

## Ethical Dilemmas of Patient and EMT Safety

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When discussing ethical dilemmas of patient and EMT safety we must immediately think about decisions. Decisions are something commonly thought of in EMS work as it is crucial to utilize fast, confident decision making when lives are at stake. As common as decisions are, they are crucial to understand some of the most important dilemmas. Is it okay to let a patient die? How should we deal with EMS health? The job of an EMT is highly straining both physically and mentally, and as much as we try to understand the dilemmas, all we can do is research them and try to find solutions. Some of the major dilemmas such as DNRs, Profit EMS, Refusal of Care, Mental Health, Triaging and self-defense should be addressed with possible solutions.

According to the Line Of Duty Death Chart (LODD) in 2017 the biggest killer for EMS personnel fire and EMS illness, obesity, toxins, and especially mental illness. It is an interesting chart because illness related deaths peaked in December. And in total 1973 EMS personnel were killed in the year 2017, overall. To try and pinpoint why EMS suffers from such issue an article was researched. The article involved a study with ethical transportation of patient. And whether to save the patient or let them pass away. And the article stated that “The decision on whether to transport a dying person to the hospital is a difficult task for emergency medical services (EMS) personnel.”

The mental health of the provider is a serious issue. And one that is ethically challenging in a way, shows that in a line of work where one person want to help others they themselves can be

injured. When involved in the line of duty there are 2 main causes for EMS mental health to deteriorate. Eustress and Distress, eustress is normal healthy stress like family or getting a new job, distress is high levels of stress at random times. EMS providers in the field are given a lot of factors that push distress more than eustress causing mental strain. And for that strain on the brain to begin, the first thing must happen. A patient will call to ask for help.

As a patient, there is a common ground between EMS personnel and yourself. The call is made for two reasons you have a medical problem, or someone else calls for you. As an EMS provider, your job is to ensure your own safety but also the safety of the patient. Our first dilemma EMS faces is a refusal of care. If a patient refuses care, then how are we to act, we can try to “advocate and reconcile with the patient” or wait until the patient must be transported. During an interview with CCP Kelly Grayson NRP, CCEMT-P. He mentions that one of his major issues in the field was Refusals of care when it was crucial for EMT to decide. He states that “one of the most challenging decisions to make is refusals of care especially for diabetic and fall patients”. If a patient refuses treatment, do you advocate, or try to reconcile?

On scene treatment according to the EMS world is a huge issue, triaging patients being the largest. Two patients both in critical condition, having to decide which one to save. A tremendous mental strain for all providers alike, with enough resources to save one who should you choose and are you prepared to face the repercussions. The article for NCIB states that “doing the greatest good for the greatest number can go against the grain of EMS providers.” This

statement along with the rest of the article is an excellent example of what EMTs go through.

The Author also stated “I know there have been rescuers who have had post-traumatic stress disorder and other issues from having to make those decisions.” The quote is a dark truth because mentally EMS providers witness things they cannot comprehend or decide.

Other issues with patient treatment include DNR orders and CPR states, both crucial points in patients lives. Daily, EMTs must make crucial decisions when thinking about treatment. The NCIB claims that the medical decision in such situations must be made within seconds. And this is a distress factor for EMS providers. Is it ethical to stop CPR, if you know that the situation is futile or is it ok to keep trying and risk triage for other patients? And if CPR is withdrawn, or a DNR is in order death becomes a mental issue for patients, families, and ems providers.

In my interview with Kelly Grayson, I asked a few more questions. What is the biggest ethical dilemma from your standpoint as a pre-hospital caregiver? He followed up with another thing I never thought of financial safety. The interview brought up a matter of profit EMS, small agencies pressuring people with minor injuries to ride ambulances for profit. Grayson states that “there is an issue with new EMT’s and falsely billing people for profit.”he even refers to the private agencies of texas totaling 400. Almost half of them riding for profit.

The next and last major ethical issue regarding EMS is self-defense. We have all heard or seen the stories of the provider, being in the line of fire or injury. I chose my interviewee, because of

his article in ems1 about self-defense in the EMS field. His personal response was “there is a shift in mindset from caregiver to defender” and “there must be safety with the caregiver and combat.” Both responses prove there is a huge shift in mindset even for an EMS provider. When you are working to help someone and they become a life threat what do you do?

But of all of these issues presented the connecting factor is mental health. Grayson, when asked “How important do you think mental health is?” responded with “Mental health, is HUGELY important”. He says this because providers see the mentally ill far more than any profession except the police. He goes on by saying how as a provider we deal with patients like these however we are not taught how to properly deal with them. And by not being taught this we begin to ignore our own mental health. “Suck it up, buttercup” is not the right attitude in EMS. And mental health harms relationships with friends, family and others. Every EMS provider will say they have their partners back. But when your partner’s fight is in their head where are you? Sitting 18 inches away totally oblivious to their pain.

There is hope, however, If you want to succeed Grayson and many others agree that developing healthy coping mechanisms is huge. People who enter EMS to try and help others to heal themselves is not healthy. The EMS system must be prepared to deal with stress and support. Grayson says “I think one reason that we have such a high incidence of PTSD in our profession is less due to the things we see than it is to the lack of resilience in many providers.” EMS tries to treat the mentally ill we have now, but the real issue is trying to teach new providers how not to get injured in the first place. All of the dilemmas presented here are examples of common

cases. And yet when it is time to decide for them providers tend to hesitate. The decisions must be made with utter confidence and speed and with good intention. The stronger a providers mind is the better the outcome, all you need to do is to just be prepared for such situations. And try your best to save peoples lives.

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