2nd Edition

Applied Paramedic

LAW, ETHICS AND PROFESSIONALISM

AUSTRALIA AND NEW ZEALAND

Ruth Townsend
Morgan Luck

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Ruth **Townsend** & Morgan **Luck**

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Elsevier Australia. ACN 001 002 357
(a division of Reed International Books Australia Pty Ltd)
Tower 1, 475 Victoria Avenue, Chatswood, NSW 2067

ISBN: 978-0-7295-4308-8

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National Library of Australia Cataloguing-in-Publication Data

A catalogue record for this
book is available from the
National Library of Australia

Content Strategist: Rachel Simone Ford
Content Project Manager: Shruti Raj
Edited by Kate Stone
Proofread by Katie Millar
Permissions Editing and Photo Research: Regina Lavanya Remigius
Cover and internal design by Lisa Petroff
Index by Innodata Indexing
Typeset by Toppan Best-set Premedia Limited
Printed in China by 1010 Printing International Limited

Last digit is the print number: 9 8 7 6 5 4 3 2 1

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Acknowledgements

I would like to thank my co-editor, Morgan, whose counsel and wisdom helped make this project run so smoothly. I would also like to thank all the contributors for their marvellous efforts in compiling the material for this text, and to all those other paramedic colleagues I have worked with over the years for their passion and commitment to their work. You were the inspiration for this book. Thanks to my parents for instilling in me a strong sense of social justice and encouraging me into the noble and rewarding areas of both healthcare and law. And, finally, I would like to thank my boys, Andrew, Tom and Will, for their unending love and support. RT

I would like to thank: my co-editor, Ruth, for the time and energy she put into this project; my father, Malcolm Luck, for helping me with many of the cases within this book (and for impressing upon me, at an early age, the importance of reason); and, lastly, Daniel Cohen for his work in this area, which partly inspired this collection. ML

Foreword

The paramedic profession has seen monumental change in practice over recent decades, and now has a comprehensive range of skills and technologies to provide world-class services to Australian communities. Regulation of the paramedicine profession and the registration of paramedics will ensure that our communities can be confident that those practising as paramedic healthcare professionals meet expected national standards, and comply with the Code of Conduct and guidelines set by the Paramedicine Board of Australia under the Health Practitioner Regulation National Law.

But what exactly does it mean to be a paramedic healthcare professional? And what does it mean for individual paramedics to work as part of a nationally regulated profession?

Paramedics in Australia have been professionalising slowly over time, and national regulation is an important step in the journey towards professionalisation of paramedicine in Australia. The Paramedicine Board of Australia is authorised to establish education and accreditation standards alongside behavioural standards, thus contributing to the development of professionalism within the profession.

This book will introduce student paramedics and those already working as paramedics to the new regulatory arrangements, which will apply to the profession of paramedicine now that they are regulated nationally as the fifteenth registered health profession in Australia. It will set out the key elements of the national standards for education and practice, the national Code of Conduct and other behavioural standards regulated under the national regulatory scheme. It will also introduce readers to key principles that apply to all healthcare professionals, particularly with regards to ethics and ethical practice, and provide paramedics with the non-clinical knowledge they need to deal with complex ethico-legal cases in a way that is expected of healthcare professionals. The importance of learning and applying these standards and principles is critical to the continuing professional development of paramedics, and their duty to act in the best interests of their patients.

New Zealand is progressing towards the adoption of a similar regulatory process. Key ethical and legal principles that apply to New Zealand paramedics are covered in this text.

Paramedicine is a unique and specialised profession that occupies a special place in the Australian and New Zealand communities. The profession is made up of people who are committed to providing high-quality out-of-hospital care, and this book will contribute to ensuring that future generations of paramedics are prepared, and continue, to meet the high standards expected of a registered health practitioner in Australia and New Zealand.

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Chapter 1
Paramedic professionalism

Ruth Townsend and Morgan Luck

Learning objectives

After reading this chapter, you should:

- understand why it is necessary for paramedics to learn about the law and ethics
- have an introductory-level understanding of the development of paramedicine as a profession
- have an awareness of the broad nature of the topics to be discussed in this book
- be informed of how law and ethics are broadly applied in paramedic practice.

Definitions

Ethics The study of what it means for something to be morally right or wrong.

Law 'The system of rules which a particular country or community recognises as regulating the actions of its members and which it may enforce by the imposition of penalties.'[1]

Profession 'An occupation whose core element is work, based on the mastery of a complex body of knowledge and skills. It is a vocation in which knowledge of some department of science or learning, or the practice of an art founded on it, is used in the service of others. Its members profess a commitment to competence, integrity, morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society.'[2]

An introductory case

A competent refusal of care

A paramedic is called to an elderly man's home by a family member who is concerned for his welfare. The man tells the paramedic that he is terminally ill, and, although he is in some discomfort (which could be remedied were he taken to hospital), he would rather remain at home to die. The paramedic assesses the patient's competence and his clinical needs. They determine that the patient is competent, but decide to call a doctor (an Australian senior medical officer) for advice about his clinical needs. The doctor advises the paramedic to transport the patient to the hospital, despite the patient having been determined as competent and having objected to transportation.

This chapter will provide you with some context in which to consider and reflect on this case.

Introduction

To begin to understand the notion of paramedic professionalism, it is useful to consider the origins of medical professionalism more generally. Around the turn of the 20th century, Abraham Flexner, the now well-recognised father of medical education, wrote a series of reports regarding medical education in universities in response to a 'revolution in understanding about the scientific foundations of clinical medicine'.[3] Flexner made links between science, tertiary education and medicine, and famously attempted to list the traits of a profession in his paper on social work and professionalism.[4] He identified one of the key traits of a profession as 'an increasingly altruistic motivation'.

The fostering of the virtue of altruism in professionals is based on the idea that they have power and privilege derived from their position that others do not. The most obvious of these is professional knowledge. Professionals have knowledge that others do not have, and, as such, this makes those without the knowledge dependent on those who have it. In the case of paramedics, this knowledge places the paramedic in a position of power over their patient. The recognition of this power imbalance in the therapeutic relationship was recognised by medicine millennia ago.

