When emergency medicine embraces palliative care

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In Italy Emergency Medicine (EM) and Palliative Care (PC) are still considered two opposite disciplines with two opposite endpoints: saving lives for EM clinicians, and taking care of end-stage patients for palliative care physicians. According to the WHO, PC is "an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychological and spiritual".[1] EM is defined as "a primary specialty established using the knowledge and skills required for the prevention, diagnosis and management of urgent and emergency aspects of illness and injury, affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioural disorders".[2] Traditionally the dominant paradigm in EM has been therapies to maintain life at all costs, often without attention to a patients' prognosis, treatment values, and preferences for care. This view is deeply flawed and anachronistic, and a change is needed now.

To better understand the Italian situation, we need to start with two pieces of evidence. The first is that most of the EM physicians do not receive education in PC during residency or fellowship, even if basic skills and competences in PC are two indispensable key elements in EM, as reported by EUSEM.[3] The second evidence is that the life expectance is changed in the last two decades and a growing number of older adults living with chronic and invaliding diseases refers to the ED for worsening clinical and functional status, which often occur in the setting of an end-stage disease according to the definition by the SIAARTI document.[4] These patients can represent a critical problem for the EM physicians, who may wonder: what can I do for this patient? Which is the best care for this patient, palliative care or intensive care? The answer could be summarized in the principle "the right choice at the right time",[5] aimed at not providing overtreatment all along the end stage of the illness.

Even if it is a common thought that most patients with end-stage diseases should stay at home at the end of life, in the reality of the ED three-quarters of these patients visit the ED in the 6 months before their death.[6] The crisis of the Italian national health system has further accentuated the difficulty of managing these patients at home.[7,8] Nowadays in Italy there is still a great discussion in the emergency medical community about the role of the EM in the end-of-life as if the end of life was not an issue to be dealt with in the ED. Since 2010 the Italian law established that suffering is no longer an inevitable issue, and palliative care and pain therapy must be ensured in all care settings, at all stages of life and for any chronic and progressive pathology, for which there are no therapies or, if there are, they are inadequate to stabilise the disease.[9] On 31 January 2018, Law No 219 of 22 December 2017, containing "Rules on informed consent and advance treatment arrangements", came into force,[10] and the Italian national register of advanced care planning documents has been active online since February 2020. Any EM physician has to check the advanced care planning document of a non-competent-patient in a serious life-timing condition to abide by and respect the patient's decisions. EM physicians should be able to consider the true suffering of these patients to treat and solve quickly and correctly uncontrolled symptoms such as pain, dyspnea, and agitation or delirium, avoiding overtreatment and offering the best care.

Considering the current situation in the Italian EDs and hospitals with the shortage of beds and long boarding time,[7,8] one possible solution is to transfer the patient to hospice whenever possible, another one is to consider developing a dedicated pathway in the

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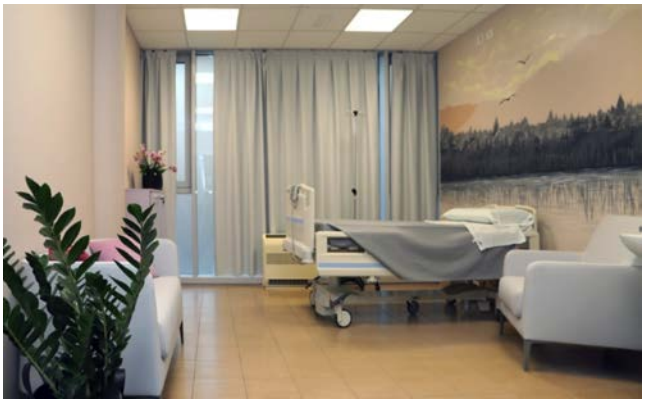

Figure 1. The relief room in the ED of Piacenza.

ED for end-stage patients with refractory symptoms. The ED of Piacenza has created a protocol to identify end-stage patients with uncontrolled symptoms who may benefit from palliative sedation according to a pharmacological schedule designed with the palliative care unit of the hospital, based on morphine for pain and dyspnea, midazolam for agitation and scopolamine for drying secretions, with the aim to improve quality of care for these patients with serious life-limiting illness at the end of their life. These patients, their relatives and care givers can be accommodated in the "relief room" of the ED (Figure 1), that is active since June 2022, to ensure the respect and dignity of the patient, to allow family members to be able to stay 24 hours a day beside their loved one, in an environment as quiet as possible.

We are aware that EM physicians must be able to evaluate the urgency of the patient's need for treatment based on limited information in a short time in an often chaotic and difficult context as ED increasingly is, but we also firmly believe that EM physicians need to learn whether, how and when to withhold or withdraw active medical interventions when these are deemed futile, and to engage in discussions regarding end-of-life/palliative care.[3] A substantial work has yet to be done in terms of identifying in the ED patients in need of palliative care, training EM clinicians to provide high quality primary palliative care, creating pathways in the EDs for end-stage patients who require palliative sedation.

Only when EM embraces PC, including PC principles into ED practice and developing plans of care that consider patients' values and goals by establishing the in-hospital trajectory of care for patients who are seriously ill, is really possible to take care of the patients focusing on relief of suffering (physical, spiritual, or psychological) with an approach based upon patient-determined goals and appropriate for the final phase of a life-limiting condition.

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