

Ethics in EMS  
By Lynn Wallis, EMT-P

Lesson preparation and task:

- Research the topic for the lesson
  - Prepare a review of the topic
- Prepare a post test for the material learned
- Prepare the review for the computer based FTO CE

Equipment needed:

- Station computer with internet access
  - CE answer sheet

Lesson objectives:

At the end of this lesson, the student should be able to:

- Define ethics.
- Define morals.
  - Define law.
- Understand the proper self questions to determine if the treatment is ethical
  - Understand the EMS code of ethics

# ETHICS in EMS

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Scenario 1: Your patient is a 29 year old male with a well known history of Narcotic drug abuse. The patient has been transported weekly by your station for drug abuse and the complications of that abuse. He also has a history of numerous “painful complaints” in order to get pain medications. When you get to the residence today the patient states that he has been having chest pain for the past hour. He also states that he has been nauseated and short of breath. He states that he needs some pain medications to “make the chest pain go away”. You take the patient to the unit and perform a 12 lead which shows some possible ischemia but no ST elevation. The patient states that the pain is the worse pain he has ever felt in his life and begs for narcotic pain medications. What do you do?

Scenario 2: You have a paramedic student who has been riding with you and your partner for the past month. He is doing alright with most of his skills but has had some problems with his IV skills. You just picked up a patient who has non traumatic hypovolemia from not eating or drinking because of having “the flu”. The student is getting prepared to attempt an IV when the patient asks you who the student is, what his qualifications are, and if he is a “good stick”? What do you do?

Scenario 3: Using the same situation as above, the student has attempted 2 IV sticks with no success. The patient is becoming noticeably agitated and nervous. The student looks at you and asks for one more attempt because he is sure that he will get the next IV in place. Do you allow the student to attempt the next stick or do you take over?

All three of the above scenarios pose ethical questions related to prehospital care and treatment. At times it is difficult to determine the difference between what is ethical and what is moral. Here are the definitions of morals and ethics as defined by The Department of EMS Professions at Temple College:

**Ethics:**

Generally refers to the rules or standards that govern the conduct of members of a particular group or profession.

**Morals:**

Generally considered to be the social, religious, or personal standards of right and wrong.

Another definition that we must explore is the definition of law. Here is the definition by Merriam – Webster Online Dictionary:

**Law:**

(1): a binding custom or practice of a community: A rule of conduct or action prescribed or formally recognized as binding or enforced by a controlling authority

(2): the whole body of such customs, practices, or rules

What is legal should be enforced in all situations. We must look to the law for guidance when developing methods to honor advanced directives to limit resuscitation or to implement policy regarding involuntary transport of dangerous patients. But, we must also remember that legal guidance does not provide an answer to every situation that may arise. In the prehospital setting, there are many situations that have not been addressed by statute or case law. Also, the law may be ambiguous, so no clear guidance is offered, or it might be very specific, applying only to cases with substantially similar circumstances. We also must remember that the law does not address the breadth of ethical imperatives which obligate Emergency Medical Services. Finally, the law may not reflect ethical behavior. An example is that case law has stated that a person who knows how to swim has no legal obligation to rescue a drowning child. Failure to follow what is defined by the law could possibly lead to litigation for negligence, abandonment, or standard of care issues.

There is often some overlap between ethics and morals. Morals and personal beliefs of right and wrong behavior often influence our ethic development. Ethics also help shape our legal views, but all remain separate issues. Your personal beliefs may state that a person who abuses a child does not deserve to be transported to the hospital for chest pain that began while he/she was being arrested. But legally and ethically the person has the same right to medical care that any other person has. The same would also apply to religious beliefs in medicine. Some religions refuse certain medical treatments because it is against their beliefs even though you feel that the treatment would be beneficial to the patient's health and survival. In all situations you should respect (within the law) the wishes of the non-impaired patient

The American Heritage Dictionary of the English Language, Fourth Edition, defines ethics as:

**1. Ethics**

a. A set of principles of right conduct.

b. A theory or a system of moral values: "*An ethic of service is at war with the craving for gain*" (Gregg Easterbrook).

2. Ethics (*used as a Sing. verb*) the study of the general nature of morals and of the specific moral choices to be made by a person, moral philosophy.

3. **Ethics** (*used with a sing. or pl. verb*) the rules or standards governing the conduct of a person or the members of a profession: *medical ethics*.

4. **Ethics** (*used as a noun*) a set of values based on the moral virtues of hard work and diligence.

We as EMS have an ethical obligation to the community. When we (EMS) hold ourselves out to the community as an emergency response network, we are assuring an important ethical obligation. We have the duty to respond regardless of the patient's income or social position. Care must not be limited unfairly to any specific group or class of people. Financial concerns do dictate the resources available, and often set the community level of prehospital care. Financial limitations do not necessarily present an ethical dilemma. The duty of a system is to uphold those standards that it sets for itself, whether basic or advanced, and they must be medically acceptable.