To promote the role of the doctor, to foster trust that members of this profession would not abuse their power, and to outline the principles that the profession would adopt to mitigate such abuse, doctors adopted the Hippocratic Oath and its modern variant, the Declaration of Geneva, to set out their responsibilities to their patients. This included a commitment to put their patient's interests above their own—a nod to altruism. For example, the Declaration of Geneva pronounces that: 'The health of my patient shall be my first consideration.'[5] Other virtues required of a clinician are also referred to; for example, courage ('I will not use my medical knowledge to violate human rights and civil liberties, even under threat') and compassion ('I will remember that there is art to medicine

as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug'). These responsibilities are replicated in today's health practitioner codes of conduct and form the basis for standards of professionalism. But what exactly is professionalism? We shall consider this question next.

Defining 'professionalism'

The term '**professionalism**' carries different meanings in different contexts. There is no single, universally accepted definition. However, for the purposes of this chapter the term 'professionalism' means 'to act within a set of norms, principles and standards of conduct and competency'.[6] To be a professional is to work as part of a profession within these 'norms, principles and standards' (i.e. with professionalism). These 'norms, principles and standards', as we shall discover, play a crucial role in *regulating* the paramedic profession.

In September 2018, Australian paramedics began being placed on the national register of health practitioners regulated by the *Health Practitioner Regulation National Law Act* 2009 (Qld); also known in the abbreviated form as 'the National Law'.[7] Once they commence practising as registered paramedics they will be required to work in accordance with the principles of this law. The primary purpose of this law is patient safety. A large component of the legislation contains principles and objectives that are consistent with the notion of 'professionalism'. We can therefore refer to the health practitioner regulation's legal jurisdiction as a 'professionalism jurisdiction'. Regulation by professionalism involves consistently demonstrating a set of identifiable positive professional attributes, values and behaviours, and being held to these standards by your professional peer group and others.

One question that paramedics and the profession of paramedicine must now consider is: what is it about self-regulation as a profession that makes it distinct from the regulation that applied to paramedics before the national regulation scheme? Historically paramedics in Australia have predominantly been employed by state-based ambulance services, and so have been regulated by an employer–employee relationship. This relationship remains, but regulation as part of a profession that regulates itself (and does so within the framework a professional code) adds an additional layer of regulation to the governance of paramedics that has not previously existed.

So what is the 'goverance of paramedics'? One good way to start thinking about it is in terms of circles of control. The innermost circle is a small circle that represents you. Clustered around you are other small circles that represent your professional colleagues. By working together to form a professional association, you create a larger circle that contains you and your colleagues. There are lots of advantages to forming an association, not least of which is that it can help govern the behaviour of its members—both toward one another and toward the public (who are outside the circle). The largest circle, encompassing you, your colleagues, your association and the wider public, is the law. The law governs both personal and professional interactions in lots of ways; for example, laws govern marriage, births, deaths, pet ownership, conscription and real estate transactions, and the professional duty of care.[8] So we have overlapping circles of governance relating to: how you govern yourself; how your profession governs its members; and how the law

governs everyone. To help professions govern their members, the law provides them with professionalism regulation, and it is to this regulation that we now turn.

To better enable the governance of paramedicine 'professionalism', laws are in place that allow for the establishment of a paramedicine board to set the standards of education, competence and conduct for the entire paramedic profession, separate from employer standards.[9] Professionalism regulation includes the following functions and aspects.

- The protection of the title of a 'paramedic' so that only those suitably qualified can use it.
- The profession is allowed to determine its own standards for entry into the profession, allowing it to set its own eligibility requirements in terms of distinct expertise, practice, knowledge and skills.
- The regulations establish not only standards for entry into the profession, but also the standards of conduct expected of paramedics. These standards reflect the values and identity of the profession. (Interestingly, these professional values may conflict with those of the paramedic's employer. However, this does not relieve paramedics of their professional duty to act in accordance with professional values. In other words, a professional's obligation to their professional values trumps any obligation they may have to their employer's values.)
- The regulations also provide a process for the profession to sanction those members who do not meet the required standard of competence or conduct (regardless of whether an employer judges the paramedic to be fit to practise).

In addition to these new powers and protections, professionalism regulation also imposes a new form of professional autonomy and associated responsibility on paramedics that they have not previously had to consider. And one such responsibility, which is key, is the requirement to work as a professional.

In order to meet the requirements of working as a professional, it is critical that paramedics learn (and be supported to learn) how to navigate any conflicts—as mentioned above—that may arise. They must understand the power that they wield as professionals, and the responsibilities associated with the exercising of that power. This is particularly so as paramedics begin to work more autonomously both within, and outside of, their current employment arrangements. The primary focus of professional regulation is the provision of high-quality patient care; care that requires paramedics to put the interests of their patients first, even if this results in a conflict with their employer. This is because the 'ideology of professionalism asserts above all else, devotion to the use of [a] discipline's knowledge and skill for the public good'.[10] This ideology is also evident in the interim code of conduct for registered health practitioners (released by the Paramedicine Board of Australia in 2018), which states that 'Practitioners have a duty to make the care of patients or clients their first concern' and that the underpinning of the code is the 'assumption that practitioners will exercise their professional judgement to deliver the best possible outcome for their patients'.[11]

The unique and important nature of the work of paramedics, in dealing commonly with people who are at their most vulnerable, means that paramedics must understand and apply principles of professionalism to their work. Professionalism extends beyond

accountability as set out in the National Law, to also include professional responsibility as set out in the code of conduct. So, what is a code of conduct?

Paramedics are now included under the National Registration Accreditation Scheme (NRAS); making paramedicine the 15th registered health profession in Australia. A core element of accreditation is setting professional standards—the most important of which is the profession's code of conduct. This code works to establish a culture that can be disseminated through education and clinical leadership,[12] and makes known the expected standards of professional behaviour and values of the group. The code of conduct relevant to paramedics is the *Code of Conduct.*[13] The purpose of the code is 'to assist and support registered health practitioners to deliver effective regulated health services within an ethical framework'.[14] As a member of the profession it is incumbent upon you to understand this framework and be guided by it—this is a professional obligation.

