

MEDICAL ADVISORY COUNCIL

Position Statement

MAC PS 2016-002

CLINICAL GUIDANCE FOR THE END-OF-LIFE PERIOD

In an attempt to provide clinical guidance regarding the issues surrounding delivering or withholding out-of-hospital care in the end-of-life period, the Kansas Board of EMS Medical Advisory Council (KBEMS-MAC) has formulated the following series of positions. Taken as a whole, we believe these positions provide guidance and a reasonable approach to this complex issue.

The KBEMS-MAC believes the following:

1. The primary mission of EMS and all out-of-hospital healthcare providers should be the delivery of patient care that is high quality, efficient, timely, and outcome directed. Additionally, this care needs to align with the patient's preferences whenever possible. Specifically, as it relates to this position, the need to respect a patient's preferences remains true in the end-of-life period.
2. Out- of-hospital care that is either provided or withheld at the end-of-life may elicit significant emotion from providers, administrators, patients, and family. Some providers and administrators may have concerns surrounding legal consequences, development of potential moral unrest, and/or ethical debate within their respective organizations. As a consequence, this may leave patients and families with uncertainty surrounding the care provided at the end-of-life.
3. In Kansas, there are a number of methods used by patients to communicate their wishes. For example:
 - a. State recognized directives are described in statute
 - b. Physician orders come in many forms and represent professional assessment (TPOPP, prescription pad slips, local clinic paperwork, etc.) and
 - c. In the absence of written documents, verbal communication may be the most accurate depiction of the wishes of a patient.
4. In our collective experience, the members of the KBEMS-MAC have not encountered a single document, form, or process that is able to account for the variability in patient preferences, and thus we believe that adoption of a single method of communication to the exclusion of others is inappropriate.

5. The decision to provide or withhold various aspects of end-of-life care in the out-of-hospital environment are exceptionally complex and vary based on the situation, making it impossible to account for all possibilities in any written protocol, guideline, or directive.
6. On-scene providers faced with the decision to provide or withhold care should consider all available information (directives, orders, verbal communication, etc.) and weigh these factors as a whole based on the specifics of the situation. Failure to consider all available evidence regarding patient wishes is inappropriate.
7. Care should be delivered to the full extent possible whenever the wishes of a patient are uncertain, however we recognize that this decision must often be made in a rapid fashion. There is also the potential for care to be initiated only to find later that it is in conflict with a patient's wishes. We believe that providers should be empowered and expected to terminate all care, or the appropriate portions of care, when it is learned to be in conflict with the patient's wishes. This should occur at the time of discovery, without delay to contact supervisors, physicians, hospitals, etc.

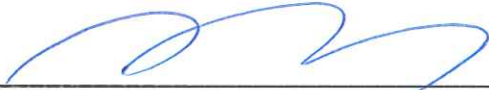
Finally, and in summary, we believe the following:

On-scene personnel are in the best position to consider all available information, and in doing so they must be empowered and expected to make real-time decisions regarding appropriateness of care that should or should not be delivered in a patient's end-of-life period. Treatment of our patients that respects their individual wishes is not at-risk behavior; rather it is the goal of our work.

Additional comment regarding the Attorney General Opinion 2015-1 pertaining to the Kansas-Missouri Transportable Physician Orders for Patient Preferences (TPOPP):

The KBEMS-MAC acknowledges that a Kansas DNR Directive as described in statute can afford liability immunity to providers under specific circumstances. We also recognize that the Attorney General is unable to comment substantively on the TPOPP form as it is a physician order, and not described in statute. To that effect, the KBEMS-MAC recognizes that in the appropriate clinical situation, the TPOPP form may represent valid communication of the patient's wishes and should be respected when that is believed to be the case. In fact, the TPOPP document may, in some circumstances, provide more information, and represent a more accurate depiction of a patient's wishes, than a Kansas DNR Directive. Further, we assert that decisions made to deliver or withhold care by out-of-hospital providers in good faith based on the TPOPP form and similar documents represent appropriate medical care and should not expose providers to adverse consequences despite the absence of statutory immunity from liability. In other words, out-of-hospital providers should incorporate the content of TPOPP forms and similar documents into their decision-making when it is believed that these documents accurately represent the patient's wishes.

Approved by the Medical Advisory Council on July 12, 2016.



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Chair, Medical Advisory Council