

The Ethics of Real-Time EMS Direction: Suggested Curricular Content

Jay M. Brenner, MD, FACEP
Associate Professor of Emergency Medicine
SUNY-Upstate Medical University
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Introduction

- Who?
 - Emergency Medical Services (EMS) providers
 - Online medical control physicians, advanced practice providers, and nurses
- What?
 - Ethical dilemmas: 14.4% of paramedic responses
- Why?
 - Limited patient information
 - Rapid important decisions
 - Austere environments

Disclaimer #1

- “Medical care in the prehospital setting is much more challenging than in the controlled environment of the emergency department (ED).”

Disclaimer #2

- “This report falls short of being a full curriculum in that it lacks educational strategies, subject matter sequencing, learning outcomes, and an assessment tool.”

Principles and Theories

Principles

- Autonomy
- Beneficence
- Non-maleficence
- Justice

Duty to Treat

- Personnel and equipment
- Non-discrimination
- Refusal of Treatment
- Priority is clinical
- Improvisation supported
- Safety first



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Figure 1. Rapid Approach to Emergency Ethical Problems.
From: The Rapid Decision-Making Model. Modified from Iserson, et al. *Ethics in Emergency Medicine*, second edition. Tucson, Arizona USA: Galen Press, LTD; 1995. Used with permission.

Ethical Issues

- Protecting Privacy and Confidentiality
- Decision Making Capacity
- Refusal of Treatment
- Withholding of Treatment
- Termination of Resuscitation

Protecting Privacy and Confidentiality

- Physical privacy
- Decisional privacy
- Information privacy
 - Certain wound or injuries
 - Locating a suspect, fugitive, material witness, or missing person
 - Victim of a crime
 - Suspicious death
 - Suspect of a crime

Photography and Videography

- Smart phones are ubiquitous
 - Photographs and videos are not for personal use
 - Exclude Protected Health Information (PHI) including license plates from the screen
 - Consent required for education or research
 - Move patients to private location to prevent bystander recording if possible

Decision Making Capacity

- Assessment
 - Paraphrase
 - Process
 - Plan
 - Put together

1. Knowledge of the options.
2. Awareness of consequences of each option.
3. Appreciation of personal costs and benefits of options in relation to relatively stable values and preferences. Ask the patient <i>why</i> he or she made a specific choice.

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Table 1. Components of Decision-Making Capacity

Modified from Buchanan AE. The question of competence.

In: Iserson KV, Sanders AB, Mathieu D (eds). *Ethics in Emergency Medicine*, 2nd ed. Tucson, Arizona USA: Galen Press, 1995.

RVU

- Reasoning
- Value system
- Understanding

<ul style="list-style-type: none"> ● Denial of medical conditions or possibility of adverse outcomes
<ul style="list-style-type: none"> ● Drug or alcohol intoxication
<ul style="list-style-type: none"> ● Confusion at any point during the interview
<ul style="list-style-type: none"> ● Major trauma involving: <ul style="list-style-type: none"> ○ Head injury ○ Significant blood loss ○ Severe injury
<ul style="list-style-type: none"> ● Frequent reversals of decisions
<ul style="list-style-type: none"> ● Any behavior that suggests the patient is a danger to self or others
<ul style="list-style-type: none"> ● Emotional upset
<ul style="list-style-type: none"> ● Signs of psychosis such as auditory or visual hallucinations
<ul style="list-style-type: none"> ● Distortion of reality
<ul style="list-style-type: none"> ● Fear of legal, economic, or social repercussions

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Table 2. Red Flags that Decisional Capacity May be Impaired

Refusal of Treatment

- Transport should not be delayed due to refusal of treatment if patient agrees.
- Establish rapport
- Talk with the patient
- Offer alternatives
- Medical command
- Physical restraints
- Sedating medications

Withholding of Treatment

- “A layperson definition of a medical emergency may differ from that of a medical provider.”
- Prehospital providers should not refuse or delay care or transport to patients that they perceive to have a non-emergent condition or to be using ambulance services for secondary reasons.

Safety First

- Walkway impediments
- Confined spaces
- Motor vehicle crashes
- Interpersonal violence
 - Physical
 - Verbal
 - Sexual



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Figure 2. Wilderness Medicine Ethical Triangle.
From: Iseron KV, Heine C. Ethics in Wilderness Medicine.
In: Auerbach P. *Wilderness Medicine*, 7th ed. Amsterdam,
Netherlands: Elsevier; 2017:2262-2271. Used with
permission.

Withholding of Resuscitation

- USA: EMS assess > 350,000 out-of-hospital cardiac arrests per year.
- AHA:
 - Unequivocal signs of irreversible death
 - Scenes that may threaten safety
 - Valid advanced directives
 - Surrogate Decision Maker expresses DNR

Termination of Resuscitation

- Follow the protocol
 - 81% of EMS systems have one
- TOR for patients found to have a valid advanced directive, DNR, or Physician Orders for Life-Sustaining Treatment (POLST)
- POLST/ePOLST
 - Mitigates the difficulty of interpretation of patient wishes in a rapid manner

Summary

- Respect patient's privacy when possible
- Honor requests for refusal of treatment if the patient has decision making capacity
- Withhold treatment and terminate resuscitation only when appropriate