A distinguishing feature between professionals and non-professionals is the *obligation* on professionals to act with professionalism; key to which is practitioners putting the patient's interests first. This eliminates, in principle, conflicts of interest for professionals between their own interests and those of the patient (or the interests of another party that may conflict with those of the patient). This requirement is not something that the gaining of legal professional status alone will confer; rather, it is established in conjunction with the ethos of professionalism. Indeed, for paramedics as emerging health professionals, their status as professionals (holding expert knowledge and skills, having peer-to-peer governance, and having the power to self-regulate) provides them with an independence that allows, and may at times *requires,* them to judge, criticise or disobey 'employers, patrons and the laws the state'.[15]

Putting a patient's interests ahead of personal and employer interests is an essential aspect of being a professional. Freidson argues that professions, as a powerful and collegial body, can, and should, provide a strong voice in broad policy-making forums, especially in situations where services are not being provided to those who may benefit from them. Townsend points out that an example of this professional advocacy can be seen in the actions of Doctors for Refugees, a group of health professionals who have challenged a government policy that restricted their role as patient advocates at a detention centre. In 2015 the federal government attempted to introduce legislation that would limit the right of health professionals to raise concerns about patients who were refugees. It was, in effect, a provision that would gag healthcare staff from speaking out on the effects of the detention regime on their patients; the provision indicated that speaking up might result in the health professional's employment being terminated for misconduct, or their being imprisoned for up to two years.[16]

Doctors for Refugees prepared a High Court challenge, which argued that the gag provisions breached the constitutional freedom of health professionals to engage in political communication, and to 'determine whether doctors and nurses are allowed to advocate in the interests of their patients'.[17] The healthcare staff at the detention centre argued that they would continue to advocate for their patients 'despite the threats of imprisonment' because they had a professional obligation to do so.[18] Healthcare staff were faced with the prospect of potentially breaking the law to protect their patients, or, alternatively,

complying with the law and abrogating their professional obligation to put their patients' interests first.

Not only should professional paramedics put the care of their patients above their own interests, the interests of their government, or those of their employer, they should also put it above the interests of other healthcare professionals. An example from paramedic practice where such patient advocacy is required may be where a paramedic must assess the competency of a patient to determine their treatment and transport choice.[19]

Reconsider the introductory case (entitled 'A competent refusal of care') given at the start of this chapter. In this case, the paramedic is faced with a terminally ill patient who wishes to die at home, even though they may receive some benefit from care in hospital. Clinical practice guidelines include contingencies for situations like these. They allow paramedics to make assessments of both a patient's competence[20] and their clinical needs. If necessary, paramedics can contact another clinical specialist, for example a doctor (an Australian senior medical officer), to ask for further advice. If, however, the doctor advises that the paramedics should transport the patient to the hospital, despite the patient being determined competent and objecting to transportation, then the paramedics could find themselves in breach of their professional responsibilities if they follow the doctor's advice, instead of following the patient's wishes. Potentially they could be committing battery, and thus be engaging in behaviour that is both unethical and unlawful.[21] As independent health professionals, paramedics are required to make an assessment of the action that is in the patient's best interest: a defence of 'just following doctor's orders' will not be available to paramedics with regard to their responsibilities as registered paramedics under the National Law.

Nevertheless, there may be some risk to paramedics who refuse to abide by a doctor's advice; for example, their employer might sanction them for not following employer guidelines. However, the point of having guidelines rather than prescriptive protocols is to allow for practitioner discretion in making treatment decisions. This discretion recognises the paramedic's professional status, and—combined with the imperative under the National Law to act with professionalism (and so in the patient's interest)—can allow paramedics to make a decision that upholds the patient's rights to remain at home. Legally, employees are only required to obey the 'reasonable' direction of an employer. The direction to commit a crime—for example, committing a battery—would not be considered 'reasonable'.[22]

It could be argued that this is simply a situation where strong legal regulation will give the patient the most rights; but the reality is that, in the grainy detail of daily encounters, it is a culture of commitment to ethical values that determines the quality and safety of the care provided. Just as Australian paramedics have not previously been regulated in a nationally standardised way, they also have not had any experience of this form of professional advocacy. It is therefore imperative that paramedics build a solid understanding of their professional, legal and ethical obligations both through education and practice.

Professionalism as ethical practice: codes of conduct

The essence of professionalism regulation is that it requires practitioners to develop not only professional competence, but also professional character, which together create a

professional conscience. Freidson called this the 'soul of professionalism'.[23] Professional codes of conduct, and associated policies that embody elements of professionalism, play an important role in establishing, coordinating and making known the expected standards of professional behaviour and values of a group. But what is a code of conduct?

Codes of conduct have been with us for millennia, and are strongly associated with the strictest of laws. One example of such a code from ancient history is the *Code of Hammurabi* (1870 BCE), a legal codification of the laws governing most aspects of life in the Babylonian empire, which were carved in black granite blocks placed as boundary markers. The Byzantine equivalent was the *Code of Justinian* (565 CE), another collection of the civil and criminal laws of the empire.

Although modern professional codes do not have the same imperative force as these old imperial codes, governments and professional groups do see their modern codes as stronger than mere guidelines. Codes, in the modern sense, are a form of conceptual coherence—the attempt to align values and aspirations to virtuous actions. Professional codes in this modern sense attempt to capture a principled and coherent way of life that is core to a professional's very identity: the Japanese samurai code—the way of the warrior—is an excellent example of this sense of a code).[24]

As previously mentioned, the code of conduct relevant to paramedics is the Registered Health Practitioners Code of Conduct. This code was developed by the Paramedicine Board of Australia, a group established under the Health Practitioner Regulation National Law to 'regulate paramedics in Australia under the National Registration and Accreditation Scheme'.[25] The purpose of the Registered Health Practitioners Code of Conduct is 'to assist and support registered health practitioners to deliver effective regulated health services within an ethical framework'.[26] Adhering to this ethical framework is a professional obligation. However, being professional does not merely consist of adhering to such standards. It can go much deeper than mere adherence; some professionals identify with these standards—they are an important part of their self-conception. As Freidson suggests, some professionals 'do not merely exercise a complex skill, but identify themselves with it'.[27]

For some professionals their professional conscience is developed over time, but for others it is the core to their very being. It is 'being, thinking and acting as a professional' and 'knowing what one stands for because knowing what one stands for clarifies … making judgements and decisions and taking responsibility for these judgements and decisions'.[28] This notion of professionalism, as something beyond codes and policies, is likely more related to the notion of professional conscience. Codes of conduct and other behavioural standard-setting documents may be able to be used, in conjunction with other teaching and mentoring, to stimulate the development of health professional character and conscience over time.[29] However, as Faunce argues, that professional ethos (like one's individual character) springs from the accretion of virtues themselves, maintained by the consistent application of altruistically-focused principles.[30]

The Australian health practitioner regulatory system seeks to promote professionalism both as an element of an individual's professional conscience[31] (as shaped by codes, universal ethical norms, policies, professional identity and role, purpose, specialised knowledge and skills), and as legal rules and procedures. The National Law is therefore an example of an 'integrated' professional regulatory system that provides for a coherence

between the regulation of the profession's specialised knowledge and skills (and the power that is associated with it), and the profession's conscience and character (as developed by culture and education). All of these elements work together for the public good and in the public's interest—which is the very heart of professionalism.

