

Some Ethical Issues in Prehospital Emergency Medicine

Hastane Öncesi Acil Tıpta Bazı Etik Konular

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SUMMARY

Prehospital emergency medical care has many challenges including unpredictable patient profiles, emergency conditions, and administration of care in a non-medical area. Many conflicts occur in a prehospital setting that require ethical decisions to be made. An overview of the some of ethical issues in prehospital emergency care settings is given in this article. Ethical aspects of prehospital emergency medicine are classified into four groups: the process before medical interventions, including justice, stigmatization, dangerous situations, and safe driving; the treatment process, including triage, refusal of treatment or transport, and informed consent; the end of life and care, including life-sustaining treatments, prehospital cardiopulmonary resuscitation (CPR), withholding or withdrawal of CPR, and family presence during resuscitation; and some ambulance perception issues, including ambulance misuse, care of minors, and telling of bad news. Prehospital emergency medicine is quite different from emergency medicine in hospitals, and all patients and situations are unique. Consequently, there are no quick formulas for the right action and emotion. It is important to recognize the ethical conflicts that occur in prehospital emergency medicine and then act to provide the appropriate care that is of optimal value.

Key words: Ethical conflicts; ethics; prehospital emergency medicine.

ÖZET

Hastane öncesi acil tıp, öngörülemeyen hasta profili, acil durumlar ve tıbbi olmayan bir alanda sağlık hizmeti veriliyor olmasından ötürü çeşitli sorunlar içermektedir. Pek çok ikilem ortaya çıkmakta ve bu türden ikilemlere etiği ilgilendiren kararlar vermek gerekmektedir. Bu çalışmada genel bir çerçeve dahilinde, hastane öncesi acil tıp alanında ortaya çıkan bazı etik konulardan bahsedilmektedir. Bu bağlamda konu dört ana başlık halinde ele alınmıştır: (1) Tıbbi müdahale başlamadan önceki süreçle ilişkili etik konular; acil sağlık hizmetinin adil dağıtımı, damgalanma, tehlikeli durumlara müdahale ve güvenli sürüş, (2) tedavi sürecindeki etik konular; triaj, tedavi ya da nakil reddi, aydınlatma ve onam alma, (3) yaşam sonu ve yaşam sonu bakımla ilgili etik konular; yaşam destek/sürdürme tedavileri, kardiyo-pulmoner resüsitasyon (CPR), resüsitasyona başlamak ya da onu sürdürmemekle ilgili konular ve (aile) tanıklı resüsitasyon, (4) ambulans hizmetleriyle ilgili sosyal algı ile ilgili konular; ambulans (kötüye) yanlış kullanımı, çocukların acil tıbbi tedavisi ve kötü haberi verme. Hastane öncesi acil tıpta; her bir hasta ve onunla bağlantılı süreçler kendine has olduğundan dolayı, tıp etiğini ilgilendiren konularla ilgili daha iyi bir eylem ve duruş için, önceden hazırlanmış bir takım davranış formülleri vermek olanaksızdır. Hastane öncesi acil tıpta önemli olan, etik sorunun farkına varmak ve etik açıdan en az değer harcayan eylemi tercih edebilmektir.

Anahtar sözcükler: Etik sorunlar; etik, hastane öncesi acil tıp.

Introduction

Medical care is based on many applications and occurs between health care providers and patients. In this process, many value choices, including ethical ones, can be made instinctively based on individual beliefs, commitments, and habits.^[1] However, in some cases, patients and physicians may disagree on certain values, and ethical problems arise.^[2]

Emergency medical care is a crucial part of hospital-based care. The things that make it different from other areas of medical care include the necessity to react quickly, restricted time to consider medical and ethical aspects of the case or situation, and an absence of prior knowledge about the patients.^[3] Obviously, it is very difficult to think through every aspect of the situation in a short period of time. Prehospital

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emergency medical care has many different characteristics, including unpredictable patient profiles, emergency conditions, and administration of care in a non-medical area. Additionally, it is a team-based process.

This article addresses general ethical issues, especially conflicts that occur in prehospital emergency medicine that are not situations that might differ by country. Prehospital care is delivered by emergency physicians in some countries and by emergency medical technicians or nurses in others. It should be stated that the term "prehospital emergency caregivers" (PECs) is used in this article to refer to any physicians, emergency technicians, nurses, or paramedics. Many of the conflicts occur in the same way across countries and require an ethical decision to be made. It is high time to turn attention to the ethical issues in prehospital medicine. The following overview describes the range of ethical conflicts that occur in prehospital emergency care settings; however, it avoids attempting to try to solve the conflicts. In the context of operation of the ambulance dispatch system, ethical issues can be classified into four categories:

- 1- Process before medical interventions
- 2- Treatment process
- 3- End of life and care
- 4- Perceptions of using/misusing the ambulance.

