

# Doing Right When Nothing Works:

Termination of Resuscitation  
through an EMS Medical  
Director's Lens



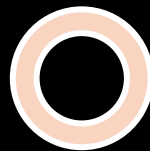
*emRIC*



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# FRAMEWORK

**Connecting Emergency  
Departments to the prehospital  
world**

**Current literature**

**Q&A Discussion**

**Planning ahead**





# What is a death notification?

## Definition

Also known as, Termination of Resuscitation, is the clinical decision to stop efforts when further attempts are medically futile.

## Why it matters

Burden often falls to the prehospital provider

Prevents prolonged suffering and preserves EMS capacity; appropriate use can reduce avoidable transports by up to 30%.

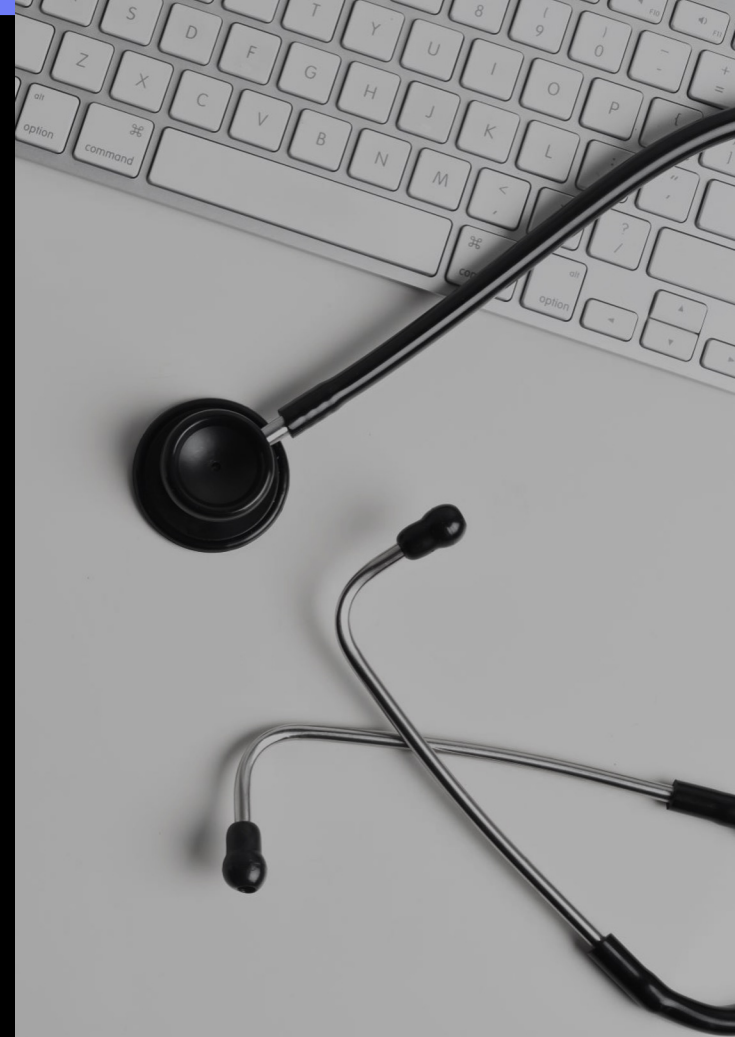
**SO WITH SUCH A BIG TOPIC WE GET  
GOOD TRAINING RIGHT?**

- Well....



# DEATH TOUCHES ALL PROVIDERS AND IN IMPACTFUL WAYS

- One study shows of 1500+ providers surveyed over 55% of respondents were EMT-B
- EMT-B made up 33% of total death notifications (77% for ALS crews)
- **\*\*\*KEY\*\*\*** Only approximately 50% of all clinicians reported ANY training in Death notification during schooling



# SO WE DELIVER BAD NEWS BUT WE ARE OK, RIGHT?



That same study shows huge correlation between clinician burnout and death notification in the last year



EMS professionals with 1-5 incidents in the last 12 months had 36% higher rates of burnout



EMS professionals with greater than 5 incidents in the last 12 months had 73% higher rates

**LET'S  
DISCUSS**



**WHEN IS IT  
REASONABLE TO  
STOP?**



# NATIONAL GUIDANCE VERSUS LOCAL REALITY

## Guidance vs Local Adaptation

National EMS guidelines exist and offer frameworks but require local adaptation to meet state laws and community needs. This implementation varies widely.

