



ETHICS IN PREHOSPITAL CARE

DND Primary Care Paramedicine

Module: 01

Section: 04

- Warm up case of Jack & Jill
- Introduction
- Components of Ethical Decision Making
- Codes of Ethics
- Discussion of several cases in common settings & themes of ethical dilemmas.

- Jack and Jill have only been full time partners for six months. Jack is a seasoned veteran of 15 years, while Jill is a new paramedic having just completed PCP school. Jack and his previous partner worked together for eight years but when his partner retired, Jack was assigned to multiple casuals until he was permanently partnered with Jill. Jack is considered a very competent paramedic and Jill feels fortunate to have him as a partner. When they first met, Jack was very clear in that “they have to have each other’s back, no matter what”.
- Everything seemed to be working out fine between Jack and Jill, they worked on their timing on calls and got to know how each other worked. Jack even said that he felt like they have been working together for years. Also around this time, Jill began to notice Jack seemed distracted and irritable. When Jill mentioned it one day, Jack snapped at her telling her “it was none of her god damn business but if she must know it is aggravation of chronic back pain brought on by adjusting to lift with a new partner”.

Warm up case continued...

- Over the next few months, Jill began to notice the increase in number of patients Jack was administering morphine to, and always seemed to be in doses where either part of an ampoule was administered or an amount that required a second ampoule was required but partially administered. In all cases, it was while he was in the back of the ambulance while Jill was driving so she did not actually see the drug administered; also she noticed that at the hospital when restocking, Jack would dispose of excess drug without Jill witnessing but would bring her the pharmaceutical log to sign as the witness.
- Jill had reached a crossroads. She did not know what to do. Would she betray the trust of Jack by notifying their supervisor of Jack's suspected use of morphine? She feared that she would get known as a "rat" and be an outcast with her fellow paramedics or should she just keep it to herself hoping the problem will just go away but she feared for Jack's health and how would she live with herself if something happened.
- How should Jill approach this issue?
- We will come back to this case later on.....

- Ethical conflicts arose in 14.4% of paramedic responses.
 - 27% Issues of informed consent such as refusal of treatment or transport, conflicts of hospital destination, treatment of minors, and consent for research.
 - 19 % Difficulties regarding the duty of the paramedics, usually under threatening circumstances
 - 14 % Requests for limitation of resuscitation accounted for 14%.
 - Other circumstances that presented ethical conflicts involved questions of patient competence (17%), resource allocation (10%), confidentiality (8%), truth telling (3%), and training (1%).

Ethical conflicts in the prehospital setting

Adams, James G et al.

