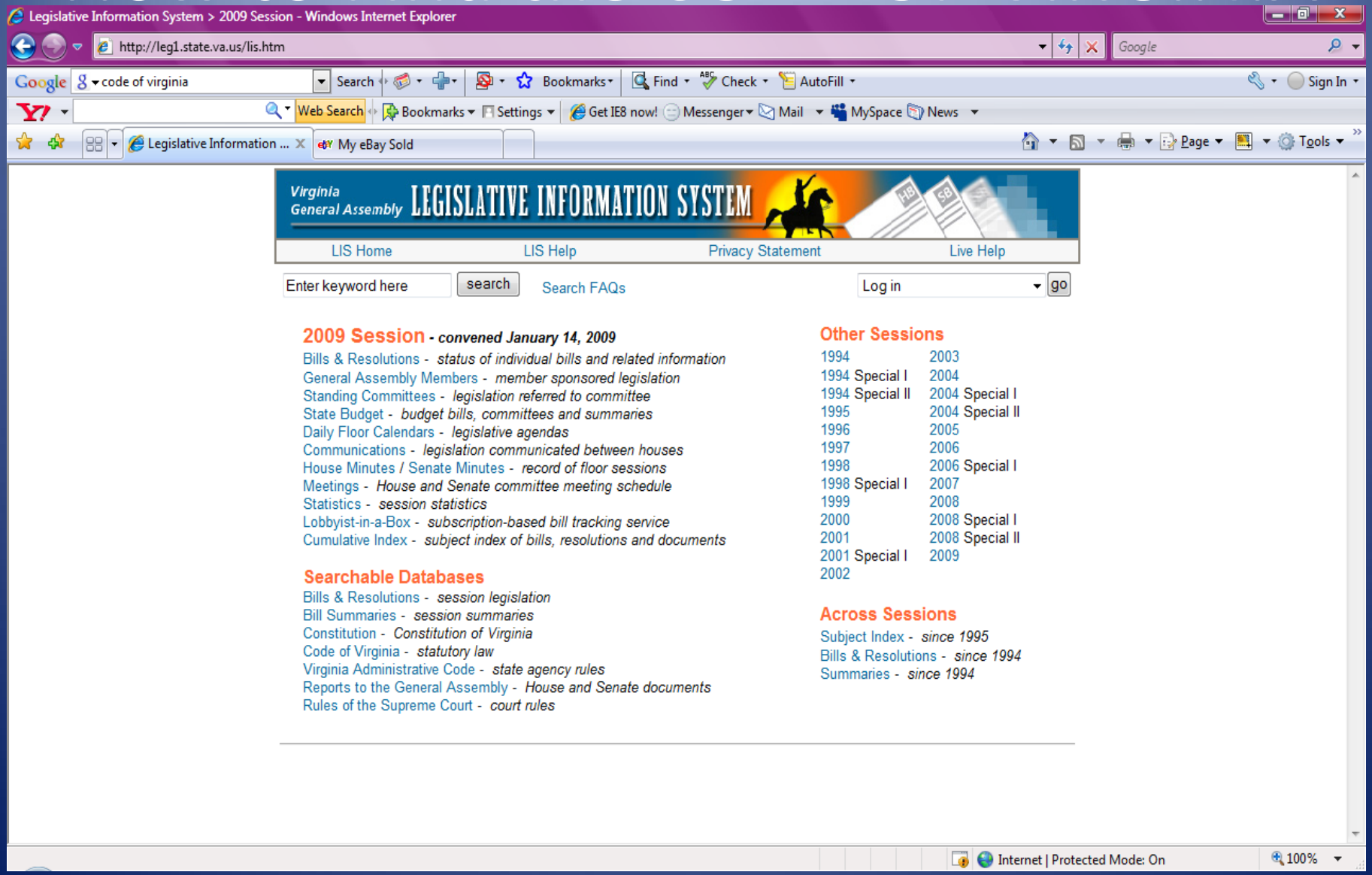
Terminology

- Living Will-A document in which the signer states his or her wishes regarding medical treatment, especially treatment that sustains or prolongs life by extraordinary means, for use if the signer becomes mentally incompetent or unable to communicate.

WHO IS THIS?



How to Find the *CODE OF VIRGINIA*



Code of Virginia

- 54.1-2982
- 54.1-2972
- 54.1-2983
- 54.1-2987.1 (2009 change)
- 54.1-2989
- 63.2-1807 (unusual)

New Changes in Virginia 2009

- 54.12987.1.B-B. ***If a patient is able to, and does, express to a health care provider or practitioner the desire to be resuscitated in the event of cardiac or respiratory arrest, such expression shall revoke the provider's or practitioner's authority to follow a Durable Do Not Resuscitate Order. In no case shall any person other than the patient have authority to revoke a Durable Do Not Resuscitate Order executed upon the request of and with the consent of the patient himself.***

New Changes in Virginia 2009

- 18VAC90-30-120-Nurse Practitioners (those that write Rx's) can now sign DDNR paperwork in place of a physician.

- RN's LPN's & LVN (Licensed Vocational Nurses) are NOT allowed to sign DDNR forms in Virginia in place of a physician.

Virginia's Durable Do Not Resuscitate Order (DDNR)

Durable Do Not Resuscitate Program
"Durable Do Not Resuscitate Order" means a written physician's order issued pursuant to §54.1-2987.1 to withhold cardiopulmonary resuscitation from a particular patient in the event of cardiac or respiratory arrest. For purposes of this program, cardiopulmonary resuscitation shall include cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation and related procedures.

