Ethics in EMS

Presented by:

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Objectives

- Define Ethics, Morals and Ethical Dilemmas
- Review of Legal and Ethical Accountability in EMS
- Describe common Ethical Dilemmas in EMS
- Review cases involving possible Ethical Dilemmas
- Review various Legal Documents/Acts in EMS in Ontario
- Discuss solutions to resolve Ethical Dilemmas
A higher priority call comes in while you are at a residence to pick up a patient for a Code 1 scheduled x-ray. If you are close to the call do you let CACC know that you are able to respond?
Ethics, Morals, and Ethical Dilemmas.

**Ethics**: The field relating to right and wrong, duty and obligation, principals and values, and character.

**Morals**: Social standards or customs, or dealing with what is right and wrong in a practical sense.

**Ethical Dilemmas**: A complex situation that often involves an apparent mental conflict between moral imperatives, in which to obey one would result in transgressing another person

(Sanders, McKenna, Lawrence, & Quick, G., 2007)
Retrieved from: (http://en.wikipedia.org/wiki/Ethical_dilemma)
Pole 2

- You are working in a split crew configuration male ACP and female PCP. A female Pt. that has been sexually assaulted and is hypotensive requiring an IV and a fluid bolus. Your female PCP partner is not-IV certified but the Pt. does not want the male ACP to attend. What do you do?
Legal and Ethical Accountabilities in EMS

Ethics can be broken down into Professional, Legal and Moral Accountability

**Professional:**
- Conform to standards based on certification level
- Accountable to the patient, medical director, EMS service and public
- Commitment to patient care, CE, skill proficiency, and certification
- Paramedic is accountable by law to their certification level

(Sanders, McKenna, Lawrence, & Quick, G., 2007)
Legal and Ethical Accountabilities in EMS (cont’d)

Legal:
• Through patient care an assumption of legal accountability is set
• Legal issues often entwine with ethical issues
• Ethics is not synonymous with law
• Some legal decisions may not be ethical
• Always abide by the law when ethical conflicts occur
• Various act(s), standards, directives help to reduce legal action
• PHIPA

(Sanders, McKenna, Lawrence, & Quick, G., 2007)
Legal and Ethical Accountabilities in EMS (cont’d)

• Criminal Code of Canada:

• Section 219 (1): Every one is criminally negligent who
  (a) In doing anything, or
  (b) In omitting to do anything that it is his duty to do,
  shows wanton or reckless disregard for the lives or safety of other persons
(2): For the purposes of this section, duty means a duty imposed by law
Legal and Ethical Accountabilities in EMS (cont’d)

Moral:

- Refers to Personal Ethics
- Personal/Societal values and beliefs
- Personal ethics may shape how a person resolves conflicts
- Emotion may not be a reliable determinate for making a decision
- Decisions should not be solely based on opinions of others
- Once the question is answered it becomes a guideline

(Sanders, McKenna, Lawrence, & Quick, G., 2007)
Common Dilemmas in EMS

- Paramedics will face ethical dilemmas in the course of their career
- Most dilemmas with the patients right to self-determination
- Some deal with the paramedics duty to provide care
- Autonomy and latter of beneficence
- Use a rapid approach to the medical problem
- Some questions to think about:
  1. What’s in the patients best interest? (i.e. destination policy)
  2. What are the patients rights? (i.e. DNR Confirmation form)
  3. Does the patient meet the aid to capacity? (ACR Aid to Capacity)
  4. What is the paramedics professional, legal, and moral accountability?

(Sanders, McKenna, Lawrence, & Quick, G., 2007)
Case 1

You are sent Code 4 for a possible VSA patient. You at a residence to find the Fire Department performing CPR with their AED attached. They inform you that they have been performing CPR for 6 minutes and have had 2 shocks delivered. You attached your defibrillator and continue with the resuscitation efforts. The patients spouse tells you that he didn’t want any heroics and to stop the resuscitation effort. When you question the spouse (wife) about a DNR Confirmation Form she produces a living will.

