

Paramedic Experiences of Providing End-of-Life Care in Northern Ireland

Research Team: Dr Felicity Hasson (Ulster University), Dr Natasha Campling (University of Southampton), Dr Sinead Keeney (Ulster University), Dr Paul Slater (Ulster University), Professor Sonja McIlpatrick (Ulster University), Julia Wolfe (Northern Ireland Ambulance Service)

Background

- Many patients prefer to spend their last year of life and die in the comfort of their own homes.
- Paramedics are required to decide whether to treat patients at home or transfer them to hospital emergency departments.
- There is limited knowledge of paramedics' views on providing end-of-life care and the challenges associated with it.
- Understanding paramedics' experiences will improve training, policies, and quality of care for patients and their families.

Aim

The aim of the study was to explore the perceptions and experiences of providing end-of-life care among Northern Ireland paramedics.



Methods

Study Design: Online cross-sectional questionnaire design using the ParAid Questionnaire (Campling et al., 2024)

Participants: All registered paramedics working in Northern Ireland Ambulance Service.

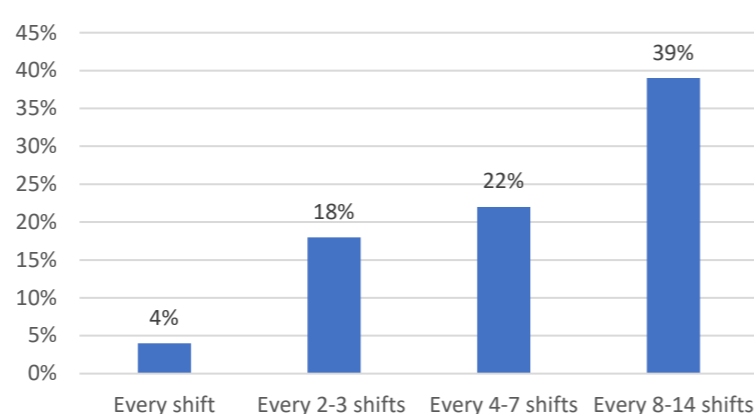
Data collection: Online survey (JISC). Survey link distributed by Northern Ireland Ambulance Service to all paramedics in Northern Ireland (n=535). A total of 182 paramedics completed the questionnaire, a 34% response rate.

Data analysis: Quantitative data analysed using descriptive statistics and open free text responses analysed using thematic analysis.

Key Findings

End-of-Life Patient Attendance:

- 39% (n=71) reported attending patients in their last year of life every 8-14 shifts.



Awareness of Patients at End-of-Life:

- 58% (n=106) indicated that they 'rarely' or 'never' knew in advance that they were attending an end-of-life call.

Access to Medicines for Symptom Control:

- 54% (n=99) of respondents reported that they 'always' or 'often' had no access to specific medicines needed; 31% (n=56) 'sometimes' and 15% (n=27) 'rarely' or 'never'.
- 15% (n=26) indicated that medicines were 'always' or 'often' supplied from patients own just-in-case (anticipatory medicines) supplies.

Key Findings

Primary Drivers for Conveyance:

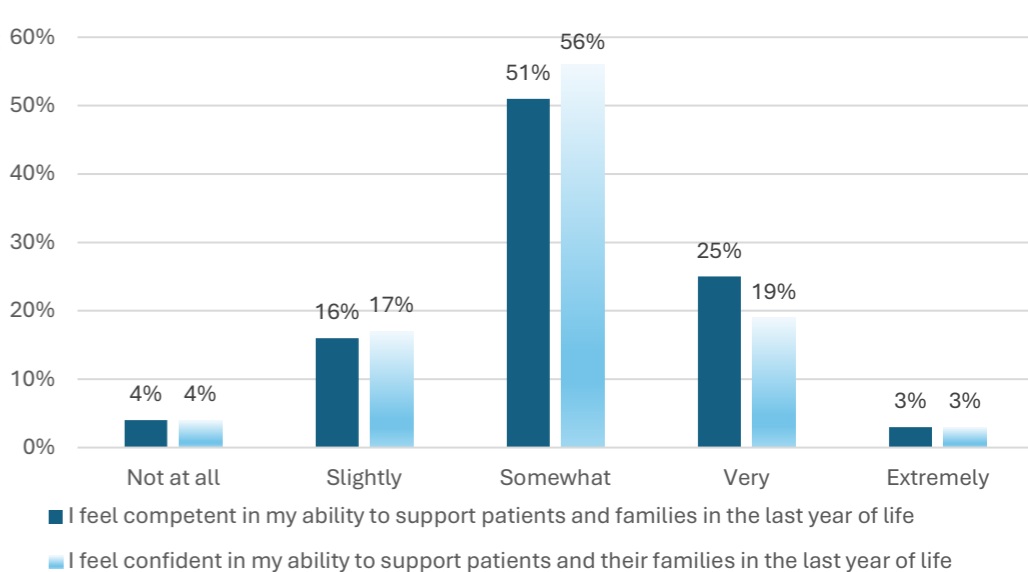
Reason for Conveyance	Always/Often
GP	80% (n=146)
Family Request	64% (n=118)
Symptom Control	60% (n=110)
Other Healthcare Professional	49% (n=88)
Palliative Emergency	44% (n=81)

Availability of Referral Pathways:

- In-hours, 51% (n=93) could 'often' or 'always' contact/refer to the GP; 36% (n=65) could contact/refer to the community nursing team in-hours and 33% (n=59) could contact/refer to specialist PC team in-hours.
- 63% (n=114) reported 'rarely' or 'never' being able to contact the oncology team in-hours and 79% (n=144) reported they were 'rarely' or 'never' able to contact the oncology team out-of-hours.

Fear, Confidence and Competency:

- 47% (n=85) 'always' or 'often' encountered 'fear of doing the wrong thing' when attending patients at end-of-life.
- 30% (n=56) indicated that they did not feel confident with medicines attending patients at end-of-life.



Education and Training:

- 67% (n=121) reported that lack of pre-registration training affects their ability to meet patient needs in end-of-life care.
- 71% (n=129) identified insufficient CPD post-registration as a major barrier to delivering effective end-of-life care.
- 39% (n=71) believe that traditional life-preservation training conflicts with palliative care principles required for end-of-life support.

Key Recommendations

Improve Access to Medicines:

Enhance availability of anticipatory medicines and specialist advice, especially during out-of-hours periods.

Enhance Referral Pathways:

Develop referral systems including oncology and palliative care teams for better patient support.

Provision of End-of-Life Training and Education:

Provide comprehensive training for paramedics on end-of-life care, both before and after registration.

Support Communities and CPD:

Foster communities of practice and offer tailored CPD opportunities to boost paramedic confidence and competence.

Reference:

Campling, N., Turnbull, J., Richardson, A., Voss, S., Scott-Green, J., Logan, S., & Latter, S. (2024). Paramedics providing end-of-life care: an online survey of practice and experiences. *BMC Palliative Care*, 23(297). <https://doi.org/10.1186/s12904-024-01629-7>

Contact Details: Dr Felicity Hasson, Email: f.hasson@ulster.ac.uk X: @Felicity_Hasson