ETHICS IN EMERGENCY MEDICAL SERVICES (EMS) AND IN THE CARE PROVIDED BY PARAMEDICS

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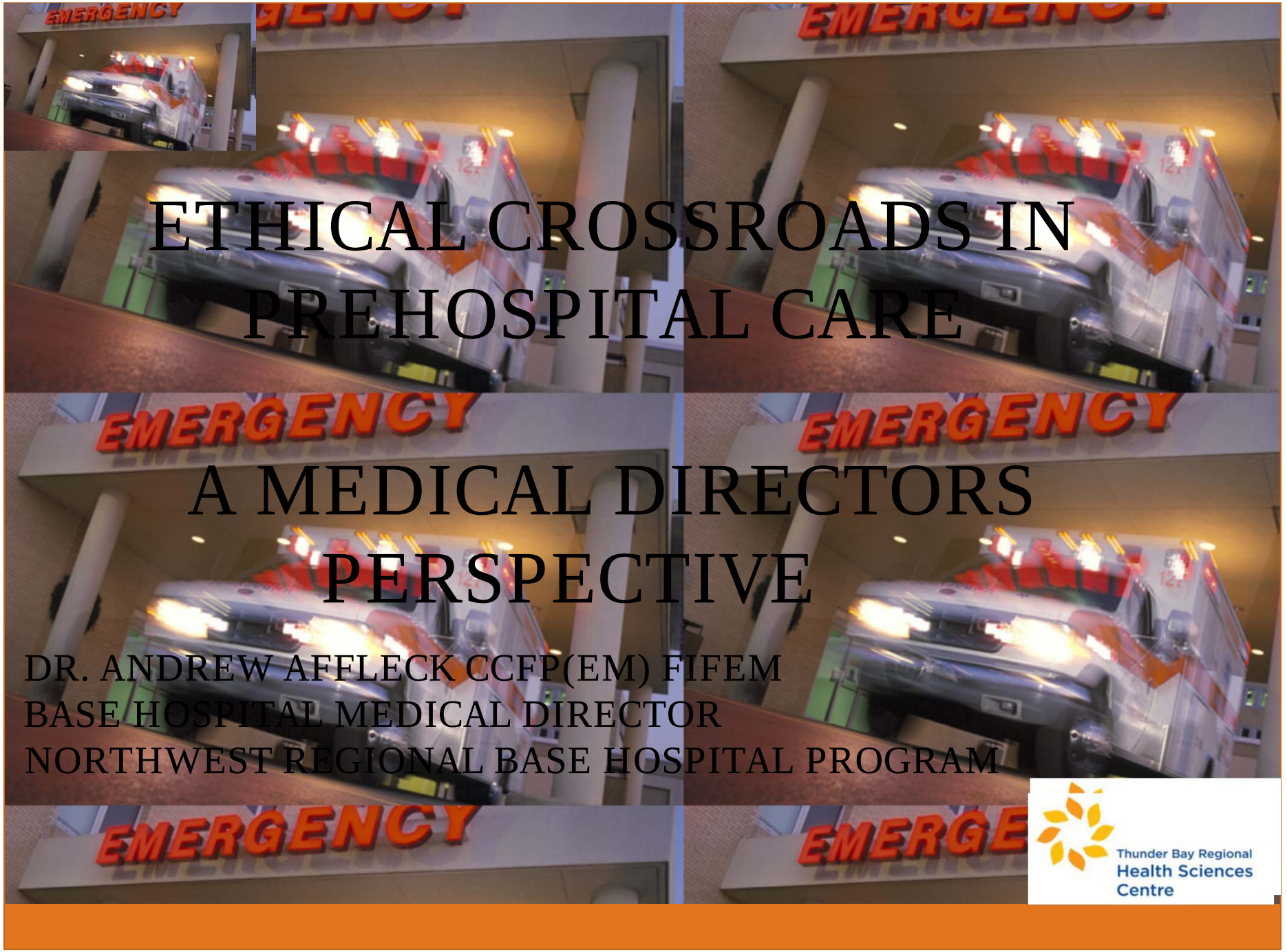

ETHICAL CROSSROADS IN PREHOSPITAL CARE

A MEDICAL DIRECTORS PERSPECTIVE

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OVERVIEW

- Review legislated Acts affecting Paramedics and Base Hospitals
- Define the roll of the Base Hospital Medical Director
- Describe the unique relationship between a paramedic and a Medical Director
- Point out the crossroads between medical direction and ethics
- Discuss examples of patient encounters where ethical considerations/dilemma's arise

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LEGISLATIVE ACTS

- Regulated Health Profession Act (RHPA)
- College of Physicians and Surgeons of Ontario (CPSO) policy on Delegation of Medical Acts
- Ambulance Act
- Base Hospital Performance agreement

