The Role of the Respiratory Therapist at End-of-Life Care

Kubler-Ross Model

(Five Stages of Grief)

Denial

Anger

Bargaining

Depression

Acceptance

Denial

“But I feel fine, this can’t be happening to me”

-Denial is usually a temporary defense mechanism for the individual

- Denial is the FIRST defense mechanism and some people can be locked in this stage

Anger

‘Why me?..It’s not fair..How could this happen to me?”

-In this stage you recognize that denial cannot continue.

-Patients are difficult to care for

-Feelings of rage and envy

-Important to remain non-judgmental and don’t too many things personally

Bargaining

“I’ll do anything for a few more years”…..

-This stage involves hope that can delay or postpone

-Negotiations are made with a higher power

-Promises are made

-Bargaining never works with life and death

Depression

“I’m so sad, why bother with anything, I’m going to die soon , what’s the point?”

-Begins to understand certainly of death

-Can become silent , withdrawn, refuse visitors

-Don’t try to cheer up someone in this stage

-These emotions show that a person has begun to accept the situation

Acceptance

“It’s going to be ok, I can’t fight it anymore”

-Coming to terms with your mortality

-The individuals who are dying come to terms with this stage long before some others, who unfortunately must pass through their own individual stages when dealing with death

Quotes

“Dying is nothing to fear, it can be the most wonderful experience of your life. It all depends on how you have lived”

“Those who learned to know death, rather than fight it, become our teachers about life”

“Watching a peaceful death of a human being reminds us of a falling star; one of a million lights in a vast sky that flares up for a brief moment only to disappear into the endless night forever”

Caregivers and Coping

- All have to face death in our lives
- Death usually comes at the end of a long struggle on the patients part, also for the caregiver.
- You may be worn to a frazzle
- Keeping your emotions on hold
- Not easy for anyone, especially caregivers

-Two and a half million people die annually in the United States and almost 80% occur in healthcare institutions

-RT's , other direct caregivers often times look subconsciously at death as failure, therefore shy away from those dying patients

-Researchers have indicated caregivers often lack the basic knowledge for EOL care

-There is evidence that communication with the dying and their families is less than optimal and that few healthcare providers receive adequate training in appropriate communication skills

Ethical vs Moral vs History

-RT's are trained to work in all aspects of healthcare

-We manage diseases of the pulmonary system

-Highest skill set involves care of patients on mechanical ventilation and the operation of the ventilator itself

-Requires hands-on patient care and deal with life and death on a daily basis

-One unique difference in this position

-RT's are frequently called upon to remove assistive ventilation which ultimately results in their death

Terminal Weaning

-Removal of ventilator support is known as terminal weaning

-Patients that are terminally weaned , unable to maintain their own ventilation; no expectation of ever being able to live off a ventilator

-Actually requires the respiratory therapist to remove the ventilator, knowing that at completion of this task the patient expire

- This can sometimes lead to ethical dilemmas for some RT's, even though or she is doing their job and breaking no laws, they are playing a role in ending the life of another individual

Weaning or Extubation

-Two common methods of assisted ventilation removal

-Terminal Weaning; ETT left in place as assisted ventilation is withdrawn

-Terminal Extubation; ETT is removed as ventilatory support is remove simultaneously

-Important to remember is not a form of euthanasia; there is no assistance with death in this procedure, as it merely allows death to occur naturally

- Patients can survive when taken off life support

Patient Preference/Right

-It is very hard for some RT's and caregivers to accept that a great number of patients choose death over staying alive on the ventilator

-Respiratory Therapists are trained to safeguard and protect life, so terminal weaning always creates ethical dilemmas

--Patients often come to the realization, when their quality of life is not worthy of continuing and elect to refuse to continue life sustaining measures

Removal and Brain Death

-Patients that are brain dead are often much easier to terminal wean for respiratory therapists from both a moral and ethical standpoint then other patients

-In this situation the RT is really not removing life support because the patient is already considered dead ; most religious organizations recognizw brain death as true death

-Often are best candidates for organ donation

Conscious Terminal Wean

-Withdrawing ventilation from a conscious apneic patient is especially difficult for a respiratory therapist

-There is often a bond of trust that develops with long term ventilator patients

-The weaning process usually begins with the patient alert throughout the process until death occurs

-This can be a very taxing experience for the attending respiratory therapist as you go from interacting to removing life support

Family Conflicts

-Conflicts about EOL care is common place in health care

-Family members often have a difficult time remaining objective

-Important to remember that the patient,family members, and even the clinical team may all be going through the different stages of DABDA

-Luckily clinicians make it to the acceptance phase simply because of their constant occupational exposure to death

-If the patient is capable, they are the best resource to defend the terminal weaning

Support Systems

- In order to handle a terminal wean, respiratory therapists need the full support of the hospital to properly handle the whole process, from a professional, emotional and psychological stand point
- After a terminal wean there should be a debriefing with the entire clinical team
- This provides and opportunity or outlet to discuss feelings with other members who can relate
- Provides opportunity for improvement
- Not recommended for same RT to perform back to back terminal weans

To Conclude

-Despite progress, practicing RT's and other direct caregivers face many dilemmas and emotional barriers in providing EOL care

--Not in curricular content

-RT's have an easier time terminally weaning brain dead patients

-Terminal weaning IS on of the greatest ethical dilemmas that RT's face in their profession

- Although terminal weaning is a difficult part of the job duties, it can be less stressful when a strong support system is in place