

# 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.<sup>[1]</sup> However, in some cases, patients and physicians may disagree on certain values, and ethical problems arise.<sup>[2]</sup>

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.<sup>[3]</sup> 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.<sup>[1]</sup> 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.<sup>[4]</sup> 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.<sup>[5]</sup> 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.<sup>[4,6]</sup>

### **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.<sup>[7]</sup> 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.<sup>[7,8]</sup> 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

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