

# Interdisciplinary End of Life Symposium

## The First Responder

**Facilitator:** Satheesh Gunaga, DO, EMT-P-IC  
**Panelists:** Robert Thompson, Firefighter/EMT  
Luis Jaramillo, Fire Inspector II  
Robert Mantor, Police Officer II

# Panel & Disclosures

## Satheesh Gunaga, DO, EMT-P-IC

ED Medical Director: Henry Ford Brownstown  
Vice Chair of Emergency Medicine  
Division Head of EMS  
Henry Ford Wyandotte Hospital

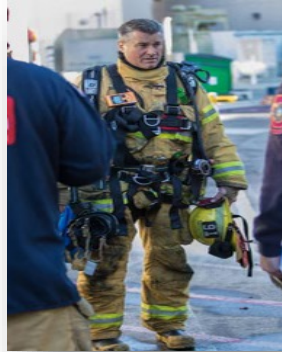
*No relevant financial relationships*



## Robert Thompson

Firefighter/EMT  
Hazardous Materials Specialist  
Anaheim Fire Department

*No relevant financial relationships*



## Luis A. Jaramillo

Fire Inspector II LAFD Retired  
Fire Inspector Pasadena Fire Retired  
Angel City Fire/Life Safety Consulting  
LLC, Managing Member Retired

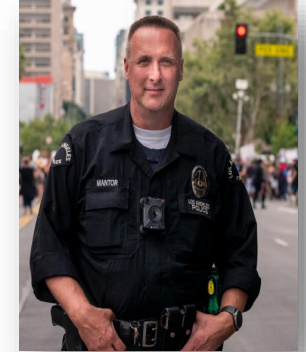
*No relevant financial relationships*



## Robert J. Mantor

Police Officer II  
Los Angeles Police Department

*No relevant financial relationships*



*This presentation and/or comments will provide a balanced, non-promotional, and evidence-based approach to all diagnostic, therapeutic and/or research related content.*



# Cultural Linguistic Competency (CLC) & Implicit Bias (IB)

## STATE LAW:

The California legislature has passed [Assembly Bill \(AB\) 1195](#), which states that as of July 1, 2006, all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. It has also passed [AB 241](#), which states that as of January 1, 2022, all continuing education courses for a physician and surgeon **must** contain curriculum that includes specified instruction in the understanding of implicit bias in medical treatment.

*The cultural and linguistic competency (CLC) and implicit bias (IB) definitions reiterate how patients' diverse backgrounds may impact their access to care.*

## EXEMPTION:

Business and Professions Code 2190.1 exempts activities which are dedicated solely to research or other issues that do not contain a direct patient care component.

***This presentation is dedicated solely to research or other issues that do not contain a direct patient care component.***

50<sup>TH</sup>

ANNIVERSARY



**EMS WEEK**

May 19-25, 2024



**HONORING OUR PAST.**



**FORGING OUR FUTURE.**





AREA  
AMBULANCE













You Are Not Alone

FIRE TRUCKS

EXTINGUISHERS  
KEEP CLEAR

EXTINGUISHERS  
KEEP CLEAR





IRRITABLE NIGHTMARES  
STRESSED  
TERRIFYING  
FLASHBACKS  
SHAME  
HAUNTED  
PTSD  
WITHDRAWN

STIGMA  
WITHDRAWN  
INSOMNIA  
STRESSED  
ANXIETY  
HAUNTED  
FEAR  
NIGHTMARES

# Empowering our Heroes

Promoting & Preserving Mental Wellness in EMS



# Mental Health Care For EMTs and Paramedics

**85%** of first responders have experienced symptoms of **MENTAL ILLNESS** at some point in their lifetime

A firefighter is **3x** more likely to

**DIE BY SUICIDE** than in the line of duty

First responders **ATTEMPT SUICIDE** at a rate

**10x** Higher than the general population

First responders are **10%** more likely than the general population to experience

- Depression
- Anxiety
- Acute Stress Disorder (ASD)
- Post-traumatic stress disorder (PTSD)



