

A LITERATURE STUDY OF PARAMEDICS' ATTITUDES AND PERSPECTIVES OF END-OF-LIFE CARE

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ABSTRACT:-This paper focuses on End-of-life care is not a new or unfamiliar arena for paramedics. According to one study, almost 60% of paramedics visit a dying patient every other shift. As a result, this statistic should be taken with a grain of salt. Paramedics are likely to encounter a family member or friend of a patient who is concerned about their health and frequently expresses melancholy, despite a lack of statistics in this area. Patients may have little choice but to use ambulance services when community and 24-hour services are in upheaval, as pointed out by **Keywords:** paramedics, biological paradigm, emergency services

I. Introduction

There are times when a patient's health is at risk, and paramedics must be prepared to respond to these situations. Consequently, they play a significant role in providing care to those who are dying. The purpose of this article is to explore how paramedics view and respond to their position in providing end-of-life care (Patterson, *et al.* 2019). Systematic literature review of current evidence is the method used here. Findings: These findings imply paramedics are not equipped to deal with the end of a patient's life in crisis situations: emotional resilience, decision making, communicating death, identifying dying patients, and death education. According to the findings of this research, a lack of data is not hindering the development of new services or programmes in this area.

Paramedics' involvement in end-of-life care isn't new or uncharted territory. Over 60% of paramedics will see a terminally sick patient on every other shift, according to (Juhrmann, *et al.* 2021). As a result, it's important to treat this number with caution.

In spite of the scarcity of data in this area, we may presume that paramedics will encounter a family member or friend of a patient who is concerned about the patient's health and expresses sadness on a regular basis. Additionally, (Juhrmann, *et al.* 2021) reminds out that ambulance services are sometimes the only option for patients while community and round-the-clock services are still in flux.

II. Background

Theory-makers and academics frequently emphasise the urgent requirement for further training in palliative emergency care. According to recent studies, paramedics lack the necessary knowledge and training to do their duties. Many paramedics have reported feeling uncomfortable in their work, especially when presented with legal or ethical difficulties like the do not attempt cardiopulmonary resuscitation (DNACPR) directives, according to recent studies on the topic (Pekarsky, *et al.* 2021). Yet research in this area is still insufficient to better understand the demands of professionals.

There has to be more study done on death, anxiety, and emergency services by (Juhrmann, *et al.* 2021). (Juhrmann, *et al.* 2021) suggests that paramedics' unforeseen anxiety stems from their close proximity to death, which needs further investigation. Research in other fields, such as counselling or social work, supports this claim even if it is unsubstantiated. Only a few studies have examined the relationship between paramedic practise and end-of-life care, with the majority concentrating on clinical decision-making and DNACPR directives.

Paramedic attitudes and perspectives towards end-of-life care are examined in this research study. In order to improve end-of-life care for paramedics, it is necessary to look at how these professionals relate to and respond to the reality that they may be working in situations where a patient dies or may die. (Juhrmann, *et al.*

2021) claim that emergency services can greatly increase the quality of end-of-life service delivery ties well with this beginning point.

Finally, it's worth noting that nomenclature in this profession varies greatly from country to country. The phrases "paramedic practise," "emergency services," and "emergency personnel" are all used interchangeably in this article.

