



The role of paramedics in palliative care

by Susan Gravier and Andrew Noble

Increasingly, paramedics are being called on to manage chronic and complex health needs, including symptom relief for people receiving palliative care and/or at the end of life.

Palliative care provides a support system for people living with a life-limiting condition to live as actively as possible for as long as possible. The World Health Organization defines palliative care as an approach to care that supports the physical, emotional, social and spiritual needs of a person with a life-limiting illness – a definition adopted by the Australian Government National Palliative Care Strategy and Palliative Care Australia.¹⁻³ Palliative care supports people with a life-limiting condition as their capacity for normal functioning deteriorates and their quality of life and that of their family and carers is affected. Essentially the treatment goal moves from curative to comfort measures. Sometimes these measures

can still be quite active, such as tumour reducing surgery or radiotherapy, at other times it focusses on support for emotional, social and spiritual needs.

Older people approaching their natural end of life (with or without chronic conditions) may also benefit from palliative care provided by a multidisciplinary team that is likely to include paramedics. Although their conditions may not be life limiting, their state of health may be such that they require urgent symptom management and are likely to die in the foreseeable future. The increasing numbers of very old Australians will see this cohort grow over time.



Life-limiting conditions can affect people of any age. Trajectories of these conditions vary from a rapid death to a slow progressive deterioration over many years. Cancer is a commonly recognised life-limiting condition, but there are others including many common chronic conditions such as dementia, cardiovascular disease, neurodegenerative diseases, and advanced stages of respiratory, kidney and liver disease. The symptoms of palliative conditions are also frequently underestimated. As well as the widely recognised issue of pain control, other symptoms commonly encountered in paramedic interventions include respiratory distress, excess respiratory secretions, nausea, delirium and agitation. Palliative care may be required either throughout the course of a condition,

intermittently, or towards the end of life. Similarly, the involvement of allied health professionals will vary depending on individual need.

As illustrated in the Case Studies, the complex nature of the person's needs will often require paramedics to work with different agencies, health professionals and families to meet patient preferences when providing care. Like Frank and Kathy, many people receiving palliative care at home wish to be cared for and to die at home. However, ambulances may be called despite advanced care planning that expresses these preferences, the involvement of palliative care teams and a desire to avoid hospital admission. In these situations, the actions and decision-making capacity of paramedics can influence where and how a person may die and if their wishes are upheld.

Paramedics can be involved in the care of a palliative patient, particularly in the case of sudden deterioration or imminent death, an incident such as a fall or injury, or transportation from one site of care to another. Intensifying needs of care and unexpected symptom exacerbations can distress families and carers. When 'regular care services are not immediately available, paramedics may be called to provide care or to transport the person to hospital. As illustrated in both case studies, they may also need to train family to provide care such as pain relief so that the person is able to remain at home.

Commonly, paramedics assess and treat symptoms associated with advanced disease such as pain, nausea and vomiting, constipation, dehydration, confusion, weakness. While all Australian ambulance services have guidelines that address pain and nausea, not all have guidelines to assist in accurate assessment and management of some of the other palliative symptoms previously outlined.

Hospital admission may be appropriate for people whose needs cannot be met at home or for treatable/reversible symptoms. However, with an increasing focus on out-of-hospital palliative care, there has been a need for ambulance services around Australia to develop specialised roles. For example, Extended Care Paramedics (ECPs) or Community Care Paramedics who have additional training and equipment for servicing community palliative care needs.

The Case Studies presented here illustrate how paramedics with an understanding of palliative care can help a person to remain in the place or community, according to their wishes, where they feel they belong. Enhancing their quality of life and dignity and that of their families. Deciding what is the best approach to providing

palliative care and support will depend on the individual's situation and any legally binding anticipatory directives. Keeping up with new treatments, evidence, and best practice allows us as a profession to optimise care for each person. Ongoing professional development and education can provide the confidence and understanding required to work with people in whatever care setting as they approach the end of life.

The role of paramedics in supporting older people is increasingly being recognised, and opportunities for the provision of services and innovative approaches to care are increasing as the Australian population ages.

Case study 1

Frank, an elderly man with advanced asbestosis was living at home, cared for by his daughter Anne. Late in the evening, he developed some haemoptysis and increased pain. He was adamant that he did not want to go to hospital. Anne contacted the palliative care agency managing Frank's care but since they did not have after-hours home visit capacity, they called for an ECP to attend and assess. In consultation with the on-call palliative care specialist, a plan was formulated. The level of background analgesia was increased, as were the breakthrough doses of analgesia. Additionally, the ECP sourced tranexamic acid from a hospital by arrangement with the palliative care specialist so that this drug therapy could be initiated immediately. The result was that Frank was made comfortable and his wish to stay at home was accommodated, while Anne was reassured and further educated about caring for her father.

The close collaborative relationship between this ambulance ECP team specialising in palliative care and the palliative care services meant that Frank could receive a higher level of care while remaining out of hospital.

Case study 2

Kathy is a middle-aged woman recently diagnosed with late stage cancer of the gall bladder with liver metastases. Her goal was to remain at home with her husband and two teenage children. Having just enrolled in a palliative specialist service, Kathy had received only one home visit, which resulted in the prescription of oral pain medication. A sudden deterioration in her condition one weekend meant that she was unable to swallow her oral

medication. The palliative service did not have weekend home visit capacity so an ECP was called to assess and treat. In consultation with the on-call palliative care specialist, a subcutaneous line was inserted, and Kathy was successfully transitioned from oral to continuous parenteral analgesia with a pump. Additional breakthrough analgesia was provided to manage her pain crisis. The ECP team taught Kathy's husband, Dave, about PRN analgesia administration via the sub-cut line and several pre-prepared doses were left with the family should they be required for breakthrough pain.

About the authors

Susan Gravier is a Research Associate with CareSearch at Flinders University. Susan trained as a physiotherapist in Adelaide and has worked in regional Victoria, Canada and Hong Kong. Having worked on healthy ageing and active ageing projects for many years, she is now a researcher in palliative care. CareSearch and palliAGED are Commonwealth Government-funded online resources that pull together and consolidate evidence-based information and resources into accessible language and formats. CareSearch provides evidence-based palliative care information across the lifespan and across the health system; palliAGED provides that information for the aged care sector. Susan is currently leading the allied health component of the CareSearch and palliAGED Engagement Project.

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The CareSearch Blog: 'Palliative Perspectives', which includes 'Understanding palliative care' can be found at: www.caresearch.com.au/caresearch/TabId/3781/ArtMID/6000/ArticleID/305/Understanding-palliative-care-and-why-it-matters.aspx

Resources for allied health professionals, including information to support your clinical practice; clinical evidence; education; resources and research can be found at www.caresearch.com.au/caresearch/tabid/80/Default.aspx

Information about the CareSearch and palliAGED Engagement Project can be found at www.caresearch.com.au/EngagementProject

References

1. <http://www.who.int/cancer/palliative/definition/en/>
2. <http://www.health.gov.au/internet/main/publishing.nsf/Content/Palliative%20Care-1#pcs>
3. https://palliativecare.org.au/wp-content/uploads/dlm_uploads/2018/02/PalliativeCare-Service-Delivery-2018_web2.pdf