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LEGISLATIVE ACTS

Regulated Health Professions Act (RHPA)

College of Physicians and Surgeons of Ontario (CPSO)

Delegated Acts

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LEGISLATIVE ACTS

Ambulance Act

Regulations, Standards, Medical Directives

Performance Agreement

Provincial Maintenance of Certification policy

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RHPA

- **Key features of the RHPA include :**
- scope of practice -- a statement that describes what the profession does;
- controlled acts (procedures or activities which may pose a risk to the public if not performed by a qualified practitioner);
- health regulatory colleges -- a corporation that governs each regulated health profession responsible for regulating the practice of the profession and governing its members according to the RHPA;
- Health Professions Regulatory Advisory Council -- an independent, arms-length advisory body to the Minister of Health and Long-Term Care with a mandate to advise the Minister of a number of items related to the regulation of health professions; and
- Health Professions Appeal and Review Board -- an independent third party with a mandate to review registration and complaints decisions of the health regulatory College.

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RHPA

The RHPA framework is intended to :

- better protect and serve the public interest;
- be a more open and accountable system of self-governance;
- provide a more modern framework for the work of health professionals;
- provide consumers with freedom of choice; and
- provide mechanisms to improve quality of care.

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RHPA
Regulated Health Professions

- Audiology and Speech-Language Pathology
- Chiropody and Podiatry
- Chiropractic
- Dental Hygiene
- Dental Technology
- Dentistry
- Denturist
- Dietitians
- Homeopathy
- Kinesiology
- Massage Therapists
- Medical Laboratory Technology
- Medical Radiation Technology
- Medicine
- Midwifery
- Naturopathy
- Nursing
- Occupational Therapy
- Optician
- Optometry
- Pharmacy
- Physiotherapy
- Psychology
- Psychotherapy
- Respiratory Therapy
- Traditional Chinese Medicine

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CPSO

PRINCIPLES

1. In every instance of delegation, the primary consideration must be the best interests of the patient.
2. An act undertaken through delegation must be as safe and effective as if it had been performed by the physician.
3. Responsibility for a delegated controlled act always remains with the delegating physician

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CPSO

The assessment must be done as if the physician (The Base Hospital Medical Director) was doing it

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CPSO

Delegation must only occur:

- in the context of an existing physician-patient relationship
- Usually means that the physician has interviewed the patient, performed an appropriate assessment, made recommendations, obtained an informed consent
- unless patient safety and best interests dictate otherwise.

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CPSO

7. Examples where the College has explicitly identified appropriate circumstances in which delegation may occur in the absence of a physician-patient relationship include:

- the provision of care by paramedics under the direct control of base hospital physicians;

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CPSO

CPSO POLICY

- Patient Best Interests
- Physician-Patient Relationship
- Scope and Training
- Evaluation of the Delegate
- Consent
- Quality Assurance

The delegate must be able to carry out the act as competently and safely as the delegating physician

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CPSO

Allowing Base Hospital Physicians to delegate to a paramedic without a direct physician patient relationship is truly a very unique circumstance.....a privilege

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AMBULANCE ACT

- The Act
- Definitions
- Regulations
- Standards
  - Basic Life Support Patient Care Standards (BLS PCS)
  - Advanced Life Support Patient Care Standards (ALS PCS)
  - Equipment Standards
- Agreements
  - Base Hospital Performance Agreement
  - Service Operator Agreements

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AMBULANCE ACT

- **PART III QUALIFICATIONS OF EMERGENCY MEDICAL ATTENDANTS AND PARAMEDICS**

Land Ambulance Services

5. (1) The operator of a land ambulance service shall not employ a person to provide patient care, whether on a full-time or part-time basis, or engage a person to provide patient care as a full-time volunteer, unless the person is a paramedic who,

c) the person is authorized by the medical director of a base hospital program to perform the controlled acts set out in Schedule 1. O. Reg. 229/02, s. 1.

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AMBULANCE ACT

THE PARAMEDIC NEEDS TO BE CERTIFIED BY A BASE HOSPITAL MEDICAL DIRECTOR

TO BE HIRED

IF A PARAMEDIC LOOSES HIS/HER CERTIFICATION THEY CAN NO LONGER BE EMPLOYED BY THE SERVICE

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AMBULANCE ACT

"base hospital program" means a program operated by a base hospital for the purpose of,

(a) delegating controlled acts to paramedics,

(b) providing medical advice relating to pre-hospital patient care and transportation of patients to ambulance and communication services and to emergency medical attendants, paramedics and other employees of the services,

(c) providing quality assurance information and advice relating to pre-hospital patient care to ambulance services and to emergency medical attendants and paramedics, and