One situation that occurs in the EMS system is the decision to resuscitate or not in a cardiac arrest. We will be presented with request to limit resuscitation in many forms. Written Do-Not-Resuscitate (DNR) orders, living wills, clear and unequivocal family request, and a relatives impulsively expressed reservations about life support will be encountered. Acceptable directives must guarantee that withholding resuscitation would reflect the informed wishes of the competent patients.

The American Medical Association has adopted these principles of medical ethics. In most cases, these can be utilized in the EMS field simply by replacing physician with paramedic:

### **Preamble**

The medical profession has long subscribed to a body of ethical statements developed primarily for the benefit of the patient. As a member of this profession, a physician must recognize responsibility to patients first and foremost, as well as to society, to other health professionals, and to self. The following principles adopted by the American Medical Association are not laws, but standards of conduct which define the essentials of honorable behavior for the physician.

### **Principles of medical ethics**

- I. A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.
- II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character and competence, or engaging in fraud or deception, to appropriate entities.
- III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.
- IV. A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

V. A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

VI. A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

VII. A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

VIII. A physician shall, while caring for the patient, regard responsibility to the patient as paramount.

IX. A physician shall support access to medical care for all people.

Adopted by the AMA's House of Delegates June 17, 2001.

As we struggle with ethical dilemmas there is a simple set of questions and statements that we should consider when making the decision regarding ethical treatment. If you do this on all patients it will greatly reduce the ethical conflicts that you encounter:

1. Beneficence - Am I doing what is in the best interest of the patient? (*Salus aegroti suprema lex.*)
2. Non-maleficence - My first rule is "do no harm". (*Primus non nocere.*)
3. Autonomy – Remember that the patient has the right to refuse or choose their treatment. (*Voluntas aegroti suprema lex.*)
4. Justice – Am I utilizing the proper distribution of health resources, and making the right decision of who gets what?
5. Dignity – Remember that the patients (and the person treating the patient) have the right to dignity.
6. Truthfulness and honesty – I should remember that the patient should not be lied to, and deserves to know the whole truth about their illness and treatment (though certain exceptions are made for the proper use of placebos.)

Other questions that you should ask yourself:

### **Would you agree to the same thing if you were the patient?**

This question should be asked anytime you are performing a treatment to a patient. Here are just a few examples.

If you were the patient:

Would you want a 14 ga angiocath placed in the back of you hand if not necessary?

Would you want to be sedated, paralyzed, and intubated prior to attempting less invasive treatments if not immediately necessary?

Would you want to have an ammonia inhalant placed in your oxygen mask to prove that you were not unconscious?

Would you want to have your chest exposed with the back door of the unit open to perform a 12 lead ECG?

Would you want the EMS crew to come in your house, treat your low blood sugar, and then tell you that you are now fine and do not need to be evaluated at the hospital?

You were participating in a sporting event and severely twist your ankle and decided not to call an ambulance because you felt that it was just sprained, went home and treated the pain with over-the-counter medications and took a nap, and then when you awoke 4 hours later you find that your foot is swollen twice the normal size and you can not walk on the foot, call an ambulance, and then be told by the responding crew that you will have to walk to the front porch or to the unit because otherwise we will have to carry you! Or that there is nothing wrong and it was just a waste of resources for you to go to the hospital by ambulance when you were able to drive yourself home earlier! Would you want to be treated like this?

If you answer no to any of these questions then you should not be performing this treatment or acting in this fashion on any patient at any time.

**Would you want this performed in all similar and future circumstances?**

Using the 14 ga angiocath as an example again, if you start it in the back of the hand of a 19 year old patient who irritated you because he/she was intoxicated, MHMR, or uncooperative are you also going to start the same IV on the 90 year old grandmother with Alzheimer's who fell and broke her hip or the 12 year old asthmatic who is combative because of hypoxia?

If you are not, then you should not perform this treatment anytime!

**Can you defend or justify your actions to others?**

If you find yourself needing to defend or justify your actions on a regular basis then you possibly need to re-evaluate your actions and determine if what you are doing is ethical and in the best interest of the patient! If you find yourself performing advanced skills because you can and not because the patient needs it you should evaluate the reason that you are doing this and see if it is truly ethical.

The National Association of Emergency Medical Technicians has developed its own code of ethics that we should live by:

**EMT Code of Ethics**

Professional status as an Emergency Medical Technician and Emergency Medical

Technician-Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician. As an Emergency Medical Technician-Paramedic, I pledge myself to the following code of ethics:

A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

The Emergency Medical Technician provides services based on human needs, with respect for human dignity, unrestricted by nationality, race, creed, color, or status.

The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well being.

The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of its professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System.

The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional services, does so with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician.

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to appropriate authority in a proper and professional manner.

Written by: Charles Gillespie, M.D.

Adopted by: The National Association Of Emergency Medical Technicians, 1978.

Ethical issues are seldom easy to resolve. Often, there is no previous experience with the situation to provide precedence. There is quite often no easy right or wrong decision. All information should be heard and evaluated in an ethical fashion to make the appropriate decision. If you will look at the situation from the patient standpoint and determine the proper approach and treatment then the chances are that you will be performing ethical care of the prehospital patient.

Sources:

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