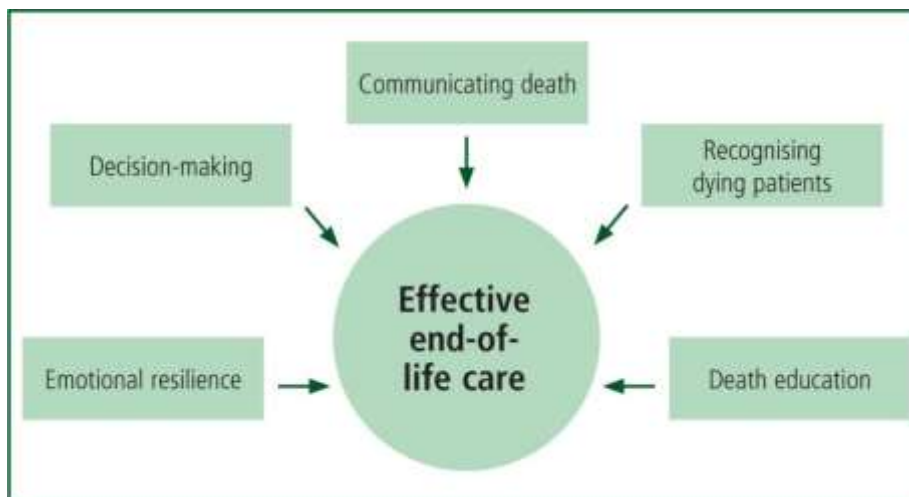
III. Methodology

Design

When assessing the most recent published studies, a systematic literature review (SLR) was used. A systematic approach to data collecting (i.e., searching for and identifying relevant literature) and data synthesis and analysis is used in this sort of review. Replicability is a crucial part of research's validity, hence this boosts the review's credibility (Singh, *et al.* 2019). One of the goals of this work is to conduct a systematic literature evaluation that simultaneously evaluates the present literature and identifies a research topic that needs additional investigation.

Search strategy

These search phrases were created after an initial assessment was performed on relevant literature. Given the lack of research on the topic, the authors experimented with numerous combinations of these search phrases before deciding on a wide search technique.



IV. Critical incidents and emotional resilience

Even though paramedics have developed a variety of coping strategies for working in end-of-life situations, studies looking into how they deal with the emotionality associated with many of the crises in which they become involved all came to the same conclusion: paramedics continue to struggle with the emotionality associated with the various critical incidents in which they may be involved. (Juhrmann, *et al.* 2021) observed that paramedics suffered in two primary areas: engaging with the incident, and then separating from it. Emotional resilience and how to build it (via training, for example) are logical follow-ups to this debate. The goal is to be able to deal with the emotions that arise in such situations while being objective and caring in a professional capacity. No of how well emotions are managed, paramedics report feeling more in control of an event when the outcomes are favourable, according to (Juhrmann, *et al.* 2021). In contrast, if the results were unfavourable, they would feel as though they had no say in what happened. Authors failed to define "good" and "negative" outcomes, but concluded that a patient's improved well-being was a positive result. As a result, it appears that a biological model of practise predominates, along with maybe a lowered regard for the inevitable course of life's events (namely death) (Singh, *et al.* 2019). A lot more time will be spent on this topic.

Only the coping techniques of paramedics who had been engaged in an incident in which death was either a probability or a certainty were examined by (Juhrmann, et al. 2021). They determined that paramedics use both avoidant and reflective coping techniques, and that both are equally prevalent. They also discovered six common ways paramedics cope: soldiering on despite limited resources, seeking peer support, consulting a professional, doing a critical event stress debrief, enlisting the aid of others, and turning to personal coping mechanisms. The participants in this research appeared to use a variety of approaches.

It is important for paramedics to have coping techniques in place in order to control their emotional reactions to end-of-life emergencies, although (Juhrmann, et al. 2021)'s study only hinted at the emotionality of crises.

V. Decision making

Other research looked at ADs, DNACPR ordering, or a combination of the two. The focus of these research was not just on paramedics' views of these issues, but they also probed into how ADs and DNACPRs affected emergency decision making processes when end-of-life considerations were present.

It was also evaluated whether or not to use or resuscitate patients who had been diagnosed with Acute Disseminated Respiratory Syndrome (ADRS). Despite the fact that paramedics value ADs in life-or-death situations, they discovered that resuscitation directives posed an ethical and legal quandary for them. (Juhrmann, et al. 2021) also found that paramedics regard resuscitation near the end of life to be improper, posing ethical issues. This is akin to Stone and colleagues' assertion that end-of-life care is critical and should be honoured.

DNACPR instructions appear to be a challenge for paramedics, while they are more comfortable with the use of ADs. There are a number of legal or ethical issues that have emerged in recent literature. Few studies have been done on paramedic attitudes about resuscitation, and this shows that paramedics are unsure of the legal consequences of not resuscitating patients. (Juhrmann, et al. 2021) found that paramedics encounter substantial ethical dilemmas when it comes to deciding whether or not to try resuscitation when an order is in effect. When it comes to paramedic practise, further and continuing oversight is needed. While paramedics may have a rudimentary awareness of palliative and holistic care, new study reveals that paramedics lack the confidence in their ability to provide end-of-life treatment. Similarly, paramedics were reported to be unprepared to provide end-of-life care by (Juhrmann, et al. 2021), who found that the majority of them were.