What do you do?
Case 1

1. Stop resuscitation as per the wife's request?

2. Continue with the resuscitative efforts and transport the patient?

3. Perform a Base Hospital Patch for advice?

4. Call for a supervisor to assist on scene?
• The BLS-PCS states:

This policy DOES NOT APPLY to orders or directions given by a family member or other person in settings or situations outside of this policy, nor does it cover other types of Do Not Resuscitate situations which are not within the scope of this policy.
Case 2

You are sent Code 4 to a residence for a patient experiencing chest pain. You arrive to find a female patient in obvious distress and provides a full SAMPLE history which includes an MI with previous nitroglycerine use. You complete your assessment and start to treat your patient under your Cardiac Ischemia Medical Directive. She is STEMI negative. When you are preparing to extricate the patient you inform her that you will be taking her to the closest Emergency Department. The patient informs you that she wished to be transported to the hospital where she had her PCI performed which is another 20km difference in travel.

What do you do?
Case 2

1. Transport the patient to the PCI Centre as she requested?

2. Transport the patient to the closest Emergency Department?

3. Have a conversation with the patient and explain all risks involved?

4. Perform a Base Hospital Patch for advice?
The BLS-PCS Manual States:

Make a decision regarding receiving facility and initiate transport as directed by:

- An Ambulance CACC officer (or)
- An attending physician with CACC confirmation (or)
- A Coroner with CACC confirmation (or)
- A BHP (or)
- A Midwife with CACC confirmation (or)
- Approved local transfer guideline (or)
- The Patient with CACC approval

In the absence of direction, transport to the closest facility or the most appropriate ER capable of providing medical care required by the patient
Case 3

You are sent Code 3 for a patient who is unable to thrive. You arrive to find an elderly male patient that has been short of breath and fevered. The patient presents with poor hygiene, his home is in disrepair and has weakness. The patient also presents hypotensive. When you advise the patient of your treatment and transport decision the patient states that he does not want to go the hospital.

What do you do?
Case 3

1. Transport the patient against his wishes?

2. Have patient sign refusal of service and leave?

3. Use whatever means necessary to convince patient for need of care?

4. Perform a Base Hospital Patch for advice?
General Standard of Care Patient Assessment- Historical Assessments: (BLS 1-5)

- States that the paramedic will:
  - Establish the chief complaint
  - Elicit history of present illness or incident
  - Question the patient directly; others at scene
  - Seek medical or other identification
  - Observe patients behavior
  - Request/collect information on allergies, medications and other relevant past medical history
  - Make scene observations
States that the patient is presumed to have the capacity to refuse treatment and or transport unless the paramedic has reasonable grounds to believe otherwise based upon:

- Confused or delusional thinking
- Unable to make a settled choice
- Severe pain, acute anxiety or fear
- Judgment impaired by drugs or alcohol
- Other observations causing concern
You are sent code 4 to a residence for an infant with possible burns. You arrive to find “Dad”, holding a 9 month old boy in his arms. The infant is screaming and dad tells you that “he was boiling water in a pot when it tipped over and spilled onto both of the infants feet. Upon examination you see that both feet have possibly second degree burn blisters that cover them in their entirety. You see a demarcation line just above the ankle on both sides. You dress the wounds according to BLS standards and begin prepare for transport. The “Dad” is very protective of the child and questions everything that you are doing. He wants to accompany the child in the back of the ambulance. You suspect that this infant may be a victim of abuse.

What do you do?
Case 4

1. Confront the “Dad” and threaten to boil his feet?

2. Transport the infant to the hospital and relay the story to the ER staff?

3. Notify ER staff, and Children's Aid Society?

4. Question “Dad” more regarding the spilled pot?
The BLS-PCS Manual states:

- Make no accusations, comments about suspicions
- Transport the child in all cases
- Report suspicions of child abuse to receiving hospital staff and directly to the Children's Aid Society

If you feel that child abuse has occurred it is not sufficient to report your suspicions to the receiving hospital staff. It is your legal obligation to report your suspicions directly to the Children's Aid Society.
Various Acts/Legislation in Ontario EMS

- Ambulance Act
- Controlled Substances Act
- Coroners Act
- Child/Welfare Act

- BLS-PCS Manual
- ALS Directives
- Criminal Code of Canada
- Highway Traffic Act
References


• BLS Basic Life Support Patient Care Standards. Emergency Health Services Branch, January 2007 Version 2.0, Queen’s Printer for Ontario

• Retrieved from: (http://en.wikipedia.org/wiki/Ethical_dilemma)