(d) providing the continuing medical education required to maintain the delegation of controlled acts to paramedics;

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BASE HOSPITAL PERFORMANCE AGREEMENT

- Roles… four pillars
- Responsibilities…data collection
- Reporting structure
- Committees
- Budget

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BASE HOSPITAL PERFROMANCE AGREEMENT

- “Delegate to paramedics employed or engaged by the services listed……”
- Ambulance act: the paramedic needs to be certified to be hired
- Performance agreement: can only delegate if they are employed by the service

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The Ambulance Act couple with the Performance Agreement creates a direct link between delegation and employment

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BASE HOSPITAL PERFROMANCE AGREEMENT

- The host hospital shall ensure that the Medical Director of the Base Hospital Program assumes responsibility for the education and certification of Paramedics to deliver Controlled Acts as as set out under this Agreement in accordance with the Regulation, and for delegation such Controlled Acts and ensuring the quality of patient care provided.

- The Base Hospital Medical Director is ultimately directly responsible for the care of every patient a Paramedic assesses

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BASE HOSPITAL PERFORMANCE AGREEMENT

- Ensure the delegation of controlled acts to Paramedics is in accordance with provincial certification, recertification, and changes in certification, provincial medical directives and remediation policies

- Base Hospital Maintenance of Certification Policy

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BASE HOSPITAL PERFORMANCE AGREEMENT

OMISSIONS

- Critical Omission: action or lack of action that had a clear negative effect or potential to negatively effect patient morbidity with a life or limb or functionally limiting outcome (not giving ASA to a STEMI, not initiating CPAP when indicated)
- Major Omission: affects morbidity but not outcome (e.g. wrong drug dosage)
- Minor Omission: did not affect or have the potential to affect patient outcome (e.g. doing a blood sugar when not indicated)

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BASE HOSPITAL PERFORMANCE AGREEMENT

- Intent:
  - to let paramedics understand the severity of the action or lack of action has resulted in with respect to the patient
  - To help determine the remedial education required to prevent further occurrences
- Potential interpretation:
  - It is a “slap on the hand”
  - is used as a criteria to decertify paramedics

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ETHICAL CROSSROADS IN PREHOSPITAL CARE

Ethical Crossroads results from:

- Blurring of employment vs. certification created by the Ambulance Act and the Performance Agreement
- Having to follow the Ambulance Act
- The rules associated with delegation from the CPSO
- The unique relationship between the medical director and the paramedic
- Interpretation of the intent of “omission”

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ETHICAL CROSSROADS IN PREHOSPITAL CARE

MEDICAL ETHICS

system of moral principles that apply values and judgments to the practice of medicine.

values pertaining to human conduct, considering the rightness and wrongness of actions and the goodness or badness of the motives and ends of such actions.

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ETHICAL CROSSROADS IN PREHOSPITAL CARE

FOUR PILLARS OF MEDICAL ETHICS:

- Respect for patient autonomy dictates that the requests of the patient are honored and nothing is done which is contrary to the wishes of the patient[1]
- The principle of beneficence requires that actions and intentions are in the best interest of the patient
- The principle of non maleficence implies no harm is done
- The principle of justice implies that the system be fair and equitable.
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ETHICAL CROSSROADS IN PREHOSPITAL CARE

- Autonomy.... respect the patient's wishes
  - Informed consent
  - Patient able to make own decisions
  - May conflict with the Ambulance Act
  - May conflict with medical directives
- Beneficence.... give the best care to the individual
  - DNR and its implications
  - Omissions and their effect on providing care
- Non maleficence....do no harm
  - Certification/decertification
  - omissions
- Justice
  - Legal aspects
  - Paramedic as an advocate

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CASE #1 I CAN'T BREATH!!!

- 72 year old with lung cancer at home
- He has an episode of sudden onset of severe shortness of breath
- the family panics and calls 911

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CASE #1 I CAN'T BREATH!!!

- You assess the patient and he is in extremis
- Pale diaphoretic one to two word sentences
- BP=90/75 PR=125 sinus RR=32 O2 sat=88%RA
- You apply O2 hear wheezing throughout his chest and initiate salbutamol and an IV
- As you are about to go code 4 to TBRHSC the family states has made arrangements to go to the hospice at St Joe's
- Remember this is a 911 initiated call

What do you do?

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CASE #1 I CAN'T BREATH!!!

- Autonomy
  - respecting the patients wish to go to hospice
  - conflict with the Ambulance Act
- Beneficence
  - give the best care (appropriate)
  - Concern Base Hospital may feel getter care would occur at TBRHSC
  - Will I get an Omission
  - Will I have a meeting with the medical Director?