1. Ethical issues related to the process before medical interventions:

a. Justice: Justice is a primary ethical principle that expects caregivers to try to be as fair as possible to the patients.^[1] It comes into conflict particularly when there are many emergency calls and not enough ambulances. Justice may not be straightforward in the situations such as scarce medical resources. Justice is primarily an issue related to the emergency dispatch call center. The cases in which a preference is involved also raise ethical concerns.

b. Problems associated with finding an address: Finding an address in a short period of time requires a strong and effective technical support infrastructure. Indeed, there is no point in having the best medical knowledge, skills, or ambulances if a patient cannot be reached in time. The prognosis of the emergency case can be affected by this delay. Thus, it is important to have a strong and effective technical support for prehospital emergency care so as not to delay treatment of emergency patients. It might appear to be simply a basic technical issue, but it is truly an important ethical issue related to the basic principle of beneficence/nonmaleficence as well.

c. Stigmatization: Stigmatization in prehospital settings occurs in relation to individuals' diseases, locations, and the social or cultural criticism that may accompany them. Stigmatization occurs socially and culturally in PECs' minds before any medical interventions. Examples include administering care to alcoholics, drug addicts, sex workers, and terminal cancer patients. Before first contact is made, stigmas and prejudices held by PECs can affect the care administered in prehospital emergency medical care. It is an ethical conflict for PECs whether or not to act in accordance with a perceived stigma.

d. Interventions in dangerous situations: Some prehospital settings pose dangerous conditions for emergency teams. These settings include war zones, traffic accidents, and areas at risk of fire or explosions. These situations, which put an ambulance crew at personal risk, raise ethical conflicts. The crucial question is whether or not PECs should risk their own lives for injured individuals.^[4] One ethical dilemma is whether or not the duty of emergency care includes placing oneself at risk. It is a crucial question for prehospital emergency settings, and whatever the answer, it could include very important ethical issues /conflicts.

e. Safe driving: It is important to drive an ambulance in accordance with general traffic rules. In the class of a mid-size car, an ambulance must be driven within the speed limits in a safe manner. There are many studies about the effects of siren and light usage in relation to the time of arrival to the hospital.^[5] Someone who is speeding while driving to act on behalf of the patient risks their own safety and health as well as the patient's. Such a situation is much more related to altruism, which is an ethical term. It is not easy to justify because the PECs should ensure their own safety.^[4,6]

2. Ethical issues which are related to the treatment process:

a. Beneficence/nonmaleficence: As a basic principle for all medical practice, beneficence/nonmaleficence is also clinical in medical emergencies. The arising ethical conflict is the issue of what is better for the patient. PECs are supposed to act for the benefit of the patient.^[7] But what about (or to whom) the beneficence of the patient? What is the beneficence? Is it just a medical beneficence? It is the value of professionalism and responsibility of PECs to be aware of individuals' psychological and emotional state.

b. Triage: Triage is one of the most important ethical issues of emergency medicine.^[7,8] In this article, two basic approaches on this issue have been mentioned, and extensive evaluations have been referred to in other studies. The main issue is the evaluation and selection criteria. Most education systems emphasize maximum benefit. However, it is very

difficult to standardize the meaning of “maximum benefit”. Does maximum benefit prioritize the age of the patients, calculated life expectancy, or contribution to society? Is it just the sheer number of patients saved? As demonstrated, the selection and evaluation process during triage contains many ethical conflicts.

Thus, this area needs more information and discussion; maximum beneficence is one of two approaches, while the other is to give each patient an equal chance in emergency situations.^[9] The first approach focuses on result while the second puts an emphasis on intention.

c. Refusal of treatment: In a case of refusal of treatment, PECs face ethical conflicts addressing two basic principles: beneficence and respect for patient autonomy.^[10] The main point of this conflict is assessing the patient’s decision-making capacity. However, there is no point in assessing the patient’s capacity if you do not administer care. It is the critical zone in emergency medicine, but PECs are not required to assess the decision-making capacity of the patient. It is difficult to properly assess this capacity in a short period of time.