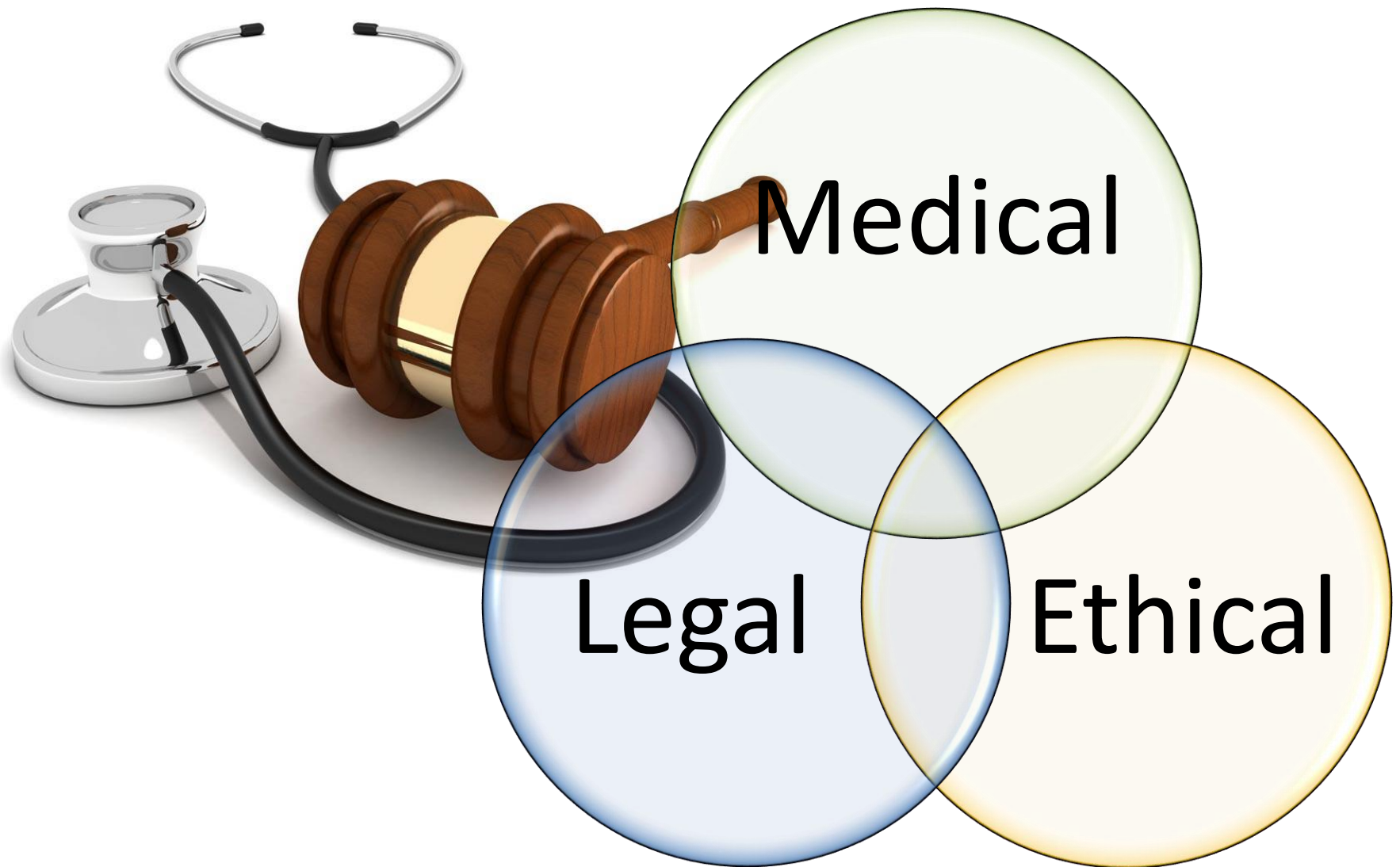
Annals of Emergency Medicine , Volume 21 , Issue 10 , 1259 - 1265

- Ethical dilemmas will always be present in Prehospital care, and there will be times when paramedics will be expected to perform duties that may involve conflicts in moral judgment...



- Ethics and morals are closely related concepts but distinctly separate
- Morals:
 - Are the social, religious, or personal standards of right and wrong
- Ethics:
 - Are the rules or standards that govern the conduct of members of a particular group or profession
- Law:
 - Does not address the breadth of ethical imperatives.
 - E.g. case law states that a person who knows how to swim is not legally obligated to save a drowning child. One's “ethical standard” may conflict with this.

- Professional
 - Maintenance of level, Con Ed
- Legal
 - Abide by the law when ethical issues intertwine with legal issues (DNR's)
- Moral
 - Personal ethics



- Ethical relativism
 - Suggests that each person must decide how to behave and whatever decision that person makes is okay
 - Just do what is right
- Values and beliefs vary from person to person
 - What is good and right to one person may be entirely different to another
 - You must try to avoid imposing your values on your patient.
 - You must also avoid “judging” patients with different beliefs from you.
 - Reason must be used and emotion excluded as much as possible

- Many organizations have developed a code of ethics over the years for their members.
- Most codes of ethics address broad humanitarian concerns and professional etiquette.
- Very few provide solid guidance on the kind of ethical problems commonly faced by practitioners.



To gain and maintain the respect of their colleagues and their patients, it is vital that individual paramedics exemplify the principles and values of their profession.