**69%** of EMS workers

say they don't have enough time to recover from

**TRAUMATIC EVENTS**



# 35% of Police Officers suffer from PTSD\*

\* The Ruderman White Paper on Mental Health and Suicide of First Responders

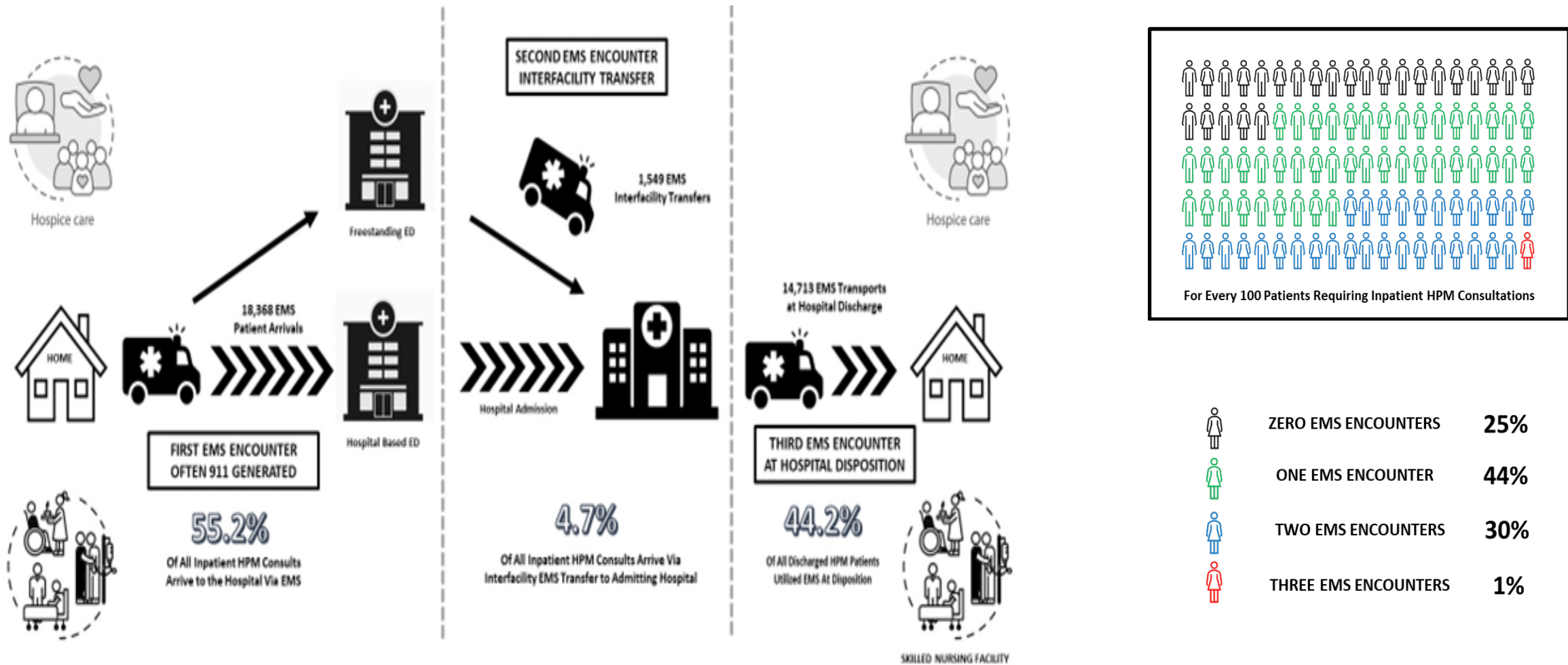


# Think you've been in a critical incident???

## Defining a Critical Incident

<b>ALWAYS a Critical Incident</b>	<b>Maybe a Critical Incident</b>
Line of Duty Death/ Death In Service	Major Incidents with Children
Suicide of Co-worker	Large Media Response
Mass Casualty Incidents	Dramatic/Intense Families
Catastrophic Injury/ Major Illness Work Related	When it Doesn't Go "Right": Protocol violation, low staffing, legal/discipline issues ...
Majority of Officer Involved Shootings	Too Close to Home
Assault on Provider	Cumulative Stress or Events

# Evaluating The Intersection of EMS and Hospice & Palliative Medicine Patients





# Key EMS and Hospice & Palliative Medicine Resources

PREHOSPITAL EMERGENCY CARE  
2023, VOL. 27, NO. 5, 560-565  
<https://doi.org/10.1080/10903127.2023.2193978>



## POSITION STATEMENTS

### EMS Care of Adult Hospice Patients— a Position Statement and Resource Document of NAEMSP and AAHPM

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November 30, 2021

### Now Available: “Pre-Hospital Providers Perspectives on Palliative and Hospice Care” Course

The new course “Pre-Hospital Providers Perspectives on Palliative and Hospice Care” is available here <https://link.prodigyems.com/palliative-care>. Please follow the link to create a free account to access the content. This three module course (1. Advance Directives, 2. Hospice for EMS Clinicians, 3. Communication Skills) is available for CAPCE credit. Please join me in congratulating the authors, Palliative Medicine Section members Dr. Rebecca Goett, Dr. Emerson Franke, and Dr. Amelia Breyre.

This project is funded by an ACEP Section Grant.

Open access

Protocol

## BMJ Open Emergency medical services and palliative care: protocol for a scoping review

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Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2022-062054>).

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### ABSTRACT

**Introduction** The purpose of emergency medical services (EMS) is to preserve life and limb in emergency situations. Palliative care, however, is not concerned with ‘life-saving’ measures, but the prevention and relief of suffering. While these care goals appear to conflict, EMS and palliative care may be complementary if integrated. The aim of this scoping review is to map existing literature concerning EMS and palliative care by identifying literature types, extracting key findings and noting limitations using descriptive analysis.

**Methods and analysis** The framework of Arksey and O’Malley will direct this review. The following databases will be searched: MEDLINE via PubMed, Web of Science, CINAHL, Embase and PsycINFO. In addition, the University of Cape Town Thesis Repository and Google Scholar will be searched for relevant grey literature. Empirical studies concerning EMS and palliative care published between January 2000 and September 2021 will be

### STRENGTHS AND LIMITATIONS OF THIS STUDY

- A thorough search string will be piloted and employed in conjunction with a wide range of databases, meeting recommendations for optimal combinations and providing a comprehensive view of existing literature.
- The performance and report of the review will be done according to the quality standards of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews checklist.
- Limitations to this review may include those common to scoping reviews such as human error in article selection.
- As a formal risk of bias assessment will not be performed, data reliability will not be evaluated.

