Death and Dying in the Emergency Department

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Death in America

- Nearly 2.5 million deaths/year
- Life expectancy at birth = 78 years
- Leading causes: heart disease, cancer, stroke

National Center for Health Statistics, 2006
http://www.cdc.gov/nchs/fastats/deaths.htm

Site of Death

<table>
<thead>
<tr>
<th>Site</th>
<th>US</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>50%</td>
<td>48%</td>
</tr>
<tr>
<td>Nursing home</td>
<td>23%</td>
<td>21%</td>
</tr>
<tr>
<td>Home</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>Hospice</td>
<td>33%</td>
<td>33%</td>
</tr>
</tbody>
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**Palliative Care**

...comprehensive, interdisciplinary care, focusing primarily on promoting quality of life for patients living with a terminal [or serious, chronic] illness and for their families... assuring physical comfort [and] psychosocial support. [It is offered simultaneously with all other appropriate medical treatments.]


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**Current model of palliative care**

- **Curative care**
- **Palliative care**
- **Bereavement**
- **Death**

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**Case**

Mrs. T is a 72 year old Chinese woman with widely metastatic ovarian cancer brought to the ED by ambulance for respiratory distress and altered mental status. On presentation she is moaning but otherwise unresponsive, she has high flow oxygen on with an O2 sat of 90%. Her heart rate is 124 and her BP is 82/40. Her family arrives shortly after her and tells you that she was doing ok until this morning when they found her unresponsive.

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**Challenges to caring for Mrs. T**

- Unknown extent of disease
- But appears to be dying
- Patient cannot communicate
- Cultural issues
- Determining appropriate level of intervention
The Nature of Suffering and the Goals of Medicine

“The relief of suffering and the cure of disease must be seen as twin obligations of a medical profession that is truly dedicated to the care of the sick. Failure to understand the nature of suffering can result in medical intervention that (though technically adequate) not only fails to relieve suffering but becomes a source of suffering itself.”

Eric J. Cassell

Death and Dying in the Emergency Department

- Many patients near end of life are treated in the ED in the last month of life
- Barriers to caring for dying patients in the ED exist
  - Training in pain management is inadequate
  - Communication between outpatient and ED providers is lacking
  - Conflict over goals of care is common


Priority Areas for Improving Palliative Care in the ED

- Improve communication with outpatient providers
- Communication skills training
- Symptom management training
- Palliative Care consultation in the ED


Palliative Care Overview

- Palliation of symptoms
- Communication about illness and death
- Psychosocial support

Singer et al. JAMA 1999;281:163-8
Symptoms at the end of life

- COPD
- CHF
- Colon Cancer
- Lung Cancer

Dyspnea
Confusion
Pain

Lynn et al., Ann Int Med, 1997

Palliative Care: What Patients Want

- Palliation of symptoms
- Communication about illness and death
- Psychosocial support

Singer et al. JAMA 1999;281:163-8

Communicating about illness & death

- Listen
- Ask open ended questions

Lautrette A et al. NEJM 2007;356:469-78
Tulsky JAMA 2005;294:359-65
Open Ended Questions

- “When you think about what lies ahead, what worries you the most?”
- “When you think about the future, what do you hope for?”

Communicating about illness & death

- Listen
- Ask open ended questions
- Remain sensitive to the patient’s culture

Kagawa-Singer and Blackhall JAMA 2001;286:2993-3001
Smith, Sudore, and Perez-Stable JAMA 2009;301:1047-57

Cultural issues

- Desire for information varies with culture
  - Cultures are not monolithic
  - Be curious
- Patients usually know more than we, or their families, think
- Discuss in terms of a third person
- Informed refusal

Informed refusal

“I have information about your condition. Some patients want to know the details, others prefer to have me to talk to someone else. How do you feel?”
Communicating about illness & death

- Listen
- Ask open ended questions
- Remain sensitive to the patient’s culture
- Use better words

Better Words to Say

- “There is nothing more we can do”
  - “I wish there was something we could do to make your lungs get better.”
- “Would you like us to do everything possible?”
  - “How were you hoping we could help?”

Pantilat JAMA 2009;301:1279-81

Case

“We brought new clothes for her. We want to dress my mother in new clothes before she dies.”
Palliative Care Overview

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Singer et al. *JAMA* 1999;281:163-8

**Psychosocial support**

- Non-abandonment
- Hope
- Bringing closure to important relationships
- Spirituality

Psychosocial support

- Non-abandonment
- Hope
- Bringing closure to important relationships
- Spirituality

Hope

- For healing where there is no cure
- For comfort in the face of suffering
- For all that can still be despite all that cannot be

Psychosocial support

- Non-abandonment
- Hope
- Bringing closure to important relationships
- Spirituality

Bringing closure to relationships

- Forgive me
- I forgive you
- Thank you
- I love you
- Good bye

Ira Byock, *Dying Well* 1997
Psychosocial support

- Non-abandonment
- Hope
- Bringing closure to important relationships
- Spirituality
  - “Are you a religious or spiritual person?”
  - Refer to a chaplain

Sulmasy *JAMA* 2006;296:1385-92
Lo et al. *JAMA* 2002;287:749-54

Caring for Ourselves

- Each death is a loss
- Cumulative effect of deaths
- Personal responses
  - Acknowledge each death
  - Develop ritual for patient deaths
  - “Round” on patients who die
    - Case conferences
  - Discuss with colleagues, partners, friends

Case

Mrs. T’s family dressed her in new clothes in the ED. She was given morphine for pain and moved to the Comfort Care Suites where she died, surrounded by her family, several hours later.

Mrs. T’s family was very grateful for her care.
Conclusion

- Death is a part of life and will come to us all
- Death and dying is common in the ED
- Barriers exist to providing Palliative Care in the ED
- Dying people have many distressing symptoms that need treatment
- Good communication can clarify goals of care
- We have much to offer of ourselves to dying patients