- Professional
 - Paramedic Code of Ethics
 - Code for Nurses
 - Canadian Medical Association's Principles of Medical Ethics
 - Principles of Ethics for Emergency Physicians
- Personal
 - Ethics impact individual practice
 - A personal code of ethics is an important reflection on one's life

- Developed by PAC in order to:
 - Define and clarify ethical principles
 - Identify basic moral commitments of prehospital emergency medical providers
 - Serve as a source of education and reflection
 - Serve as a tool for self-evaluation and peer review

- Ethical violations occur when practitioners neglect or fail to meet their moral obligations to their patients
- Ethical dilemmas arise when ethical reasons both for and against a particular course of action are present and one option must be selected.
 - There is usually a conflict between two ethical principles
- Ethical distress occurs when practitioners experience the imposition of practice that provokes feelings of guilt, concern or distaste

- Emotion should not be a factor
- Decisions must not be based solely on opinions of others or global protocols that were designed to guide, not dictate practice (e.g., codes of the profession)

- No one knows all the answers
- None of the tools or techniques available to use is sufficient in every case to arrive at the “right” decision



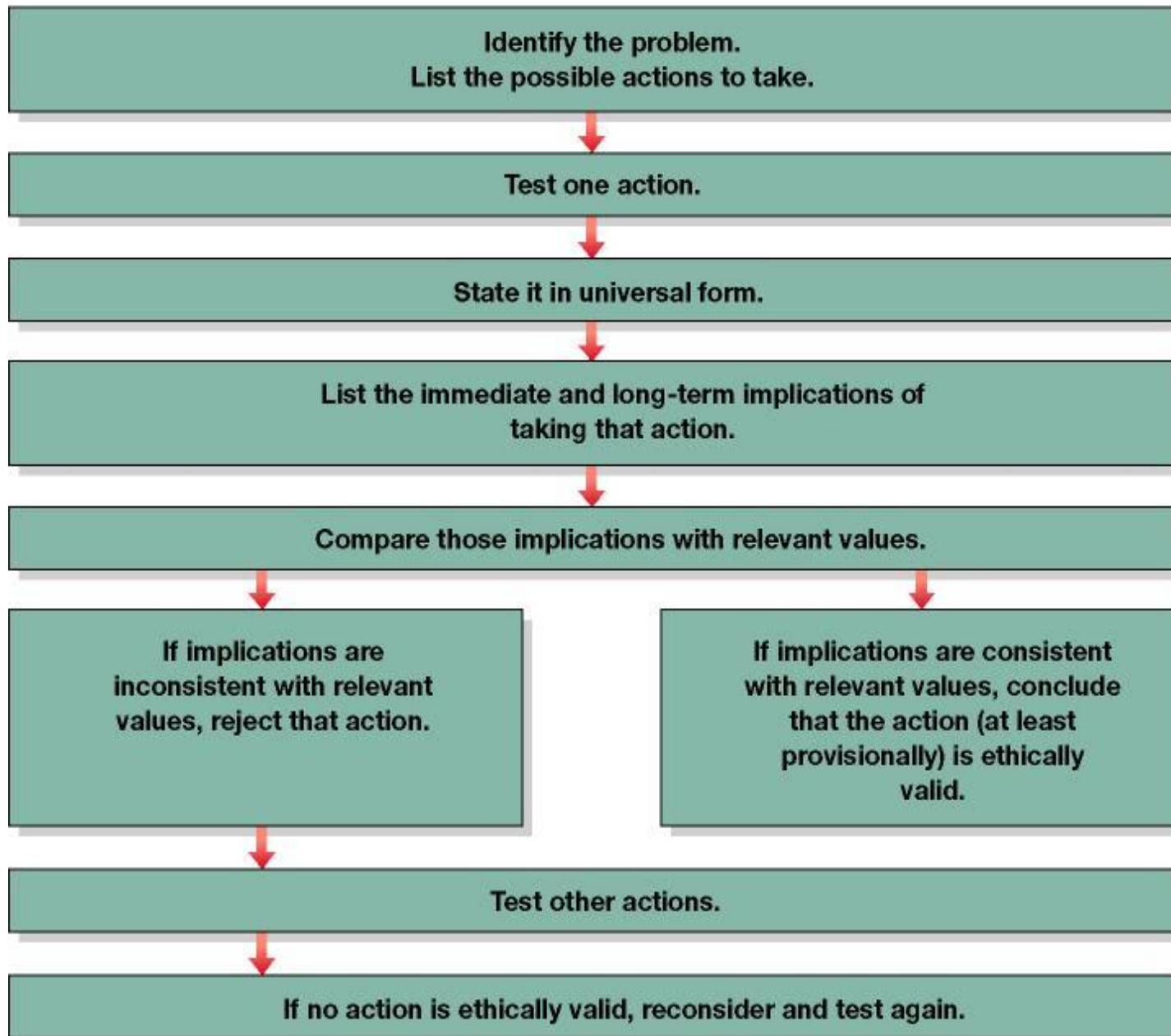
- The single most important question a paramedic has to answer when faced with an ethical challenge is:



What is in the patient's best interest?

