

Note:

This section is at present just a rough teaching outline. In the winter of 1997 it will be folded *Psychology of Wilderness SAR*. This into the revised and expanded section will replace the existing section XIX on *Stress Management and Critical Incident Stress Debriefing*.

Chapter XIXb:

Death and Dying



Appalachian Search and Rescue Conference
Center for Emergency Medicine of Western Pennsylvania

Wilderness EMT Textbook

Chapter XIXb: Death and Dying

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Note: this section has been developed as an addendum to the section on Stress and CISD and will be folded into that section in the near future, as part of a revision and expansion of that section into a more general treatment of psychological aspects of Wilderness EMS.

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Background Information

The ASRC-CEM Wilderness Emergency Medical Services Institute

The ASRC-CEM *Wilderness Emergency Medical Services Institute*, previously named the *Wilderness Emergency Medicine Curriculum Development Project*, is devoted to developing curricula for wilderness EMS providers and medical control physicians, and fosters wilderness EMS research. It is a cooperative venture of the Appalachian Search and Rescue Conference and the Center for Emergency Medicine of Western Pennsylvania. The ASRC is a large, tightly-knit wilderness search and rescue organization with eight teams throughout the mid-Appalachian states. The Center for Emergency Medicine is an emergency medicine and prehospital care research and teaching organization.

It provides a medical helicopter service, an emergency medicine residency, Emergency Medical Services for the city of Pittsburgh, and conducts a variety of related projects.

The WEMSI Wilderness EMT Curriculum

This chapter is part of the WEMSI Wilderness Emergency Medical Technician Textbook. In concert with the WEMT Curriculum, the Textbook has been in development since 1986, and took as its starting point a program Dr. Conover developed for the National Association for Search and Rescue in 1980. The Project also draws on many other sources. These include the Wilderness EMT program of SOLO (Stonehearth Open Learning Opportunities), the WEMT program developed by Wilderness Medical Associates, and the Winter Emergency Care Course of the National Ski Patrol. The Wilderness Medical Society's educational and research publications provide needed background for the Textbook. The National Association of EMS Physicians has developed and has published clinical guidelines for delayed/prolonged transport; WEMSI protocols are also available as a model.

With textbooks used by its EMT and SAR prerequisites, the WEMT text provides the material needed to complete the Wilderness Prehospital Emergency Care curriculum established by the Wilderness Medical Society. (Indeed, early drafts of this textbook were a major resource for the WMS curriculum.) We assume that students have the knowledge and skills of an EMT-Basic or EMT-Paramedic. (The curriculum can accommodate both EMTs and paramedics in the same class.) We also assume that students have the knowledge and skills of the Virginia Ground Search and Rescue Field

Team Member standards or better. (EMT standards are available from state EMS offices or the U.S. Department of Transportation. The Virginia GSAR standards and GSAR Manual are available from the Virginia Department of Emergency Services, 310 Turner Road, Richmond, VA 23225-6491.) The curriculum is competency-based rather than hours-based, but can be completed in 5-6 intensive days. The curriculum also recommends clinical training, for which guidelines are available in the Curriculum.

WEMT Textbook Chapter Development

An outline for each of the twenty sections was created by a Task Group of five to twenty selected members, but draws on many published sources and consultants. A Task Group Leader guides the Task Group in reviewing and revising the section, and the Curriculum Coordinator supervises all aspects of curriculum development. When the outline satisfies the Task Group, it goes to the **Editorial Board**, including officers of the ASRC and CEM. It also includes experts in emergency medicine, search and rescue, and education, and a State EMS director. Once acceptable to the Board, it is released to the public.

The Task Group Leader and Editor-in-Chief then produce a Textbook chapter based on the outline. Having a single editor provides a coherent, unified style. Basing chapters on the Task Group's Lesson Plans, as approved by the Editorial Board, ensures accuracy. Each chapter provides a glossary of terms new to a reader with basic EMT and SAR training. In the complete textbook, these glossaries are merged and alphabetized. Each chapter also provides references to support its statements and for further reading. Background that need not be presented in a class based on the Curriculum appear *in a small, italic font*.

