

FACULTY OF PRE-HOSPITAL CARE

Student and Trainee Group

Essay Competition: 3rd Place

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

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Introduction

Pre-hospital care is defined as emergency medical care provided by emergency services (EMS) before the patient arrives in hospital (1). Humanity and humility are both guiding values in providing sufficient care alongside medical expertise. However, demonstrating these values consistently is challenging given the hyperacute, high-stress environment of care. This essay reviews the importance and challenges of demonstrating humility and humanitarian values in pre-hospital care and highlights the key areas where these can be tackled.

Humanity

Purpose

Humanity encompasses qualities that treat the patient as a whole human being. Core humanitarian values in pre-hospital care include empathy, dignity, and respect for patient autonomy, which guide clinical decision-making and guidelines throughout pre-hospital medicine (2)(3). In pre-hospital care, patients are often seen in their most vulnerable and critical states outside of the clinical environment, requiring staff to be adaptable to different types of scenarios and patients.

EMS often encounter patients who lack the capacity (and therefore autonomy) to express and make decisions due to their medical state, e.g. during cardiac arrest. In these scenarios, other sources, such as bystander relatives, can help gain insight into the patient's best interests or any advance directives (4). Treating patients with dignity involves not exposing the patient more than necessary and maintaining confidentiality and professionalism. Cultural and social norms of the patient must also be considered (4). There is also significance in the decision to treat an emergency or allow the patient to have a dignified death. For an elderly, frail patient with terminal illness who is unlikely to fully recover, a dignified death at home would be preferred to initiating cardiopulmonary resuscitation (CPR) (5).

Challenges

The added time pressure and emergency in pre-hospital medicine often mean human connection and communication are overlooked in favour of quicker hospital admission. Pre-hospital care is outside of the hospital and in 'the patient's world.' This can make it complex for staff to treat each individual according to their needs. Patients have refused treatment due to cultural differences or refused admission despite having full mental capacity and needing urgent medical attention (4).

Additionally, clinical guidelines may not always align with what is most humane for the patient (5). Most countries mandate CPR for a patient in cardiac arrest without a do-not-attempt cardiopulmonary resuscitation (DNACPR) form; however, as previously mentioned, CPR may not be in the best interests of every patient. Clinical guidelines that contrast with clinical judgement in specific contexts could cause hesitation and undermine confident decision-making.

Values for patient care also change depending on the attitudes of staff in different countries. A pilot study found that Spanish professionals preferred justice compared to Swedes, who prioritised rights (6).

Humility

Purpose

Humility is recognising one's limitations and capabilities while keeping the patient as the priority. In pre-hospital medicine, outcomes are unpredictable and highly dependent on the patient's medical state and the resources available. As a pre-hospital clinician, you will not always be able to 'save' every patient you encounter. Having humility is about recognising these limitations, while still being able to seek improvement in patient care. Acknowledging your own limitations and knowing when to seek additional help is crucial for patient safety and optimal treatment. When mistakes are made, one should take ownership and be honest about the incident and reflect on preventing it next time.

Humility is tied to altruism, which is working to help others without expecting anything in return (7). Healthcare staff have a duty to work together to serve others as a moral right, as opposed to an incentive to gain recognition.

Challenges

In the prehospital setting, patients or relatives may disrespect staff, e.g. intoxicated patients (4). This could inspire prejudice and unconsciously influence patient outcomes. On the other hand, it is also important for staff to maintain their boundaries of safety, so staff do not tolerate abuse from patients in the name of humility.

The hierarchical structure of staff in the pre-hospital care team may cause experienced staff to lack humility and be unwilling to accept suggestions from junior staff (8). This also highlights the issue of senior staff adhering to old management plans and not using updated guidelines. Staff should embrace new and better ways to treat patients, without involving ego. Failing to embrace new guidelines could lead to uncoordinated treatment with other staff and worsen patient outcomes, potentially delaying admission.

Addressing the Challenges

Lack of reporting

Studies for ethics in pre-hospital care were mainly from the northern hemisphere (3)(4)(5)(6)(9). More research on pre-hospital staff perspectives on ethical scenarios can increase global awareness of these issues. A study found only an exceedingly small proportion of pre-hospital cases concerning the ethical decision to resuscitate were documented (9). This is due to several limitations, such as a lack of reporting opportunities and vague criteria for ethical documentation (9). A solution could be encouraging habitual reflective practice for staff and more ethical education, so staff can have more perspectives readily available.

Other suggestions

- Patient directives and DNACPR forms should be thoroughly recorded, and eligibility criteria should be reviewed. This allows quicker decision-making and fewer conflicts between patient interests and guidelines.
- Pre-hospital teams should foster an environment of honesty and humility where staff are encouraged to admit their mistakes without being blamed.
- The hierarchy of staff should be altered to foster a greater team environment and incentivise continuous ethical education, as empathy has been shown to decrease with paramedic experience (2).

Conclusion

Pre-hospital care requires balancing acute emergency expertise with humility and humanitarian values. Patients should be treated as a whole person, with autonomy, dignity, justice, empathy, and compassion. Humility is considering the patient above your own needs and working to continuously improve health outcomes. One must also consider these values when working with colleagues. However, often these values are not upheld due to a myriad of personal and systemic challenges. It is important that research

output is increased globally, and awareness of these ethical issues is raised to allow clinicians to guide better decision-making and outcomes.

References

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