There is no doubt that healthcare is a complex system that can present health practitioners with numerous legal, ethical and professional dilemmas. In attempting to best deal with these, paramedics should have the benefit of some knowledge that will allow them to better navigate such situations. It is understood that we live in a society that is strongly regulated both morally and legally. Those practising in healthcare delivery are subject to those regulations and are required to comply with them and, as discussed above, to be a professional requires an understanding of the virtues of altruism, empathy, compassion, courage and the keeping of confidences. It is necessary, therefore, for a paramedic to understand what those rules and regulations are, when to weigh them against each other, and how to apply them to their practice.

Why teach law and ethics to paramedics?

The purpose of applying these rules and regulations, both legal and moral, is not just to ensure compliance for the benefit of the paramedic, the profession or the employer—this would be a very crude view. A deeper justification for the teaching of law and ethics reveals itself when we consider why people typically want to become paramedics, because it is largely a virtuous profession. Paramedics demonstrate the virtues of compassion, altruism, self-development, interdisciplinary teamwork and integrity on a daily basis. It is these traits that have led to paramedics being considered the most 'trusted profession', and on which their 'moral contract' with the public is based.

Pellegrino argues that the necessity for teaching clinical ethics exists because health practitioners not only apply clinical science to solve a clinical problem, but will be confronted by, and therefore will be required to solve, ethical problems that will necessitate a reliance on an equally technical process of deliberation to arrive at a morally and legally defensible position.[32]

It is fortunate in some ways that the professionalisation of paramedicine has come after the professionalisation of medicine and nursing, because, although each profession has its own unique body of knowledge, in the broad schema of healthcare delivery there are many elements that are common to many healthcare disciplines. This allows paramedics to build on the work already done by those groups. For example, the Paramedicine Board of Australia has introduced an Interim Code of Conduct for paramedics that is based on the 'Good Medical Practice' Code established first by medicine, because the conduct of healthcare practitioners, regardless of the specialty, shares the same principles.[33]

In this book, you will be exposed to the theories and principles used by other healthcare professionals, not only to recognise and deal with legal and ethical problems encountered in the field, but to 'communicate and justify these decisions to others in a consistent manner'.[34] The professional health practitioner should understand that acting ethically does not just mean helping people or following the law. To be a professional requires a practitioner to not dismiss difficult decision-making by relativising the situation and

applying a 'well, as long as you're happy then everything is OK' approach.[35] Being a professional requires the practitioner to be able to approach ethical problems by:

- correctly identifying the underlying ethical problem
- gathering information to properly contextualise the problem
- considering the relevant ethical principles
- considering the relevant professional code of conduct
- considering alternative solutions to the problem
- considering the relevant legal regulations, and
- evaluating possible solutions, making a justified decision, and then reflecting on it.[36]

Further to this, an understanding of the purpose of the law and how and when it applies to paramedic practice is a necessary tool in the health professional's armoury, not only spelling out the practitioner's responsibilities, but also establishing boundaries and expectations that provide safety and support for patients, their families and practitioners.

The approach taken in teaching paramedics about ethics is a mixed one, but in this text it is largely via the use of real and hypothetical cases and a discussion of key concepts and narratives. These methods are used to demonstrate, for example, how knowledge of a relevant code of conduct may help paramedics to first conceive of and then develop the tools to act effectively in ethically and legally challenging situations.[37] Knowledge of ethics, law and a code of conduct provides paramedics with an insight into how these normative value systems intersect.

Although laws are not universalisable, they nevertheless make up an essential component of a professional's knowledge, which enables them to make more informed and justifiable decisions. For example, understanding the legal and ethical concepts of consent allows paramedics to involve patients in their own healthcare decision-making. By empowering patients with the knowledge of the professional, the patient and others gain a number of benefits, including being better able to:

- engage with the process of healthcare decision-making on this occasion and in the future
- manage their own health
- act as a conduit to the community to assist in the dissemination of healthcare information to others, and
- act as an additional 'safety net' for their own and the practitioner's protection against adverse events.[38]

In this way the practitioner is acting ethically and promoting the autonomy of the patient, acting to benefit the patient in both the short term and the long term, and limiting the risk of harm to the patient. It also arguably provides an avenue of justice, in that offering the patient the opportunity to be involved in their healthcare presents them with an opportunity to be involved in decisions regarding, for example, the allocation of healthcare resources.

There are challenges with involving patients in healthcare decision-making in the emergency care setting. It would, however, be inadvisable for paramedics seeking to be

recognised as professionals to avoid involving patients. Attempts by paramedics to involve patients (or their surrogate decision-makers) in healthcare decision-making are not only fundamental to applying an ethical standard of practice, but equally essential to applying a legal standard of care.

In the challenging areas of end-of-life decision-making and mental healthcare, the paramedic must be able to identify the moral and legal dilemmas that will inevitably arise, and be equipped with the knowledge and skills to deal most effectively with them in order to promote the best care for the patient. Understanding these issues also empowers the paramedic to contribute to local, national and international discussions on these difficult and contentious issues. These are issues that account for an increasing proportion of the paramedic workload,[39] and, as such, it should be expected that professional paramedics make a significant contribution to such policy debates.