## Challenges in Rural EMS

Rural EMS faces extended response times, limited advanced life support, and fewer backup resources challenging national models. They may also lack dedicated EMS trained physicians with protocol development

## Cultural Sensitivity Importance

Respecting cultural perspectives on death is key, especially in Indigenous communities valuing home-based end-of-life care.

## Balancing Legal and Cultural Needs

EMS protocols should balance legal requirements and cultural responsiveness to improve trust and reduce provider distress.

# UNIVERSAL TOR GUIDELINE

1. The cardiac arrest was not witnessed by EMS providers
2. The patient did not obtain a return of spontaneous circulation (ROSC) despite attempted resuscitation; and
3. No shocks were delivered (i.e. not a shockable rhythm) at any time prior to transport.

Survival when criteria met  $\approx$  **0.1%**

**WHAT MAKES  
YOU HESITATE?**

**WHEN SHOULD WE SAY  
"STAY AND PLAY"  
VS  
"LOAD AND GO"**

## REMOTE LIMITS

**>30min**

**Transport delays over 30 minutes correlate with poorer survival**

Remote EMS needs TOR decision tools that reflect logistics constraints

**WHAT DO YOU DO  
WHEN THE FAMILY  
SAYS DON'T STOP?**

**WHOSE  
RESPONSIBILITY IS  
THIS REALLY?**

# WHAT HAPPENS TO THE MEDIC AFTER TOR?

**AREN'T YOU AFRAID  
OF BEING SUED?**

**WHAT DOES THE  
MEDIC REALLY  
WANT FROM ME?**

# HOW DO HIGH FUNCTIONS SYSTEMS ACT?

- Clear TOR protocols
- Medical Director support
- Training in communication
- Case review + feedback
- Cultural awareness

# WHERE DO WE GO FROM HERE?

- Communicate with your local Medical Director
- Be and EMS advocate
- Assist with death notification training
- Advocate for cultural protocol review
- Debrief with EMS



# CULTURAL PERSPECTIVES

## **Beliefs about death**

Indigenous communities may hold spiritual frameworks that differ from urban clinical norms.

## **Respectful TOR care**

Understanding local perspectives supports dignity, communication, and acceptance of TOR decisions.

## **Training builds trust**

Cultural competence training for EMS can improve community trust and care satisfaction.



Get help for your mental health.

**Call 988.  
Anyone.  
Anywhere.  
Anytime.**



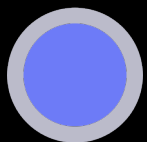
If you or someone you know is experiencing a suicide, mental health or substance use crisis, dial or text **988** to speak with a trained crisis counselor.

## **THIS IS A HARD JOB AND SOCIETY THANKS YOU**

- But if it gets too hard please do not hesitate to reach out or use 988. We need you and the amazing work you do.

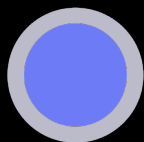
# CONCLUSION

Portland Metro  
Consortium  
Resources



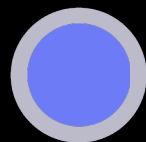
## Protocol + Judgment

Apply TOR criteria consistently while using clinical judgment for edge cases and evolving scenes.



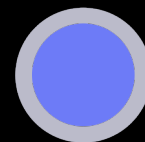
## Ethics + Culture

Respect values and cultural context while protecting patient dignity and meeting legal/medical obligations.



## Clear Communication

Use structured, compassionate language with families and unified messaging with medical direction.



## Provider Support

Build resilience through debriefs, peer support, and guidance that reduces moral distress.