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment

Virginia's DDNR ~ What's Accepted?

- **Virginia Certified EMS Providers Can Honor Three Types of Do Not Resuscitate (DNR) orders:**

- **<u>Virginia Durable Do Not Resuscitate (DNR) Order Form:</u>**
  The standardized Virginia Durable DNR Order Form is the only do not resuscitate form issued by the Virginia Department of Health (VDH). A Durable DNR Order Form does not expire and remains in effect until the patient or someone designated to act on the patient's behalf revokes the order. Virginia EMS providers CANNOT honor a Living Will or a DNR from another state.

Virginia
OFFICE OF EMERGENCY MEDICAL SERVICES
Virginia Department of Health
www.vdh.virginia.gov/oems

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Virginia's DDNR ~What's Accepted?

- "Other" DNR Orders; **EMS providers can honor a physician's written order that is not on the standard Virginia Durable DNR Order Form when the patient is within a licensed health care facility.**
- **An "Other" DNR Order must contain the same information that is on the yellow state DNR form and be issued from a physician who has a bona fide physician/patient relationship.**

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VIRGINIA'S DDNR JEWELRY PROGRAM

Virginia's DDNR ~ What's Accepted?

- **This "Other" DNR Order must contain the patient's full legal name, state "Do Not Resuscitate" have the physician and the patient's signatures or, if applicable, the person authorized to consent on the patient's behalf and the date the "Other" DNR Orders was issued.**
- **EMS providers will need to take the original "Other" DNR order with them when transporting a patient from one health care facility to another in order to honor the DNR should, the need arise.**

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NEW CHANGES TO THE VIRGINIA DDNR LAWS

- EFFECTIVE July 1, 2009 ~ **Only the person named on the DDNR may REVOKE the DDNR.** Previously, a patient's next of kin, guardian of a minor, power of attorney etc. could rescind a DDNR~ NO LONGER ALLOWED!!

  Anytime the patient becomes incapable of speaking for themselves, health care providers, including EMS providers, were required to honor the next of kin's wishes and attempt resuscitation. NOT ANYMORE!!

New Changes to the Virginia DDNR LAWS

- DDNR Forms may now be signed by a licensed nurse practitioner (those who write Rx's)

Out of Hospital Deaths ~ Deaths in the Field

TEMS is Silent on a Policy or Protocol for Out of Hospital Deaths

Peninsula's EMS Council's Policy for Termination of Efforts

- Refer to Handouts

THE PENINSULAS
EMS COUNCIL, INC

Blue Ridge EMS Council Policies & Procedures (Lynchburg Area)

- Refer to handouts

Central Shenandoah EMS Council Protocol on Death in the Field

- Refer to handouts

Lord Fairfax EMS Council Policies & Procedures

- Refer to handouts

Tips and Suggestions for Handling Out of Hospital Deaths

- Provide all patients dignity
- Provide respect for families and those in attendance
- Be supportive
- Offer to call family, clergy, neighbors, friends
- Focus on survivors once death has occurred
- Provide needed information tactfully

Additional Tips & Suggestions

- When communicating with the family you should use the words “death” and/or “dead”
- Avoid slang terms “passed away”, “gone to a better place”
- Consider CISM for yourself and crew if needed
- Remember that death is a part of life
- Above all else, be professional

Scenario #1

- You are called to a residence for a possible cardiac arrest of an 48 y.o./female with terminal cancer. Upon your arrival you are greeted at the door by the husband who hands you a living will.

- What do you do?
- What can you do quickly to assist your decision making process?
- Slow Code or No Code?

Online Medical Control

- On-line Medical Control may be one of your most UNDER USED resources in these situations!
- Radio, cell phone, recorded line

Scenario #2

- You & your crew respond to an 87 y.o./male in respiratory distress at a residence.
- Upon your arrival, the patient is unresponsive , breathing about 3 times per minute.
- Family states he's a DNR with valid paperwork, yet one grown child of the patient wants you to begin resuscitation.
- What do you do now?

Online Medical Control

- Again-Online Medical Control is going to be your best method of handling difficult situations that place EMS providers in “pickle” situations.
- Being trained to act & not acting is difficult at best for EMS providers.

Scenario #3

- You're dispatched to a residence for an 89 y.o/male reported in cardiac arrest by family.
- Family is refusing to perform any pre-arrival CPR by dispatcher's help.

- When you arrive, wife greets you at the door & states "he was on the toilet and I think he died".
- You find the patient in cardiac arrest.
- Wife states she has a DNR and goes to look for it & promptly returns with "can't find it"
- NOW WHAT????

Online Medical Control

- In this case, since there is some delay in reaching medical control, you begin resuscitative measures & the patient converts to having a pulse & breathing again.
- Medical Control then offers you can cease resuscitation efforts ~but you now explain the situation of a converstion

Ethical Considerations

- Ethical considerations in EMS-End of Life Issues ~One of the Top Issues for Ethical Consideration in EMS
- Formal EMS training alone does not prepare the EMS provider for all field situations

Let us not forget ourselves when dealing with the dead or dying patient.

How we deal with death and dying can have a direct impact on how we function in the EMS field, our length of service, our attitude, our personal well being.

Questions? Comments?

Contact Information

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