FACULTY OF PRE-HOSPITAL CARE

Student and Trainee Group

Essay Competition: 2nd Place

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

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"A patient may not always remember what you did, but they will never forget how you made them feel"— Frank Chege, 2024 (Patient Liaison Nurse, London Air Ambulance)

This principle lies at the heart of Pre-Hospital Care (PHC), where clinical urgency meets profound human vulnerability. Positioned between the chaos of injury and the structure of hospital care, pre-hospital clinicians often serve as the first—and sometimes only—link to organised medical intervention. In these moments, swift, skilled decision-making is critical to optimise outcomes and prevent deterioration [1]. The responsibility, however, extends beyond procedural expertise; it includes ensuring equitable access to definitive care for the critically unwell [2].

PHC professionals operate in unpredictable, resource-limited, and emotionally charged settings—from urban collisions and domestic emergencies to natural disasters and warzones. Amid trauma, cardiac arrest, and high-stakes triage, two often-overlooked qualities are indispensable: humanity, the capacity to see the person beyond the clinical facts; and humility, the disciplined awareness of one's limitations and the strength of collective decision-making.

This essay explores how these attributes underpin ethical practice, strengthen communication, and sustain clinician wellbeing—not only in the UK, but also in the global contexts where PHC plays a critical role in humanitarian response.

Recognising the Individual Behind the Injury

Humanity in PHC begins with recognising that every case represents a person with a story. A GCS score of six is not merely a red trauma alert—it could be a father returning from work or a refugee whose journey

ended abruptly. PHC teams often operate with minimal context and high time pressure, yet the ethical imperative to treat each patient remains [3].

Small but meaningful actions—shielding a patient from public view, addressing the unconscious with dignity, or maintaining silence in death—affirm personhood when it matters most. These gestures resonate especially during humanitarian missions, where displaced or undocumented individuals may already feel dehumanised. In many instances, the clinician may be the last human contact a patient experience. What is said—or unsaid—endures.

Humility in High-Stakes Decisions

Pre-hospital care demands rapid judgment in often chaotic circumstances—at the roadside, in unfamiliar homes, or amidst natural disasters. Here, humility acts not as hesitation but as a safeguard. A senior HEMS clinician asking for a paramedic's insight or adjusting a plan in light of new information models humility as a clinical strength. Conversely, unchecked confidence amid ambiguity can escalate risk.

Humility also defines professional boundaries. No practitioner, however senior, is infallible. Acknowledging when to escalate care or request help—be it clinical or emotional—is a mark of maturity and enhances team resilience [4]. In international relief settings, where unfamiliar diseases, cultures, and languages intersect, humility becomes not just desirable but essential for effective, ethical practice.

Compassion in Crisis

PHC professionals face sustained exposure to trauma, mortality, and emotionally complex encounters. They may attempt resuscitation in front of families, manage the aftermath of violence, or attend to mass casualties during major incidents. In humanitarian settings—from refugee camps to earthquake zones—clinicians may witness immense suffering and loss, often without adequate resources or systemic support. Humanity sustains empathy—to speak kindly to a grieving parent or bear witness beside a dying patient. Humility allows clinicians to accept the limits of medicine and seek support when needed. Structured debriefs, reflective practice, and peer support are vital to acknowledge the psychological cost of care and reduce the risk of burnout or detachment.

Psychological Safety

PHC relies on rapidly assembled teams—paramedics, HEMS doctors, dispatchers, police, and volunteers—working together under pressure. In these contexts, psychological safety matters more than hierarchy. A humble leader invites input; a compassionate team member checks in after difficult scenes. This is especially true in international or cross-agency deployments where unfamiliar roles and diverse

perspectives must coalesce quickly. Clear communication and mutual respect foster environments where decisions are made collectively, not dictated. Humility ensures the plan is flexible; humanity ensures the people remain central.

Teaching by Example

Future clinicians absorb not only what we teach, but how we act. A paramedic who acknowledges fatigue or a senior doctor who encourages input models ethical leadership. In contrast, cultures that valorise stoicism risk breeding disengagement and error. Embedding humanity and humility into training—through reflective sessions, ethical case discussions, and mentorship—equips clinicians to act not only with competence but conscience. Nationally, NHS ambulance trusts increasingly embed these values through wellbeing strategies and Schwartz Rounds; internationally, NGOs are adopting similar frameworks to support local and deployed teams.

Equity, Bias, and the Margins of Care

Pre-hospital teams are often the first to care for society's most marginalised—homeless individuals, migrants, people in mental health crisis, or those in police custody. These encounters illuminate the intersection of medicine and social justice. Humanity demands each patient be treated with dignity; humility asks clinicians to interrogate their biases and the systems they work within.

In humanitarian crises, this becomes even more complex. Who gets evacuated first? Who receives analgesia when supplies are limited? Cultural competence, family involvement, and advocacy become moral imperatives. Bias—implicit or systemic—can influence who is believed, prioritised, or transported. Reflective, values-based practice is the only safeguard.

Conclusion: Leading with Values

In the often unpredictable and ethically fraught world of pre-hospital medicine, humanity and humility are not optional extras—they are foundational. They shape judgement, anchor compassion, and create environments where both patients and teams can endure and even thrive.

Technical skill saves lives. But it is emotional intelligence—the capacity to lead with empathy, to act with humility, and to speak with conscience—that defines excellence. Whether in a London alleyway or a Gaza border camp, these two virtues sustain clinicians under pressure and ensure they are remembered not only for what they did—but how they made others feel.

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