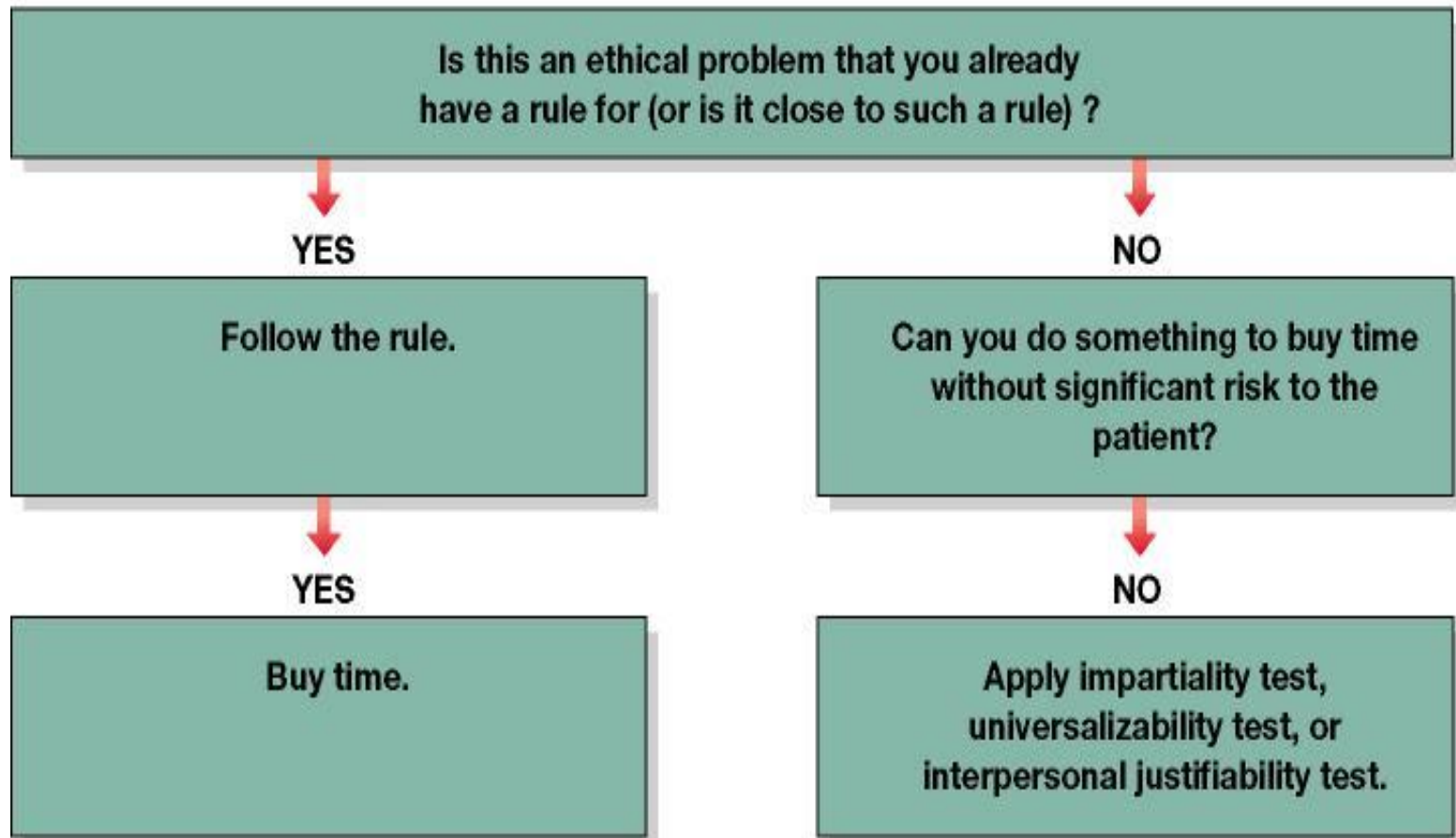
- **Beneficence**
 - The principle of doing good for the patient.
- **Nonmaleficence**
 - The obligation not to harm the patient.
- **Autonomy**
 - A competent adult patient's right to determine what happens to his or her own body.
- **Justice**
 - Refers to the obligation to treat all patients fairly.