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CASE #1 I CAN'T BREATH!!!

- Maleficence
  - do no harm
  - psychological harm (family's feelings vs. physical harm)
- Justice
  - being an advocate for the patient and his wishes

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CASE #1 I CAN'T BREATH!!!

- Same patient but when you arrive on scene and the patients stops breathing
- As you start CPR the family yells "stop stop, we don't want him to have CPR, he is DNR"

What do you do?

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CASE #1 I CAN'T BREATH!!!

- Autonomy
  - respecting the patients DNR
- Beneficence…give the best care (appropriate)
  - Concern you need to treat patient due to Medical Directives
  - What will Base Hospital do if you don't treat?
  - Will you get an omission?
  - Will it affect my certification?

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CASE #1 I CAN'T BREATH!!!

- Maleficence
  - .do no harm
  - psychological harm(family's feelings vs. physical harm)
- Justice.....being an advocate for the patient

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CASE #1 I CAN'T BREATH!!!

- The patient was not DNR, arrests, a full resuscitation takes place
- After the third no shock the paramedic calls in to the Base Hospital patch physician for a Termination of Resuscitation(TOR)
- The situation is explained and the BHP asks how far it is to the hospital and it is 5 minutes but the family wishes the patient stay at his home (i.e. no transport)
- The BHP tells the paramedic to continue CPR and take the patient to the ED

what do you do?

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CASE #1 I CAN'T BREATH!!!

- Autonomy…respecting the patients wishes
  - Which takes president…families wish to stay
  - Feeling of "disobeying" a direct order from a Base Hospital Physician
  - Will there be repercussions from the BH..? An omission
- Beneficence…give the best care (appropriate)
  - Is the best care "no care"?
- Justice….being an advocate for the patient
  - To advocate need to question the physicians judgment
  - Will you be reported?

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CASE #2 MAN DOWN

- Called code 4 to a “man down”
- Arrive on scene and find 2 middle aged males with bottles of wine on the ground
- One is on the ground and the other stumbling around
- You ask the the one ambulating what is going on and he says “we are just drinking and Fred had a wee tad more than me”
- You bend over to assess Fred who you have attended to several times before and he starts swinging and swearing

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CASE #2 MAN DOWN

- Fred gets up and shouts at you to "get away" with obvious alcohol on his breath
- You try to calm Fred down and ask him to come to the hospital with you but he yells "I am not going with you"
- His friend says "Fred gets like this, I'll take care of him"

What do you do?

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CASE #2 MAN DOWN

- Autonomy
  - respecting the patients wishes
  - Informed consent
  - is the wish reasonable
- Beneficence
  - give the best care (appropriate)
  - What will Base Hospital think?
- Maleficence
  - do no harm
  - Ties directly into autonomy
  - how do you judge

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Case #3 ASA AND THE MI

- Called code 4 to a residence of a 65 year old female with chest pain and SOB
- Sitting at the kitchen table obvious respiratory distress clutching chest
- c/o mostly SOB some mid chest pain
- Apply O2 and monitor
- BP=180/105 PR=130 reg. RR=30 O2sat=88%RA
- Chest: diffuse Crackles

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Case #3 ASA AND THE MI

- PHx of diabetes, hypertension, past MI
- Initiate CPAP and nitro for CHF
- 12 lead EKG anterior ST elevation (STEMI)
- Give 160mg ASA chewed
- Transferred to TBRHSC with STEMI alert
- 90% occlusion LAD and patient recovers without incidence

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Case #3 ASA AND THE MI

While filling out the Ambulance Call Report (ACR) the paramedic realizes that he did not ask if the patient had an allergy to ASA

How is this documented?

Will I get an omission for giving ASA and not asking for allergies

Could I be decertified

Could I loose my job

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ETHICAL CROSSROADS IN PREHOSPITAL CARE

ERROR = OMISSION = DECERTIFICATION

DECERTIFICATION = JOB LOSS

HAS THE POTENTIAL TO AFFECT ETHICAL DECISIONS

AN ETHICAL APPROACH CAN HELP IN THE DECISION PROCESS

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SUMMARY

- Many factors play a role in a paramedics decision process from an ethics perspective
- The Ambulance Act, the CPSO Delegation rules and the Base Hospitals Performance Agreement play a role in the ethical decisions paramedics make
- The Base Hospital Medical Director has a unique relationship with paramedics and must understand the ethical dilemma's paramedics face
- Paramedics should apply ethical principles in their decision process

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ETHICAL CROSSROADS IN PREHOSPITAL CARE

THE FOCUS MUST ALWAYS BE ON THE PATIENT

ALWAYS DO WHAT IS BEST FOR THE PATIENT

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THANK YOU

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