

# FACULTY OF PRE-HOSPITAL CARE

## Student and Trainee Group

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### Essay Competition: 1<sup>st</sup> Place

### Topic: 'Humanity and Humility in Pre-Hospital Care'

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#### **Introduction**

Pre-hospital care (PHC) refers to the medical care provided by emergency medical services before patient transfer into hospital<sup>1</sup>. Pre-hospital emergency medicine (PHEM) is recognised now as a subspecialty of critical care, emergency medicine, anaesthetics and acute medicine<sup>2</sup>. PHC involves diverse scopes of care, from traditional bystander resuscitation, emergency retrieval and transfer, to new areas such as community paramedicine<sup>1</sup>. It is defined by the skills of prompt decision-making, thorough logistics and effective on-scene management amidst the natures of uncertainty and urgency. Therefore, there is an essential need for the qualities of humanity and humility in acute, distressing situations. They are foundational virtues to effective, ethical clinical care which are reflected by reference in the key ethical pillars<sup>3</sup>. By acting as the initial providers of care on the scene, PHEM clinicians are often under significant pressure in clinical scenarios, so a combination of compassion, active decision-making and empathy is needed for delivering patient-centred care.

#### **Humanity**

Humanity in healthcare is defined through the works of William Osler as recognising the patients as human first, patients second<sup>4</sup>. This is expressed by clear communication, compassion, empathetic engagement and the holistic recognition of patients needs<sup>5</sup>. The sudden nature of clinical emergencies can displace patients from their familiar surroundings, placing them in a vulnerable state relying on medical intervention from an unknown team and in shock<sup>6</sup>. However, the greater unfamiliarity of a prehospital environment with no set care systems can increase patient angst, increasing the importance of a considerate, personalised approach. This highlights the versatile nature of prehospital staff needing to address physiological care, alongside emotional, psychological and spiritual needs.

A 2016 systematic review highlighted the importance of compassion in providing care where higher emotional well-being and trust was reported in patients receiving care from compassionate providers<sup>7</sup>. This underscores the importance in prehospital settings, where emotional support is as vital as clinical intervention to provide care to patients. This is reflected in the importance of communication where the chaotic, unpredictable nature of PHC requires a form of care both emotionally and technically proficient. Previous research has shown that effective communication and training in communication improves both professional performance for better patient outcomes, but also sees greater work-life quality for prehospital staff<sup>8</sup>. This importance is further reflected by previous research into improving possible alternative communication tools for patients. This may improve patient accessibility for communication needs and help some patients with potential communication barriers to have more humanised care in PHC<sup>9</sup>.

Furthermore, humanity is paramount in palliative and end-of-life cases. Prehospital clinicians could be the first or only individual to interact and treat with a dying patient, with the responsibility of providing a sensitive environment in a crucial time. This is supported by the concept of trauma-informed care, reiterating the need for considerate patient interactions, particularly after acute emergencies.

### **Humility**

Humility is defined as recognising one's own limitations, avoiding self-interest, arrogance and willingness to reflect and learn from others<sup>10,11</sup>. In PHC, humility is essential for safe, ethical practice where decisions are needed under time pressure with limited information. By practicing this virtue, it improves clinicians care through avoiding overconfidence and strive for reflective, patient-centred care.

Beauchamp and Childress' ethical framework reinforces the importance of humility for respecting patient autonomy and promoting beneficence and non-maleficence<sup>12</sup>. Respect for patient autonomy requires clinicians to set aside personal biases and views, to act in accordance with a patient's wishes when they have capacity. However, there is also the need to attempt to interject to provide specialist input at times when it could be useful.

Humility also encourages interdisciplinary collaboration. By exerting humility, PHC clinicians can work effectively both with general practitioners and also A&E clinicians to promote effective decision-making and improve patient transfers. Humility recognises the actions of team members and their contributions, by practicing interdisciplinary care, in cases such as deciding whether to initiate specialist interventions like ECPR, multidisciplinary decisions can ensure that high patient care standards are kept at the centre of providing care<sup>12</sup>.

Finally, humility is essential for clinicians hoping to achieve continuous professional development. Humble clinicians are more likely to engage in active reflections, seek feedback and learn through simulations. These are all essential for the ever-changing and dynamic nature of PHC. This is also paramount where stress demands of PHC can create a large emotional burden for PHC staff, requiring active reflection as important for debriefing with other colleagues.

### **Personal Reflection**

Spending my intercalation completing a research project with pre-hospital clinicians reviewing clinical perspectives on ECPR provided an insightful opportunity to see these virtues demonstrated in the clinical field. This complex, resource-intensive intervention served as a key example through semi-structured interviews that humanity and humility were qualities needed by all prehospital clinicians in roles of immense responsibility. In all cases, clinicians had to balance the possibility of a positive prognosis, alongside possible favourable neurological outcomes, whilst respecting the wishes of the patient and the emotional state of their family. Despite ECPR being a new, advanced intervention with high potential, the skill to prioritise comfort and dignity over intervention required humility to acknowledge the limits and uncertainty of clinical intervention, alongside humanity for considering the most ethical course of treatment. This is further reiterated by the need for effective multidisciplinary teamworking to take input from the ECMO consultant, nurse, perfusionist and other consultant specialties to ensure that care can be effectively coordinated and ECPR is truly beneficial for the patient.

### **Conclusion**

In conclusion, humanity and humility are core values and competencies needed in PHC. In a clinical environment, dominated by urgency, immediacy and uncertainty, they guide clinicians to provide patient-centred, ethical and empathetic care. Humanity ensures patients are treated with empathy, dignity and

compassion. Whereas humility encourages an ethical environment with collaborative, ethical decision-making and continuous learning and reflection. As PHC continues to evolve with technological improvements and advanced, complex interventions, these two core values must remain central for effective patient care. Humility and humanity are also essential for the moral values and emotional resilience of emergency staff who serve on the front lines of emergency medicine in PHC.

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