The ultimate purpose of improving decision-making is to increase patient safety. Paramedics can do this by either making 'care' decisions that impact directly on the patient, or making broader, more indirect decisions that ultimately shape policy and regulations that work towards the same end. This latter point is supported by Olick, who argues that professional values can play an important role in 'shaping public policy in the legislature, before the judiciary and in the court of public opinion'.[40]

Conclusion

As members of a profession, it is necessary for paramedics to develop broad professional leadership skills, which include taking part in research to advance knowledge, honing the ability to effectively convey information to a range of audiences, and productively participating in debates and advocacy on professional and general health issues of national and international importance. A solid grounding in law, ethics and professional codes of conduct provides paramedics with the tools and knowledge to present good arguments in those powerful forums—arguments that could reshape the Australian healthcare landscape and assist in the improvement of future patient services.

Review Questions

1. What is one of the traits Flexner identified as being necessary to have in order to be considered a profession?
2. What is a virtue? What virtues do you have? Why are they important?
3. What does it mean to you to be a 'professional'? Does this concur with the definition of a profession?
4. Why is it important to involve patients in healthcare decision-making? Can you think of other benefits not listed here?
5. How do law and ethics intersect with the notion of being a professional?

Endnotes

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Chapter 2
Paramedic ethics

Morgan Luck

Learning objectives

After reading this chapter, you should be able to:

- give a broad account of ethics
- dispel some common misunderstandings regarding ethics
- give an account of three major ethical theories
- offer some objections to each of the major ethical theories
- give an account of the four principles of bioethics
- apply the four principles of bioethics to an ethical case.

Definitions

Consequentialist ethics The view that holds that an action is ethical if, as a consequence of the action, the maximum overall amount of good results (e.g. happiness).

Deontological ethics The view that holds that an action is ethical if it is guided by a set of universal moral rules.

Virtue ethics The view that holds that an action is ethical if it is motivated by virtue.

Also outlined is a method of determining the ethical course of action that is widely used within the healthcare profession today—a method known as the 'four principles of bioethics':

The four principles of bioethics The view that holds that an action is ethical if it is the action that best upholds the principles of autonomy, non-maleficence, beneficence and justice.

An introductory case

Multiple patient overdose

A paramedic is called to the scene of a New Year's Eve party where a multiple patient overdose is suspected to have taken place. On arriving at the scene, the paramedic discovers four people unconscious and suffering respiratory depression, indicating a potentially life-threatening overdose. The paramedic is told that they collapsed after trying a new party drug, which is quickly determined to be an opiate. Because it is New Year's Eve, emergency services are stretched and back-up may not arrive in time.

The paramedic might normally administer the drug naloxone in these circumstances. Typically, a paramedic would only carry two doses of naloxone. One full dose would be needed to properly treat one person suffering from a narcotic overdose. Half a dose may have a beneficial effect on a single patient, but may not be enough to successfully counter the respiratory depression.

This chapter will introduce you to some of the tools used, not simply to make ethical judgements about what a paramedic should do in cases such as this one, but to communicate and justify these decisions to others in a consistent manner.

Introduction

It is common to hear people say things such as 'Rob is a good person', 'Abortion is wrong' or 'The decision to fire the foreman was immoral.' It is also common to hear people justify such judgements by offering reasons. For example, someone might say, 'Rob is a good person *because* he does lots of voluntary work', 'Abortion is wrong *because* it is the same as murder' or 'The decision to fire the foreman was immoral *because* he did nothing wrong.' In each case, a justification for an ethical judgement is being offered. The aim of this chapter is to introduce some of the main tools used not simply to make ethical judgements, but to communicate and justify these decisions to others in a consistent manner.

It is also worth noting that the Paramedic Professional Competency Standards (version 2) clearly state that paramedics must practise 'within the legal and ethical boundaries of their profession'.[1] This chapter hopes to introduce ethics to help paramedics see these ethical boundaries and operate as professionals in their field.

However, before we proceed it is useful to consider the notion of an ethical decision more broadly.

What is ethics? And what isn't it?

Ethics is the study of what it means for something to be morally right or wrong. In other words, it is the study of what you 'ought' to do. Here we do not mean what you *legally*

ought to do, but what you should do in order to be a moral person. This may seem like a perfectly straightforward area of enquiry; however, it often gives rise to a number of misunderstandings. In this section, we will address the following common *misunderstandings*:

- Acting ethically just means helping people.
- Acting ethically just means following the law.
- Acting ethically is only something to worry about in difficult cases.
- Acting ethically is about avoiding moral dilemmas.
- Acting ethically is relative.

We shall examine each of these misunderstandings, and work to resolve the confusion.

Misunderstanding: 'Acting ethically just means helping people'

Some people might think that, so long as they are helping other people, they are acting ethically. However, such a simplistic view does not bear up under close scrutiny. To demonstrate this, consider Case 2.1.

Case 2.1 The embarrassed paramedic

A paramedic arrives on scene to find a 50-year-old male patient having severe chest pains. The paramedic determines that a glyceryl trinitrate (GTN) spray should be used to lower the patient's blood pressure and reduce the strain on his heart.

However, before administering this drug, the paramedic realises that she should ask the patient whether he has taken any erectile dysfunction drugs (such as Viagra) in the previous 24 hours; if he has, the GTN spray may drop his blood pressure to a dangerously low level.

The paramedic decides not to enquire, as she is embarrassed to ask. By chance, it turns out that the patient had not taken erectile dysfunction drugs, so the administration of the GTN spray did, indeed, help the patient recover from the chest pains.

Here we can see that, although the paramedic performed an action that helped the patient, we would not want to say that she acted ethically. In fact, it seems likely that she acted unethically, as she potentially endangered the patient's life simply because she did not want to endure the embarrassment of asking about the possible use of an erectile dysfunction drug.

This example demonstrates that, in some situations, our intuitions about what constitutes an ethical decision are more closely linked with people's motivations or reasons for performing the actions they do, rather than the actions themselves. In other words, to act ethically as a paramedic, it is not enough to incidentally help the patient; you must also act with the patient's best interests at heart. Studying ethics helps to further an awareness of your own reasons for action, or motivations. Such awareness should in turn assist you in determining whether you are acting with the patient's best interests at heart.