However, the presence of advance directives might make conflicts easier to resolve, but it should be remembered that the status of advance directives is not described clearly in many countries.

d. Refusal of transport to hospital: When patients do not want to go to the hospital, it creates an ethical conflict between the patient’s desire and the duty of PECs. The patient may believe that it is probably not necessary to go to the hospital. The patient perceives an easy solution with medical interventions at home; however, the emergency crew might not agree with that solution.

e. Irrational requests of relatives (or bystanders): The ethical responsibility of a health professional is not only in regards to him- or herself and his or her patients, but also the professional value. For example, a relative might irrationally request an unnecessary ambulance ride or refuse treatment for their relative. It is a conflict that arises between the patient’s best interest and PECs’ professional roles.^[11]

f. Dealing with difficult patients: The term “difficult patient” refers to two meanings here: those who are intoxicated (by alcohol or drugs), or those who are terrified, obstinate, or agitated. These two main reasons may cause difficult patient cases: the patient is aware of being in a non-hospital environment and therefore acts override of the formal pressure of health care systems; or the patient is anxious/nervous as a result of his/her illness. Effective communication skills are necessary to deal with these patients. Being aware of the patient’s point of view is important in this instance.

g. Relationships within the crew: Prehospital care personnel are expected to work together, ignoring real or imagined differentiations and egos.^[6] Some differences in opinion about the emergency patient or the process can lead to ethical conflicts in the crew. Additionally, some cases with structure of personality of health care professionals can cause the similar conflicts. It is about the best interest of the emergency patient, and it could be affected by many individual or professional factors. For example, ambulance nurses act according to how they would want to be treated in the same situation.^[12]

h. Relationship between other care professionals: Different care professionals could be in conflict about what it is in the best interest of the patient.^[13] PECs might think it is best for the patient to be transported. However, somebody in the hospital care system may not agree with them. Prehospital emergency needs and hospital needs could be in conflict. It is worth mentioning that sharing the responsibilities and identifying a novice or experienced actor are the main determinants of conflicts.

i. Informed consent: Informed consent is one of the most common ethical issues and conflicts encountered by PECs.^[14] It is a valuable professional practice when the patient can make his/her own health care decision. But in some prehospital settings, the patient is not in a situation that facilitates this decision. Therefore, two questions arise:^[4] “When do patients lack capacity?” and “Who makes the decision?”

The competency of the patient is important with regards to informed consent. A patient not only needs to be competent to make a decision, but also to have enough time to be informed properly. Unfortunately, as is the case in many prehospital settings, there is insufficient time or unsuitable conditions for informed consent. A medical emergency is an exception to the requirements of informed consent.^[1] This is based on the presumption that a reasonable patient would consent to such kind of treatment. The conflict arises over whether the case should be an exception, and whether or not the patient is a reasonable person.

j. Decision-making capacity: This is also related to informed consent. After some emergencies, the patient is unable to make his own decision, and PECs must be aware that the patient has an impaired decision-making capacity. Assessing the decision-making capacity is quite difficult and complicated in prehospital settings.^[15] Physicians are frequently unaware of a patient’s incapacity for decision making.^[16] This difficulty further complicates the situation for non-physician emergency health care professionals.

k. Patient privacy and confidentiality: Prehospital emergency settings may involve a patient’s home or place of work. In

these cases, PECs need to pay more attention to the privacy and confidentiality of the patient. PECs need to maintain privacy with regards to the individual's health information, privacy, physical condition, private life, and lifestyle.^[17] This principle also applies to the rights of a person who died (or is newly dead). Due to variations in perception changing from person to person about privacy and confidentiality, ethical challenges result in ethical conflicts in prehospital emergency medicine when considering patient privacy.

l. Telling the truth: Like other health professionals, PECs are expected to be honest with patients. However, they face a conflict between the implication of the truth and the patient's best interest. When time is of the essence and the patient is critically ill, it is more important to administer medical care than to explain the procedure to the patient, even if the PEC is unsure of whether the patient will look upon the procedure favorably. It is a slippery slope. It is rationalized that a reasonable person would consent to treatment, and a delay (because of being told about the procedure) in treatment would lead to death or serious harm.^[18] This is not just an ethical issue but a legal one as well; thus, PECs should be aware of the legislation in their countries.

