Practical Guidance for Mental Health Staff Providing End of Life Care

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Mental health services

Access to Acute Mental Health Beds in Ireland, MHC, Feb 2020

-deficit of acute old age beds

-deficit of rehab, high support hostels, crisis house

-inappropriate occupancy of acute beds by 'long-stay' patients

The Rights of Patients

Guide to Professional Conduct and Ethics for Registered Medical Practitioners

- 1.3 exercise clinical skills and judgement in patient's interest without allowing ..... disability to affect in a negative way the treatment you give.
- 10.2 adults who are considered not to have the capacity to make a decision are entitled to the same respect for their dignity and personal capacity as anyone with full capacity.
- 27 Protection of Vulnerable Persons
- 63.1 As a doctor in a management role, you have a responsibility to advocate for appropriate healthcare resources and facilities if insufficient resources are affecting or may affect patient safety and quality of care

Ethical Framework for Decision Making in a Pandemic

- Minimizing harm
  - ➢restricting individual liberty

- Fairness
  - ➢Recognize the moral equality of all persons

- Duty to Provide Care

Potential patients in Covid pandemic

- risk of spread within care settings
- those in hostels, other 24 hour care settings, and 'long-stay' in acute settings may be more at risk
  - living with SEMI
  - poorer physical health - exercise, smoking, obesity, medication side-effects
  - Clinical Frailty Score (only applicable to people over the age of 65, without disability)
  - some people with intellectual disability

Care challenges

- Residential settings
- Focus of care is mental health, rehabilitation, support
- Health promotion - physical well being - exercise, smoking cessation, social engagement
- Staffing - mental health expertise; variable levels (low support hostels have minimal staff)
- Acute hospital staff misconceptions - all care settings are staffed the same
- Home
- Familial relationships with other patients and staff

Covid 19

- 80% will have a minor illness
- 20% will have more serious illness and may benefit from more active support
  - some will benefit from acute hospital care including NIV and ICU
  - some may potentially benefit from acute care, they may not be able to co-operate with this
- Some will not benefit - age, Clinical Fraility Score, multiple co-morbidities

Supportive care

- 'Ceiling of Care' considerations
- Patients' wishes, values and beliefs; advance care plan; advance directive
- Capacity to make a decision about health, including future planning
- Engagement with family, friends

End of life care -palliative approach

- Ceiling of care
- Review of current medications
- Contact local specialist palliative care service for information and advice

Palliative approach

- Assess basic care needs - washing, dressing, oral intake; can these be met in current setting?
- Communication needs - patient, family, significant others
- Essential psychiatric medication
- Anticipatory prescribing for symptoms that may develop
- Medication on site
- Administering of medication

Diagnose dying

- exclude reversible problems (maybe self-evident that patient is dying of Covid)
- If not Covid, is there infection, renal failure, hypercalcemia (cancer) etc. which may be reversible
- medical assessment- may be more difficult to access in pandemic; may happen out of hours; most palliative care teams do not have doctors assessing patients at home

Symptoms

- Breathlessness
- Cough
- Delirium/agitation
- Pain
- Nausea and Vomiting
- Chestiness

Four drug classes

- Opioids for pain or breathlessness or cough
  - morphine 2.5mg sc hourly
- Sedative for anxiety or agitation or breathlessness
  - midazolam 2.5mg sc hourly
  - levomepromazine 3.125 -6.25mg sc hourly
  - haloperidol 0.5-1mg sc hourly
- Antisecretory for chestiness
  - Bucopan 20mg sc hourly
- Nausea and vomiting
  - Levomepromazine or haloperidol as above

Dosing

- These doses for patients who are not on opioids, or benzodiazepines or anti-psychotics
- Starting doses higher if patients on any of these
- Usually, give drugs hourly; if three doses of any drug needed in 4 hours OR 6 doses in 24 hours - seek advice
- seek advice from specialist palliative care

To date

- Delirium may be problematic
- Higher doses may be needed
- Dyspnoea not always present

Advance Care Planning

Advance care plan or directive

A plan made when competent about their medical treatment which will come into effect when the patient loses capacity

-recognized by the Medical Council of Ireland - (16)

-recognized by the HSE Consent Policy – (7.8)

Advance planning considerations

- Autonomy
- Functional capacity
- Informed decision
- Not obligatory
- Cannot oblige futile or unethical or illegal treatment

Advance planning considerations

- Rarely urgent-a process over a number of encounters, but in context of current Covid pandemic there is greater focus
- Fit for purpose-not so vague as to be useless
- Documented in such a way as to be available when needed
- Encourage engagement with family

Statement of values and beliefs

Specific statements about treatment refused

- An advance decision to refuse treatment

Specific statements about treatment requested

- Can be requested, but not enforced
- Futile treatment
- Respect for autonomy of others
- Fair use of resources

Thank you

References

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