Misunderstanding: 'Acting ethically just means following the law'

Some people fall into the trap of thinking that, so long as they do not break the law, their actions will be ethical. As Kenneth De Ville points out:

> When ethical issues arise in emergency medicine, they frequently entail legal issues. The commonest and often the first question asked by physicians in an ethical dilemma is: 'What does the law say?' If that question is answered (and it cannot always be), they are many times content to end the analysis there. Adhering to the law does not guarantee a morally correct outcome, however.[2]

To illustrate this point, consider Case 2.2, provided by Derse.[3]

Although Derse reports that it was lawful for the emergency staff not to retrieve the patient, it is less clear whether such an action was ethical. We can often be sure of the legality of an action, while being unsure of its ethical status (and vice versa), and this points to the fact that the two notions *can* be distinct. In other words, what is ethical might not be legal, and what is legal might not be ethical.

Case 2.2 The death of Christopher Sercye

On May 16, 1998, an event occurred that outraged many and presented an emergency department's physicians and nurses with an ethical and legal dilemma. Christopher Sercye, a 15-year-old boy, was shot and wounded. His friends carried him to within 50 feet of Chicago's Ravenswood Hospital, put him down, and left. Hospital staff saw Christopher lying there but did not go out to help him because hospital policy did not allow staff to leave the hospital premises to render emergency care. Should the doctors and nurses have violated hospital policy and left the patients for whom they were caring to assist this injured boy?

The policy was crafted to prevent hospital liability for actions taken by staff off the premises, as well as to circumscribe the duties of the hospital's personnel. The policy was also designed to protect personnel from injury. Violation of hospital policy was grounds for reprimand or dismissal. Ravenswood was not a Level 1 trauma center, so that if its doctors and nurses intervened before paramedics arrived, they might have delayed the process of getting the patient to an appropriate level of care. It was also possible that the victim's assailants would return and put staff at risk. After a frustrated police officer finally commandeered a wheelchair and brought the boy in by himself, it was too late. The boy died of a gunshot wound to the aorta. In retrospect, immediate action might have saved his life.

Although public outrage was considerable, the hospital personnel had done nothing illegal. They violated no laws by waiting until the patient was brought to the emergency department (ED).[4]

Another example, which will be expanded on in Chapter 9, concerns frisking. Paramedics have the legal right to frisk some patients. However, this legal right does not necessarily constitute an ethical right. A patient's right to bodily autonomy—the right to self-govern one's own body—must be weighed against the legal right a paramedic has to frisk a patient. And sometimes the moral weight of a patient's autonomy will outweigh other concerns.

Of course, what is legal and what is ethical often overlap, and indeed this is no coincidence, for the two domains are closely linked. For example, the principle of justice motivates both legal reform and many of our own ethical intuitions. In addition, since it is often difficult to determine the correct ethical course of action (especially in emergencies), it is entirely prudent to defer to the law in many cases. However, as De Ville quite rightly states:

> Medical professionals must recognize the limited goals and insights of the law and legal thought. As a rule, legal standards are unreliable guides to ethical conduct and should never be allowed to substitute for, or dominate, ethical analysis.[5]

In addition, paramedics who rely too heavily on the law run the risk of developing what Megan-Jane Johnstone refers to as moral blindness, as 'someone who, upon encountering a moral problem, simply does not see it as a moral problem. Instead, they may perceive it as either a clinical or a technical problem'.[6] The danger here is that a paramedic whose actions are primarily being guided by legal, technical or clinical concerns may gradually become insensitive to ethical considerations.

What is more, even if people believed that by following the letter of the law their actions were guaranteed to be ethical, they would still have to have an independent sense of what is ethical before they could know this to be true.

To sum up, although law is an invaluable means of determining the correct course of action, this should not be to the exclusion of ethical considerations. As professionals, paramedics are obliged to develop both their legal and their ethical compasses, and apply them together to the situations they encounter.

Misunderstanding: 'Acting ethically is only something to worry about in difficult cases'

Some people make the mistake of thinking that ethical considerations only come into play when they are faced with a difficult decision. For example, consider Case 2.3.

In this case ethical questions seem to abound, such as 'Is it ethical to let someone die if it is in your power to save them?' and 'Is it ethical to save someone if they wish to be left to die?' Yet ethical considerations do not just come into play when decision-making becomes hard. For example, consider a much easier case (Case 2.4).

It may seem obvious that the paramedic should not stop for a burger. But this is not simply because it is the paramedic's job to respond as quickly as possible to an emergency. It is also because stopping for this reason while lives are at risk would be unethical.

In short, ethical considerations do not pop up only when hard decisions need to be made. Rather, they are ever-present. In order to cultivate a consistent professional attitude,

Case 2.3 'Do Not Resuscitate' tattoo

A paramedic is called to the scene of a suspected heart attack. On arriving at the scene, it is determined that the patient, an 88-year-old man, is unconscious and not breathing.

While preparing to resuscitate the patient, the paramedic discovers the words 'Do not resuscitate' tattooed on the patient's chest.

Case 2.4 Burger stop

A paramedic is called to the scene of a car crash. However, she is a little hungry and there is a fast-food restaurant en route to the crash where she can stop to get a burger.

Case 2.5 Jehovah's Witness car crash

An intensive care paramedic arrives on the scene of a car crash to find a patient conscious but severely haemorrhaging. After slowing the bleeding and providing the patient with a saline solution, the patient's blood pressure continues to drop, and she becomes unconscious. The paramedic is worried that the patient may die before reaching the hospital.

One promising course of action open to the paramedic is to administer packed red blood cells, which should help stabilise the patient.

However, the patient informed the paramedic before falling unconscious that she is a Jehovah's Witness and did not want to be given a blood transfusion.

you should not *choose* to think ethically in particular situations, but instead consider the ethical dimension in all instances of professional decision-making.

Misunderstanding: 'Acting ethically is about avoiding moral dilemmas'

In this instance, the misunderstanding is less about what constitutes ethical thinking and more about how best to develop a stronger ethical foundation. Throughout this book a variety of ethical cases will be introduced, some of which will appear to entail dilemmas. It can be said that a case involves a dilemma if, in responding to the case, you are faced with making a choice between equally unfavourable options. For example, consider Case 2.5.

This case may entail a dilemma, as the paramedic is forced to choose between letting the patient die of blood loss or disregarding her religious beliefs. When faced with such a dilemma, there are three ways paramedics might generally respond: they might ignore the dilemma, avoid it or resolve it. Let us examine all three responses.