3. Ethical issues related to the end of life and care:

a. Terminal stage patients: The word "terminal stage" is commonly used for patients with cancer; however, this article uses this term for all patients who are near death or severely ill. Therefore, it is also a difficult period for patients, caregivers, and relatives. Prehospital emergency care is sometimes necessary for terminal stage patients. In these cases, effective communication skills are as important as medical care. The difference between the expectations of the patient (as well as relatives) and provided health care may be greater than expected. Obviously, this is a very difficult ethical issue, and the conflicts should be regarded as usual when there are lots of expectations and people but fewer things to do. However, rich and sensitive dialogue is needed so that all dying patients and their families receive quality end-of-life care.^[19]

b. Life-sustaining treatments: In terminal care, physicians' experience and training, as well as personal life-values and attitudes, markedly influence their decision making processes.^[20] It depends on the perception of the duty of life-sustaining care in prehospital emergency medicine. However, further discussion is needed on the role of medicine-especially emergency-at the end of life.

c. Initiation of prehospital cardiopulmonary resuscitation (CPR): These are the patients with the potential for long-term survival; however, it is infrequently determined at an early stage. The medical decision in such situations must be made within seconds. If patients are to benefit from resuscitation,

they could regain consciousness and their life activities.^[21] Although there are standardized signs of death, appropriateness of resuscitation is important. There are also characteristics of both patients and the attending ambulance crew that affect the likelihood of resuscitation attempts.^[22]

Making the initiation of prehospital CPR more ethically complex is a Do-Not-Resuscitate (DNR) order. DNR has no basis towards making decisions about the current treatment but only avoids resuscitation.^[23] DNR conflicts are one of the most frequent dilemmas reported by emergency medical technicians.^[24]

When confronting these challenges, the majority of the paramedics relied heavily on the advice of medical experts, but some had to make more autonomous decisions.^[25] In general, if there is any doubt about the appropriateness of withholding resuscitative attempts, CPR should be initiated.^[26]

d. Withholding or withdrawal of CPR: In a prehospital setting, the decision to withhold or withdraw CPR is principally based on reliable criteria that include obvious clinical signs of death, evidence of cardiac death, or fatal trauma. However, in some ambulance services there are no doctors in the crew, and evaluating the signs of death is a duty of paramedics. This poses the first conflict in prehospital CPR.

The second is the termination of CPR. Generally, CPR is terminated after 30 to 45 minutes if it has been unsuccessful.^[27] However, is it appropriate to make any suggestions about the end-of-life process which are not only medical, but also social and cultural? Families are comfortable accepting termination of unsuccessful out-of-hospital cardiac resuscitation.^[28] An individual situation is affected by many things, including the age of the patient, ongoing or coexisting disease, the reason for the CPR, resource and continuity CPR efforts, and response to CPR.

e. Futile CPR: Futile CPR is defined as a failure to save a life by means of CPR. PECs rarely terminate resuscitative efforts, and most continue to perform it in situations they consider futile.^[29] PECs do not always act in accordance with their ethical convictions. The main reason is that their personal beliefs do not always match internal or external procedures.^[25] However, the determination of futility should be based on physiological outcome criteria, not on value-based criteria. In some cases, expectations and pressures from the prehospital environment in which PECs are working while being observed by other people (especially someone close to the patient) could direct the PECs to perform futile CPR.^[12] It has been argued that it is an acceptable moral practice to signal that everything possible has been done, which helps to enable the grief of significant others to be properly addressed.^[30]

f. Family presence during resuscitation: Family presence has become a part of everyday life in emergency departments of hospitals. Patients' families have reported benefits from being present during resuscitation and invasive procedures.

^[31] It is accepted as an important necessity in some cultures.

^[32] In prehospital settings, family presence during resuscitation is one of the ethical conflicts.

4. Ethical issues related to some perceptions of using/misusing the ambulance:

There are some perceptions related to the ambulance that are not just about prehospital emergency settings. PECs face ethical issues that include misuse of ambulances, care of minors, telling "the bad news", death and the newly dead, child and elder abuse, etc. One of the most challenging situations is the transport for patients without emergency medical conditions.^[33] Emergency medical conditions might change public and PECs. There needs to be a clear definition of emergency medical conditions for general public.

Conclusion

In summary, prehospital settings are much more challenging to health caregivers than the controlled environment of medical departments over emergency rooms. In prehospital emergency medicine, all patients and situations are unique, and the ethical implications are unique to each patient encounter as well. Therefore, there are no quick formulas for the right action and emotion. It is important to recognize ethical conflicts and then act to provide the appropriate care. PECs are expected to have adequate ethical knowledge to make the best a priori decision in difficult cases.

Prehospital emergency medicine is quite different from the emergency medicine in hospitals. Furthermore, the ethical issues of this field are more important, so conflicts are much difficult. In prehospital settings, the more complicated the ethical problem is, the harder finding a solution is. Therefore, it is highly important to establish protocols that address these ethical challenges.

Conflict of Interest

The author declare that there is no potential conflicts of interest.

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