Approach to Ethical Decision Making



- **Impartiality test**
 - Asks whether you would be willing to undergo this procedure or action if you were in the patient's place.
- **Universalizability test**
 - Asks whether you would want this action performed in all relevantly similar circumstances.
- **Interpersonal justifiability test**
 - Asks whether you can defend or justify your actions to others.

Quick Approach to New Ethical Problems



- Common settings for ethical issues:
 - Resuscitation attempts
 - Confidentiality
 - Consent
 - Allocation of resources
 - Obligation to provide care
 - Advocacy and accountability
 - Teaching
 - Professional relations
 - Research



- You are working as a new casual. You and your ACP partner respond for a cardiac arrest call. You arrive on scene to find a pulseless 89 y/o M on the couch and his wife is yelling at you to do something. She confirms he is a full code. Your partner directs you to settle the wife in another room while he initiates chest compressions. On your return he is providing very sub-optimal compressions, and advises you not to “try hard”, as efforts will be futile and he is running a “slow code” only to appease the wife. The rhythm was PEA, the code was run for 15 minutes, and then terminated.

- What are the issues here?
- How do you handle this as a new casual employee?

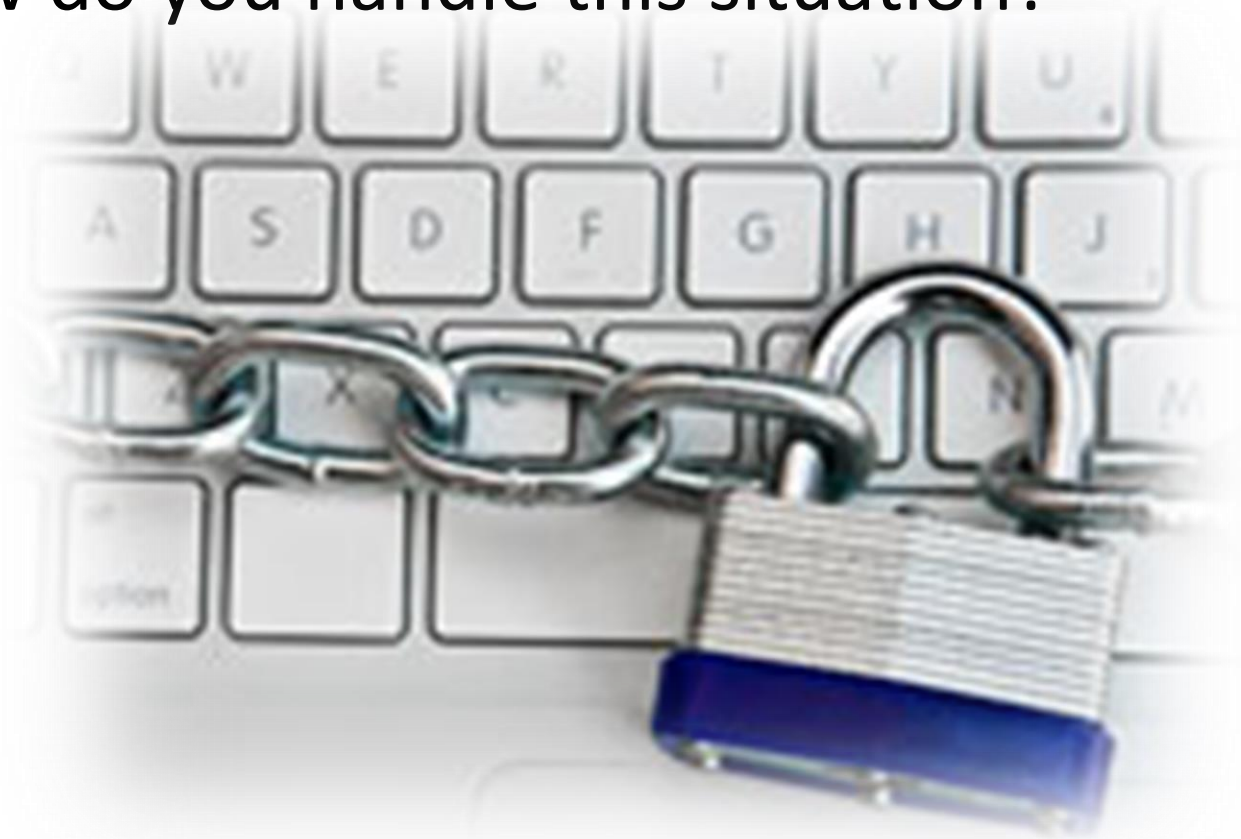


- Do not resuscitate (DNR) orders or Advanced Directives come in various forms
 - Reflect the patients wishes as to whether resuscitation should be attempted and what it includes
 - Some provinces require that they must be seen and verified
 - Applied only to resuscitation scenarios, not living patients
- Patient's values may differ from yours, they may choose a different advanced directive than you would in a similar circumstance.

- Local policies may give guidance around “futile” resuscitation efforts
 - The situation may arise where you must stop a resuscitation that you have already started
- When in doubt, resuscitate

- You are working in triage at a local emergency department. A 28 y/o F was recently brought in by her boyfriend after taking an overdose. She was awake and stable, and brought in to a bed to be assessed. An hour later her parents arrive, they are very concerned and want to know what is going on. Your colleague checks the computer, and informs them that she had taken an overdose, and was presently being assessed by psychiatry so she must be stable.

- Are there any issues here?
- How do you handle this situation?



- Your obligation to every patient is to maintain as confidential the information you obtained as a result of your participation in the medical situation.
