Question 1

Which of the following statements is true about prehospital refusal of care?

a. As long as a patient is alert and oriented, they can be considered competent to refuse care.

b. A prehospital provider could be accused of assault (battery) by forcing medical care on a patient refusing care.

c. As long as the appropriate refusal form is completed, an EMS provider is under no moral obligation to encourage transport of a potentially ill elderly patient.

d. There is no role for law enforcement when an unruly patient is unable to adequately make medical decisions.

Question 2

Regarding the withholding or terminating resuscitation, which of the following statements is true?

a. Prehospital care providers should always initiate resuscitation and allow the hospital staff to discuss termination of care.

b. As long as the family states that DNR paperwork exists, prehospital care providers can withhold resuscitation without contacting online medical direction.

c. DNR orders require prehospital providers to withhold all treatment.

d. Clear communications between parties and careful documentation are key points to success when dealing with difficult ethical situations.
Learning Objectives

Upon the completion of this program participants will be able to:
• Describe the ethical decisions that confront EMS personnel on a daily basis.
• List the 5 criteria patients must fulfill to exercise autonomy
• Discuss the ethical issues regarding the initiation and termination of resuscitation in the field.
• Describe exceptions to patient confidentiality as documented in the law.
• Describe the exceptions that allow the treatment of minors without parenteral consent.

Introduction

• Pre-hospital care requires ethical decisions to be made without extended consideration or debate.
• There are differences between ethics and law
  – Law does not require compassion or empathy
  – Minimal legal standard, may be ethically insufficient

Balancing Autonomy and Beneficence

• Autonomy - a core principle in medical ethics.
  ~ The right to self-determination, even if decision will result in harm/death
• Beneficence
  ~ Do what the provider thinks is best
  ~ Do no harm
Criteria to allow patient autonomy

1. Have sufficient information about medical condition.
2. Understand the risks, benefits, and options available.
3. Ability to make a decision in keeping with personal values.
4. Ability to communicate this decision.
5. No undue influence from other parties including family and friends.

Balancing Autonomy and Beneficence

Refusal of Care

• Does the patient have medical decision-making capacity?

• The EMS provider must choose between:
  – Assault (battery) by forcing medical care.
  – Negligence and/or abandonment.

• Keys to success
  – Clear communications between parties
  – On line medical consultation
  – Involve law enforcement prn
  – Judicious use of chemical/physical restraint
  – Careful documentation!

Withholding / Terminating Resuscitation

• Patient’s have the right to limit resuscitation
  – DNR orders allow patient’s to direct care when they can not communicate
    • Allow EMS providers to respect autonomy
    • Must know local policies and laws
  – Living wills – outline life wishes
    – May or may not have DNR section
    – Designate a healthcare proxy
**Withholding / Terminating Resuscitation**

- Potential issues
  - Proxy not available
  - Paperwork not available/doesn't meet local legal standards

- When in doubt, initiate a full resuscitation
  - Resuscitation can be terminated in hospital

- DNR does not mean no care should be provided
  - Compassionate care should be practiced

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**Determination and/or pronouncement of Death**

- In the non-traumatic adult patient in arrest, it is appropriate to terminate resuscitation if:
  - No ROSC after 20 to 25 minutes
  - EtCO2 < 10 mmHg
  - Not in persistent VF/VT

- Per the text, it is acceptable to transport pediatric patients to hospital even if they meet these criteria so that they may have additional family support

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**Determination and/or pronouncement of Death: Blunt Trauma**

- In blunt trauma patients, it is appropriate to waive or terminate resuscitative efforts for patients with:
  - An appropriate mechanism
  - Evaluation for reversible blocked airway
  - Evaluation for VF/pulseless VT
Determination and/or pronouncement of Death: Penetrating Trauma

- In penetrating trauma patients with intact airways, it is appropriate to waive or terminate resuscitative efforts for patients who are found in or who develop asystole.

Common Ethical Issues

- Triage decisions
  - Daily vs. Disaster: Treat the most severely injured/ill first
  - Disaster: Greatest good for the greatest number
- Truth telling
  - Providers may have information that patient/family does not know
  - Answers should be deferred to the in hospital team
- Personal risk
- Training/Research
  - Need consent for "practicing" even on the dead
  - Informed consent for research

Confidentiality

- Providers have unique access information.
  - Patient trusts that information is being used only for care
- Provider should not comment or release any data about any patient
  - Unless it is to a receiving healthcare provider
- Exceptions to patient confidentiality, by law:
  - Criminal investigations
  - Suicidal or homicidal patients
  - Suspected elder or child abuse
  - Patients who pose a public health threat.
  - Child/Elder abuse
Treatment of Minors

- Persons < 18 years old are legally incapable of giving consent.*
  - Must rely on parent/guardian.

  *Exceptions
  - Emancipation
  - Special circumstances
  - Emergency exception

*Must know State Laws

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Emergency Exception

- Invoked when the parent is unable to consent.
  - Consent is presumed

- When parents and EMS disagree (e.g., suspected abuse)
  - Protective custody

- When in doubt, transport and defer treatment to the hospital

- Always perform life-saving treatment

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Take-Home Points

• This topic is part of the EMS core content
  – Medical Oversight - 30% Test questions
• Take home points
  – The law and ethics are not equivalent
  – Know the balance between Autonomy and Beneficence
  – Capacity to refuse, not just A&Ox3
  – Medics make ethical decisions every day
  – State laws vary!

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