The textbook will be commercially published when completed. All profits will be used to support curriculum development. The textbook will be submitted for publication in 1997. Until then, preliminary versions of the chapters will be printed in this format. These preliminary versions are for use at classes only when authorized by WEMSI. A Course Guide with information about Wilderness Emergency Medical Technician training and course scheduling, and a checklist for recommended in-hospital training are available. For a price list of available publications, write to: Center for Emergency Medicine, 320 McKee Place, Suite 500, Pittsburgh, PA 15213-4904, (412) 578-3203, or email wemsi+@pitt.edu.

We solicit suggestions from those reading any of our Lesson Plans or Textbook chapters. Please send your comments to the Editor-in-Chief, (see title page).

Death and Dying – General

ABSOLUTE Rules of Medicine

- All patients die.
- No one can change rule #1.

Dying is part of living

- Natural progression of events
- All creatures die
- Ultimate cure for disabilities and diseases
- Makes room for new generations

Why are we so uncomfortable with death?

- It's not time
- They're not ready
- We're not ready
- Our *job* is to prevent (sic) death

If they die...we've failed

Their death reminds us of...

- Our death
- Our loved ones deaths

How do you feel about death?

Most “regular” EMS personnel don't deal with death.

Patients are dead when you arrive, or...
they die *after* you deliver them to the hospital.

Wilderness EMS is different

Wilderness EMS personnel must be ready to deal with death

- 12 min. vs. 12 hrs.
- Traumatic injuries with entrapment
- Prolonged extrication and/or evacuation

- Inaccessibility of definitive care
- And you're the one who is there

Dealing with Death

Dealing with the patient

Dealing with yourself

Dealing with the team

What to do when patients die – What to do when you know they are going to die

When they don't know

When they ask

When they know

When they don't know ...and don't ask

Treat them

Put yourself “on hold”

When they ask

Be honest

don't be cruel

“I don't know, but...”

Don't put the responsibility on them

Emphasize the effort being made

Be prepared to listen

When they know, they are usually right.

If you knew that you had less than 12 hours to live, how would you want to spend it?

When they know

Be prepared for individualized reactions

Be prepared for changing reactions

Phases of Death (acceptance of)

- Denial
- Anger
- Bargaining
- Depression
- Acceptance

Not all patients will display all phases

Not all patients will follow the same order

Let the patient lead.. you follow.

The patient may want to:

- Pray
- Cry
- Talk
- Be silent,
- or angry,
- or sad,
- or happy;
- All of the above
- Some of the above
- None of the above

Respect the patient's...

Methods of dealing with death

Religious views

Feelings

Beliefs

Requests

Control the team

Minimize unnecessary activity

Provide for privacy

Maintain accessibility

What about you?

How do you manage your feelings?

During patient care

After patient care

During patient care

- Block your feelings
- Focus on the care that you can provide
- Medical care
- Psychological care
- Supportive care

After patient care

- Acknowledge your feelings & reactions
- Seek help (CISD)
- Dual pronged therapy for rescue personnel

Dual pronged therapy

- Emotional review
- Case review

Emotional review

- Focus on your feelings
- Classic CISD
- Minister, Priest, Counselor, Family member
- Unblock feelings & return to living
- Necessary to continue

Case review

- "How did I do?"
- "Did I do something wrong?"
- "Could I have done something more?"
- "Could I have done something better?"
- "Should I have done something different?"

Case review is *NOT* typical CISD

Deals with facts, not feelings

May show errors

Should be supportive and educational

Team member, Senior rescuer, Doctor

Just as necessary as CISD to continue

Get over it, get on with it.

There are others to rescue. They need you.

***ABSOLUTE* Rules of Medicine:**

- All patients die.
- No one can change rule #1.

Glossary

(reserved)

References

(reserved)