A paramedic ignores a dilemma by not taking the ethical aspects of the case seriously, or even by being completely blind to them. Such a paramedic would respond to dilemmas in a mechanical and unconsidered manner, typically by considering only the law. This type of response is not consistent with best practice, as paramedics should not be guided solely by legal, technical or clinical concerns, but also by the ethical issues at play. A case in point here is the Nuremberg defence; a defence famously used by Nazi war criminals during the Nuremberg Trials: 'I was only following orders.' Although this is a rather extreme example, history has taught us that we should never turn off our own moral compass and just mechanically do what we are told. However, although it is bad to ignore dilemmas in this fashion, it is perfectly acceptable to attempt to avoid them.

A dilemma is avoided when you attempt to find a way out of the situation without taking either of the hard options. For example, when considering the ethical course of action in Case 2.5 (the Jehovah's Witness car crash case), you might think to yourself, 'I would use a non-human blood substitute to treat the patient, as this substitute is approved by their religion.' This course of action, if available, avoids the dilemma, as it allows the paramedic to both save the patient and respect her religious commitments. This type of avoidance is good, and is obviously preferable when you are in the field. However, while it is good to avoid dilemmas in this way, you will not be able to do so in all cases. It is therefore important that paramedics also consider how to resolve, rather than avoid, ethical dilemmas.

Paramedics resolve a dilemma when they consider the ethical problems and legal issues involved in the case and, after due consideration, choose one of the hard options posed by the dilemma. Often these ethical problems are best highlighted by questions, which in the case of the Jehovah's Witness car crash case might be:

- Do patients have the right to refuse treatment?
- Is it ever ethical to let someone die when you are able to save them?

Identifying and thinking about these central ethical problems should help you to form justifiable reasons for action. (Chapter 3 will involve picking out such ethical problems from case studies.) It is by taking a stance on these issues and acting in line with your convictions that you will resolve the dilemma. For example, if after due consideration the paramedic decided that the Jehovah's Witness does have the right to refuse treatment, and as a result does not administer the packed red blood cells, this would be an example of a paramedic attempting to resolve the dilemma.

When *studying* ethics you should resist the temptation to always avoid dilemmas rather than resolve them. Although avoiding a dilemma is desirable in the field, you will learn little about difficult ethical cases, and how to resolve them, if you are constantly thinking of ways to avoid them. While *studying* ethics it is therefore better—even if you know of an ingenious way to avoid the dilemma (which is preferable in practice)—to embrace the underlying problem that each case is designed to highlight.

In short, even though it is best to avoid dilemmas when you can in practice, in many cases this will not be possible, and in such cases acting ethically will require you to take a stand on quite hard issues. In order to strengthen your ability to do this, you should take the opportunity to resolve, rather than avoid, the ethical dilemmas presented in this book.

Misunderstanding: 'Acting ethically is relative'

It is common to hear people say, 'Beauty is in the eye of the beholder', the thought being that it is legitimate for two people to look at the same thing, such as a painting, and one of them think it is beautiful and the other think it is not. Some people think ethics is like beauty in this respect. In other words, whether or not an action is ethical depends on who you ask—it is relative to individuals. We can call this *individual relativism*. A related position is *cultural relativism*, where ethical standards are taken to be relative to cultures rather than individuals. Both individual and cultural relativism are types of *ethical relativism*. Ethical relativists, as Shafer-Landau explains, believe that something is ethical simply:

> … because a person, or a society, is deeply committed to it. That means that the standards that are appropriate for some people may not be appropriate for others. There are no objective, universal moral principles that form an eternal blueprint to guide us through life. Morality is a 'human construct'—we make it up, and like the law, or like standards of taste, there is no uniquely correct set of rules to follow.[7]

To help illustrate ethical relativism, consider Case 2.6.

Most paramedics in our culture would be inclined to believe female genital mutilation is unethical. However, if they were a cultural relativist they would have to concede that this procedure *is* ethical relative to a culture where it is permitted.

Some people find ethical relativism attractive because it seems quite a tolerant position to take. For example, rather than saying 'Abortion is wrong and that's that', relativists

Case 2.6 The tribal procedure

A paramedic decides to volunteer her services to an overseas aid program, transporting patients from various remote African communities to a medical centre.

One day the paramedic is asked to transport a young girl to the centre to undergo an operation resulting in female genital mutilation. The girl herself tells the paramedic that she doesn't want to undergo the procedure.

Shocked by this request, the paramedic radios the centre en route to find out more about the procedure. She discovers that the procedure is not illegal here, that it is one of the culture's oldest traditions, and that in this culture the daughter has no say in whether or not the procedure should be carried out.

would be more inclined to say 'Although abortion is unethical relative to my culture, I appreciate that it is ethical relative to yours.' However, being tolerant in this manner has its drawbacks. For example, the relativist will be committed to saying: 'Although the attempted genocide of the Jews by the Nazis was unethical relative to the Jews, it was ethical relative to the Nazis.' Note the relativist is not simply pointing out that the Nazis *believed* that their actions were ethical, but rather that the Holocaust *was* ethical relative to the Nazis. In other words, there is a very real sense in which the Holocaust was *actually* ethical. To many people this conclusion would be quite unacceptable.

It may seem to follow from ethical relativism that it is wrong for one group to impose their ethical standards on another. And, again, this seems like quite a tolerant position to take in a multicultural society. However, if this is the case, ethical relativists cannot attempt to stop one group from imposing their ethical standards on another. This is because, if they did, they would be imposing their *own* ethical standards onto another group. Therefore, this type of tolerance is, in this limited respect, impotent. For example, I may think it is wrong for religious groups to indoctrinate children because no person should impose their beliefs on another. However, if I step in and stop this from happening, I am imposing my belief that indoctrination in this religious group is wrong.

Many people are drawn to ethical relativism because of the realisation that different cultures and individuals do in fact have different ethical standards. This understanding has led some to mount the following argument, as captured by Rachels and Rachels:

1. Different cultures have different moral codes.
2. Therefore, there is no objective 'truth' in morality. Right and wrong are only matters of opinion, and opinions vary from culture to culture.[8]

Putting aside the fact that there are also considerable similarities between the ethical standards of different cultures, it does not follow from there being disagreement about what is ethical that there is no fact of the matter. For example, if during a primary-school maths quiz one student claims 5 + 3 = 8, and another claims 5 + 3 = 9, this should not lead us to conclude that there is no fact of the matter.