- You should not provide any identifying patient information with peers if you are discussing cases for learning or quality maintenance purposes (e.g. M&M Rounds)
- Reporting certain information such as child neglect or elder abuse are exceptions.

- Patients of legal age have the right to decide what health care they will receive.
- Implied consent may apply in cases where the patient is incapacitated or unable to communicate.
- Otherwise “informed consent” is essential.

- Both consent for care, and refusal of care must be “informed”, and the patient must demonstrate decision making capacity to consent or refuse.
- This is legally and ethically mandated.
- If leaving the patient at home, it is especially important that the refusal of care was informed, and that the patient had decision making capacity.
- Document all refusals very carefully.

- You are a PCP student doing your ride time. You arrive on scene for a 64 y/o F with DM, complaining of foot pain. She lives in a low income building, and her apt smells extremely foul and is full of cigarette smoke. Your preceptor crew tell you to go in and assess the foot, they won't be coming in. The pts toe appears infected and gangrenous, and your preceptors in the doorway joke that all they need to care for her is a saw. The pts son overhears this remark, becomes very angry and tells you all to leave. You clear the scene, while your preceptor radios in that the scene became dangerous so they had to leave without the patient.

- What are the issues here?
- How do you handle this as a student?



- Several approaches to consider...
 - All patients could receive the same amount of attention.
 - Patients could receive resources based on need.
 - Patients could receive what someone has determined they've earned.
- Triage is a common field activity that demonstrates one method of allocating scarce resources.
- DO NOT allocate resources differently based on SES, race, gender, etc.

- A paramedic...
 - Has a responsibility to keep their self safe.
 - Has a responsibility to help others.
 - Is obligated to provide care without regard to the ability to pay or other criteria.
 - Has a strong ethical obligation to help others even while off-duty.

- You are working with your regular ACP partner, and called out to see a 68 y/o F who had fallen down a flight of stairs. On arrival the patient is found at the bottom of the stairs in a crumpled pile, confused, bleeding from a scalp lac, and short of breath. You and your partner quickly lift her to her feet and bring her over to sit on the couch for further assessment. At that moment you realize the patient really requires spinal precautions. As your partner tells you he is going to get the oxygen, you ask him to bring the board and collar. He states twice this is not necessary, and returns with just the oxygen.