VI. Discussion

In paramedic programmes, death teaching is essential (Leibold, et al. 2018). To be prepared for a variety of situations, paramedics must be trained and equipped to deal with both the sudden death of a patient as well as the emotional reactions of family members and friends. There is little doubt that paramedics are at the frontline of end-of-life care, where their resilience and strength are continually challenged. There are several reasons why control is relevant, including the sense of helping others and accomplishing medically-created goals. In paramedic practise, a biological paradigm restricts paramedics from learning more and deeper about the unavoidability of death in life, according to the current review (Eaton-Williams, et al. 2020). When a patient dies, paramedics may feel they have little control over the situation, which can be a barrier in and of itself. The development of paramedic practise as a medical emergency response to health crises is no surprise, however. A significant result in this analysis is that greater education and training are needed to better understand the probable loss of a patient and how to appropriately handle the emotionality that accompanies this occurrence. (Juhrmann, et al. 2021) concept of 'knowledge of death' comes to mind while reading this. Many health care personnel, including nurses, physicians, and paramedics, have obstacles in their ability to accurately identify who is dying and at what point in time. This problem has a direct connection to professional insufficiencies.

Professionals in the medical industry have shifted their focus from the preservation of life and the prevention of everything that can jeopardise it (Standing, et al. 2020). But the necessity to support or feel comfortable with this remains a difficulty for professionals; this challenge has been there since the 1950s and has evolved in modern cultures.

"Awareness of death" further strengthens the need for paramedics to incorporate social model into paramedic practise and to examine the relevance of person-centred care while providing emergency services. Similarly Even if this is a claim, the present literature review supports it. Another point worth mentioning is the degree of uncertainty among specialists as a result of the paucity of accessible research. For those who are experiencing a medical emergency, paramedics provide immediate assistance (Pentaris, & Mehmet, 2019). Decisions are taken fast and decisively in these situations. On order to make sound decisions, it is essential that those making them are well-versed in the potential ramifications of their actions on a variety of levels, including legal, moral, and ethical, as well as health-related. Risk management in paramedic practise is necessitated when there is any doubt about the legal or ethical ramifications of the judgments made as a result of this evaluation.

Paramedic trainees need to be taught about the legal and ethical challenges they may face in their future careers, according to (Juhrmann, et al. 2021). The authors of this study, like (Juhrmann, et al. 2021), suggest that increased understanding of these concerns may minimise the risk of burnout or emotional exhaustion (Wenger, *et al.* 2021). Due to the relatively recent recognition of paramedic practise as an educational and research subject, this may be an area that requires considerable investigation but has not yet begun.

VII. Conclusions

It is clear that there is a lack of literature on paramedic practise and end-of-life care, as this review has revealed. This is quite worrying, given the nature and goal of the profession, and makes the issue much more urgent. In 2000, the Council of Professions Supplementary to Medicine recognised paramedicine as a profession in the United Kingdom (CPSM). Professional paramedics were first organised in 2001 under the auspices of the British Paramedic Association (now known as the College of Paramedics). Finally, paramedicine is a relatively new profession in the United Kingdom, which originated as a result of the lack of recognition of emergency care staff's competence. It would be absurd to expect a large corpus of study on this subject given its recent history. Even though end-of-life care is relevant to paramedic practise and since paramedics are involved in everyday health care, including end-of-life care; thus, it is essential to do in-depth study and identify areas for development and how paramedics may excel in this field.

VIII. Limitations

The conclusions from this review are not without limitations. Worthy of attention is the restricted generalisability of its conclusions. The search of the literature identified studies primarily outside the UK, which raises questions over how far the findings can be applied to paramedic practice within the UK. Nonetheless, other sources (Carter, *et al.* 2019) strongly suggest that emergency personnel lack expert knowledge and skills in end-of-life care in the UK. This leads to various inferences, including that the paper's conclusion applies to the UK to some extent.

