

Response Letter to Published Article: Ir Med J; April 2022; Vol 115; No. 4; P578

Paramedics and End-of-Life Care: A Complex Clinical Challenge

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Dear Editor,

We are writing in response to the 'Paramedics perceptions of their role in end of life care' article featured in the April 2022 edition of the Irish Medical Journal. Murphy's qualitative research highlights how significant a role paramedics play in providing end-of-life care, for both patients who have had an acute medical deterioration or those who have a chronic disease and are approaching end-of-life. Importantly paramedics are the gatekeepers to the acute hospital services and have to make time critical decisions regarding patient management, including appropriate place of care and crucial treatment plans. This is often with limited detail regarding the patient's past medical history, current treatment plan and whether advance care planning discussions have been had.

As Murphy et al noted, 74% of Irish people surveyed regarding their attitudes to death and dying said that they would prefer to die at home.¹ Yet the proportion of people dying at home is decreasing as hospital deaths become more common, with the majority of palliative care patients being transfer to hospital for end of life care.²³

Murphy et al's research highlighted some of the key challenges for Irish paramedics providing end of life care. A lack of education and training, particularly regarding end of life care and breaking bad news, was flagged with some paramedics relying on personal experience in clinical scenarios.

Poor communication of patients' wishes was repeatedly described by participants. For patients with life limiting conditions, many will have had numerous hospital admissions and have been seen by innumerable clinicians during their disease trajectory. Many discussions will have been had by healthcare professionals throughout the patients' disease trajectory regarding their preferences. Often these discussions may not be documented or communicated to all parties involved in the patients' care. It is therefore important to distribute valuable information collected to all parties involved in a patients care, including the general practitioner who is the invaluable lead medical practitioner for a patient in the community.

Interestingly, research performed by Kiely et al regarding GPs views on information transfer to out-of-hours GP services, demonstrated that 67% of GPs felt they sometimes refer palliative care patients to the emergency department due to a lack of information. ⁴

Unfortunately, paramedics access to this information in a time critical manner is difficult. Providing training with regards to assessing patients with chronic conditions at end-of-life, the appropriate management of end-of-life symptoms and communication during the end-of-life period, should be easier to facilitate.

Issues such as those highlighted in Murphy's research need to be rectified in order for patients to receive the best possible care at end-of-life.

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