Is death our business?

Philosophical conflicts over the end-of-life in old age psychiatry

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Background

- Traditional palliative care focused on younger age groups and cancer
- Older people are "the disadvantaged dying" (Seymour et al., 2005)
- EOL care in dementia and in mental illness are areas of deficit (Lawrence et al., 2011; McGrath & Holewa, 2004)
Background

• Several reviews regarding OAPs’ roles at the end-of-life (Goy & Ganzini 2003, Kettl 2007, Lyness 2004)

• No research exploring the experiences of old age psychiatrists working at the end-of-life.
“How do old age psychiatrists approach and experience working with patients at the end-of-life?”
Methodology

• Qualitative research paradigm

• Verbatim transcripts from in-depth interviews with purposively sampled OAPs analysed using Thematic Analysis (Braun and Clarke; 2006, 2013)

• Quality and rigour paramount features of the research – reflexivity, trustworthiness, data saturation

• Ethics approval from University of Adelaide HREC
Results
OAPs approaches to patients at the EOL

Death is not our business:
Working in a mental health framework

“And I think that has been the traditional thinking: Death isn’t our business. We don’t do death, that’s someone else’s problem – that’s been the thinking.”
OAPs approaches to patients at the EOL

Death is not our business: Working in a mental health framework

Death is our business: Working in an aged care context
Old age psychiatrists’ approaches to working with patients at the end of life

Death is not our business: Working in a mental health framework

Death should not occur in psychiatry

“It’s like the sky has fallen and somehow deaths shouldn’t happen in psychiatry.”

“Every person that dies in our facility is a Coroner’s case.”
Old age psychiatrists’ approaches to working with patients at the end of life

Death is not our business: Working in a mental health framework

Death should not occur in psychiatry

Working in a psychiatric treatment model

“We’re very comfortable with getting people better”

“Depression can be treated and should be, if possible”

“Use the Mental Health Act”
Old age psychiatrists’ approaches to working with patients at the end of life

Death is not our business: Working in a mental health framework

Death should not occur in psychiatry

Keeping a distance from death

Working in a psychiatric treatment model

“It’s all done by the medical team, after they leave the ward”
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Death should not occur in psychiatry

Keeping a distance from death

Working in a psychiatric treatment model

Unexpected death is a negative experience

“Disconcerting”

“Horrible”

“To ensure we’ve learnt from our mistakes”
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Death is our business: Working in an aged care context

Death is part of life

“I think of this part of life as a developmental phase that’s going to happen to everyone it’s an inevitable eventuality”

“She wanted to die and she was very old and it seemed reasonable that she did die”
“They are facing EOL kind of issues from the time that a diagnosis is made”
“The most important thing for me is to provide good quality care for the patient and that they get alleviation of distress and discomfort”

“Often it’s about knowing when to stop”
“That would be sad but not so sad an experience, that would be shared with the consumer and the carers as well, because we would all be involved in that process”

“It’s complex. Um, it nearly always makes my eyes moist.....It’s almost a privilege – to be there with people”
Old age psychiatrists’ approaches to working with patients at the end of life

Death is not our business: Working in a mental health framework
  - Death should not occur in psychiatry
  - Keeping a distance from death
  - Working in a psychiatric treatment model
  - Unexpected death is a negative experience

Death is our business: Working in an aged care context
  - Death is part of life
  - Doing end-of-life work
  - Encountering end-of-life through dementia care
  - Expected death is a positive experience
OAPs approaches to patients at the EOL

Death is not our business: Working in a mental health framework

Death is our business: Working in an aged care context
Discussion & implications

- Addressing the influence of risk management within mental health culture
- Reconciling recovery and palliative models with integrated person-centred care?
- Implications for training in OAP – EOL, ACP, palliative medicine approaches
- Need for partnership building across service domains and disciplines – OPMHS, geriatric medicine & palliative care - fostering communication & collaboration rather than building silos of activity
“Dignified dying is as important for the living – who will soon be dying – as it is for the dying”

(Sullivan 2002)