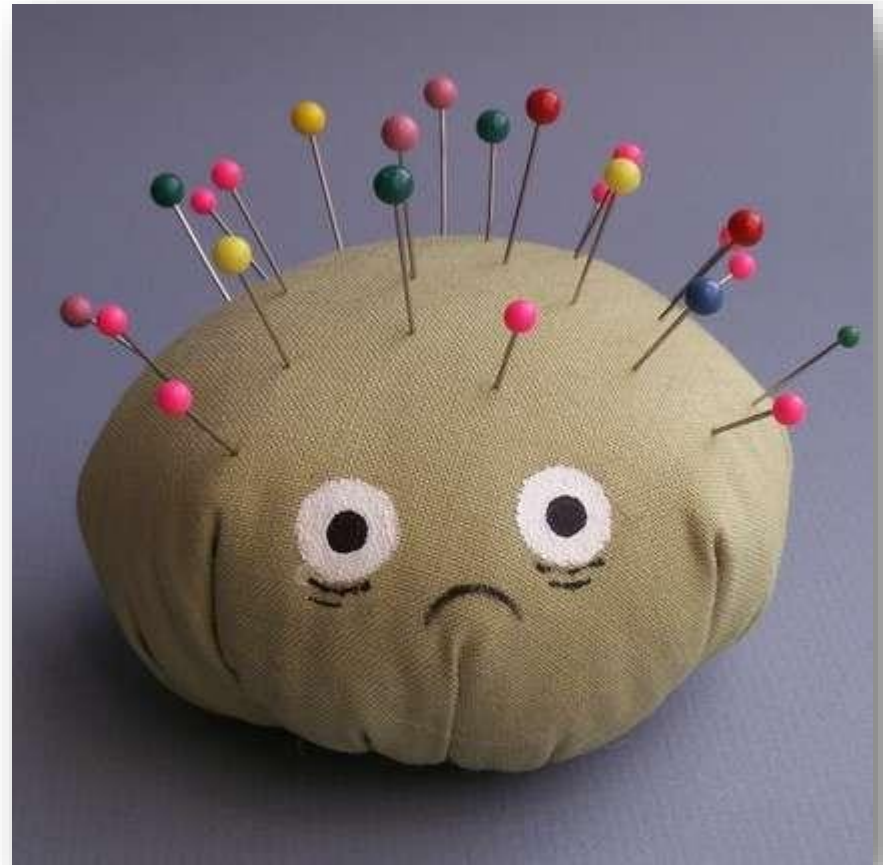
- What are the issues here?
- How do you handle this?

- Paramedic serves as patient advocate while providing care
- Always have the patients best interest in mind.
- Sometimes you have to stand up for what you know is right, while partners, coworkers, etc may be wrong and not know it.



- You are doing your ride time as a PCP student, and while on shift the opportunity arises to obtain a procedural competency that has been difficult to obtain. You debate not telling the patient you are a student just in case they refuse to let a student care for them. Do they have the right to refuse? Also, assuming they give consent for your care, how many attempts are reasonable for you to take (e.g. IV insertion)? Are there any ethical issues here re “practicing on patients”? Would you want a student learning on you? If so, under what conditions?

- Two possible ethical questions are raised when a student is caring for patients:
 - Whether or not patients should be informed that a student is working on them
 - How many attempts a student should be allowed to have in performing an intervention



- To avoid conflict:
 - Clearly identify students as such.
 - The preceptor should, when appropriate, inform the patient of the student's presence and obtain the patient's consent.
 - Take the student's experience and skill level into account and have a pre-determined limit identified for the number of attempts at a procedure.

- You are a PCP who has gained a lot of experience and is getting interested in research. You have noticed from your work & readings that perhaps there are some better ways to do things. You become aware of “drug Z” being used in the ED for nausea and vomiting and wonder whether we could do a study trialing that drug in the prehospital setting. Are there any ethical issues to consider as you draft your proposal?

- EMS research is essential for the advancement of EMS.
- This is where scope expansion and adjustments come from, studies are done to “test” ideas/interventions as to whether they work or not.
- Strict rules and guidelines must be followed when conducting patient care-related studies.
- Gaining the patient’s consent is paramount.

- A paramedic answers to:
 - The patient
 - The public
 - The physician medical director
 - His employer.
- Sometimes conflict arises out of such relationships.
- Decisions should be:
 - In the patient's best interests
 - Based on sound judgement
 - Everyone makes mistakes, but there should be
 - Defensible rationale for decisions.
 - Supported with clear documentation of rationale.



- Are there ethical concerns here?
- Are there any concerns for patient safety?
- What are your obligations to your partner?
 - The public?
 - Your employer?
 - Your medical director?
- How would you proceed if you were Jill?

- General approach to concepts in ethical care.
- Case reviews in common settings and themes:
 - Resuscitation attempts
 - Confidentiality
 - Consent
 - Allocation of resources
 - Obligation to provide care
 - Advocacy and accountability
 - Teaching
 - Research
 - Professional relations
- Any questions/concerns?