References

- Carter, A. J., Arab, M., Harrison, M., Goldstein, J., Stewart, B., Lecours, M., ... & Pereira, J. (2019). Paramedics providing palliative care at home: a mixed-methods exploration of patient and family satisfaction and paramedic comfort and confidence. *Canadian Journal of Emergency Medicine*, 21(4), 513-522.
<https://www.cambridge.org/core/journals/canadian-journal-of-emergency-medicine/article/paramedics-providing-palliative-care-at-home-a-mixedmethods-exploration-of-patient-and-family-satisfaction-and-paramedic-comfort-and-confidence/BEB994FF4D842F5D416E6DEB44B026CD>
- Eaton-Williams, P., Barrett, J., Mortimer, C., & Williams, J. (2020). A national survey of ambulance paramedics on the identification of patients with end of life care needs. *British Paramedic Journal*, 5(3), 8-14.
<https://www.ingentaconnect.com/content/tcp/bpj/2020/00000005/00000003/art00002>
- Juhrmann, M. L., Vandersman, P., Butow, P. N., & Clayton, J. M. (2021). Paramedics delivering palliative and end-of-life care in community-based settings: A systematic integrative review with thematic synthesis. *Palliative Medicine*, 02692163211059342.
<https://journals.sagepub.com/doi/abs/10.1177/02692163211059342>
- Leibold, A., Lassen, C. L., Lindenberg, N., Graf, B. M., & Wiese, C. H. (2018). Is every life worth saving: Does religion and religious beliefs influence paramedic's end-of-life decision-making? A prospective questionnaire-based investigation. *Indian journal of palliative care*, 24(1), 9.
<https://www.ncbi.nlm.nih.gov/pmc/articles/pmc5801638/>
- Patterson, R., Standing, H., Lee, M., Dalkin, S., Lhussier, M., Exley, C., & Brittain, K. (2019). Paramedic information needs in end-of-life care: a qualitative interview study exploring access to a shared electronic record as a potential solution. *BMC Palliative Care*, 18(1), 1-8. <https://link.springer.com/article/10.1186/s12904-019-0498-2>
- Pekarsky, B., Seymour-Walsh, A., Wright, C., Hooper, M., & Carter, C. (2021). The role of ambulance services in reducing the gaps in access to end-of-life care: from conversations to policy. *Progress in Palliative Care*, 29(2), 98-105.
- Pentaris, P., & Mehmet, N. (2019). Attitudes and perceptions of paramedics about end-of-life care: a literature review. *Journal of Paramedic Practice*, 11(5), 206-215.
<https://www.magonlineibrary.com/doi/abs/10.12968/jpar.2019.11.5.206>
- Singh, G. K., Davidson, P. M., Macdonald, P. S., & Newton, P. J. (2019). The perspectives of health care professionals on providing end of life care and palliative care for patients with chronic heart failure: an integrative review. *Heart, Lung and Circulation*, 28(4), 539-552.
<https://www.sciencedirect.com/science/article/pii/S1443950618319504>
- Standing, H., Patterson, R., Dalkin, S., Exley, C., & Brittain, K. (2020). A critical exploration of professional jurisdictions and role boundaries in inter-professional end-of-life care in the community. *Social Science & Medicine*, 266, 113300.
https://www.sciencedirect.com/science/article/pii/S0277953620305190?casa_token=KAZw6yEHG_gAAAAA:7ycRQUEil-O6pCART-RXtjNqkOGKt2TcVUu6fKc-xlv0fXAsje5kw7X2_BtAbpKx-yKO_W4IVCl8
- Wenger, A., Potilechio, M., Aguilar, J., & Mastenbrook, J. (2021). Care for a Dying Patient: EMS Perspectives on Caring for Hospice Patients (F405A). *Journal of Pain and Symptom Management*, 61(3), 647-648.
[https://www.jpmsjournal.com/article/S0885-3924\(21\)00047-6/abstract](https://www.jpmsjournal.com/article/S0885-3924(21)00047-6/abstract)