Some relativists may disagree with this analogy, for in the maths quiz example there is a maths teacher who is acknowledged as an authority. Ethics, the relativist may argue, is not like this—there is no agreement on who has the final say. This point is often underlined by posing the question: 'Who are you to say what is right or wrong?' However, even if there is no single person or method that can definitely tell us what is, or is not, ethical, should we really conclude that there is no fact of the matter? For example, there is presently no authority figure who can tell me exactly where my cat went last night. But should I really conclude there is no fact of the matter? Surely not.

Some may worry that the rejection of ethical relativism, and the adoption of ethical objectivism, will permit people to be intolerant of different ethical beliefs. In response to this, note first of all that sometimes intolerance is appropriate: if I am in a position to stop a rape, then I should do so, even if the attempted rapist thinks that there is nothing wrong with what he is doing. Setting aside cases like this, it may still be of concern that ethical objectivism might permit an *inappropriate* intolerance of different ethical beliefs. But this need not be the case. Here are a few reasons why.

First, just because someone believes in an objective ethical standard, this does not mean they know what the standard is. There may still be good reason to be humble and remain open to alternative ideas and approaches, for such alternatives may turn out to be objectively correct. For example, if someone believes that abortion is wrong but does not *know* that it is wrong, then that is good reason for them to tolerate people who believe otherwise.

Second, even if we know we are right, it may be that we are ethically required to be tolerant of people with different beliefs. If so, then we are not permitted to be intolerant (even if we know we are right). For example, even if we know it is wrong to shout at our own children, it may still be wrong to interfere with parents who choose to shout at theirs.

Lastly, there is nothing stopping ethical relativism from also permitting intolerance. For a relativist might say, 'I know that being tolerant is ethical relative to your culture, but relative to my culture it is ethical to be intolerant.' And, indeed, there are examples of this. Consider the following quote by the founder of the Italian National Fascist Party, Benito Mussolini:

> Everything I have said and done in these last years is relativism, by intuition. From the fact that all ideologies are of equal value, that all ideologies are mere fictions, the modern relativist infers that everybody has the right to create for himself his own ideology, and to attempt to enforce it with all the energy of which he is capable. If relativism signifies contempt for fixed categories, and men who claim to be the bearers of an objective immortal truth, then there is nothing more relativistic than fascism.[9]

In short, a paramedic who rejects ethical relativism is no more in danger of becoming intolerant of other ethical beliefs than a paramedic who does not.

So you should not conclude that there is no objective ethical standard because (a) there is disagreement about what is ethical or (b) there is no single ethical authority. This does not mean that there is no good argument for relativism—just that these two arguments are not among them. In addition, ethical relativists seem committed to claiming that atrocities such as the Holocaust are actually *ethical*, in a particular sense. Now it may turn out that this is right, but it would be very surprising. So, in the absence of better arguments for ethical relativism, we should be wary of it. And lastly, just because someone rejects ethical relativism does not mean that they are permitted to be intolerant of different ethical beliefs.

The three main ethical theories

Now that we have considered some misunderstandings about ethical decision-making, let us turn our attention to the different ethical theories by which such decisions are often justified. An ethical theory, broadly speaking, is any systematic attempt to classify actions as either morally right or morally wrong, in an objective sense. That is, it is a theory about what makes something ethical.

The three most influential ethical theories are consequentialist ethics, deontological ethics and virtue ethics. In this section we shall provide a brief introduction to each of these ethical theories, and look at some objections often levelled against each of them.

Case 2.7 Multiple patient overdose

A paramedic is called to the scene of a New Year's Eve party where a multiple patient overdose is suspected to have taken place. On arriving at the scene, the paramedic discovers four people unconscious and suffering respiratory depression (indicating a potentially life-threatening overdose). The paramedic is told that they collapsed after trying a new party drug, which is quickly determined to be an opiate. Because it is New Year's Eve, emergency services are stretched and back-up may not arrive in time.

The paramedic might normally administer the drug naloxone in these circumstances. Typically, a paramedic would only carry two doses of naloxone. One full dose would be needed to properly treat one person suffering from a narcotic overdose. Half a dose may have a beneficial effect on a single patient, but may not be enough to successfully counter the respiratory depression.

Consequentialist ethics

Consequentialists believe that you should always try to perform the action that is likely to lead to the best possible consequences. The emphasis here is on the consequences of the action, rather than the action itself.

To illustrate this theory, consider the multiple patient overdose in Case 2.7.

Paramedics influenced by consequentialist ethics might choose to administer a full dose to just two patients, rather than four half-doses to all four patients, if they felt that the half-doses would probably not be enough to save anyone's life. This is because, all things being equal, the high likelihood of saving two lives might seem to be a better outcome than probably not saving anyone's life.

This view may seem almost too obvious to be a useful theory. You may wonder how it could be possible for an action to be ethical if it did not result in the best consequences. However, this theory is not at all as self-evident as it first seems. This is because without defining what the 'best' is, it can be quite difficult to determine what is ethical.

Some people believe that the best outcome is the outcome that produces the most happiness. This view is known as *hedonism*. According to hedonism, in order to make an ethical choice you must determine which option will cause the most happiness. For example, in the case of the multiple patient overdose, probably saving two lives (rather than probably not saving anyone's life) seems like the better option, because, all things being equal, the more lives saved the happier people will be. This is the type of justification that a consequentialist would offer for this decision. We might refer to this type of consequentialism as *hedonistic consequentialism*; and although there are many other types of consequentialism, such as *preference consequentialism* (where an action is ethical if it maximally satisfies people's preferences), we shall focus on hedonistic consequentialism for the sake of simplicity.

We understand consequentialism as follows:

Consequentialist ethics The view that holds that an action is ethical if, as a consequence of the action, the maximum overall amount of good results (e.g. happiness).

Note that consequentialist ethics is sometimes also referred to as *utilitarianism* or *teleological ethics*.

Despite this theory often delivering intuitively correct results, there are objections to its wholesale adoption.

Objection: does consequentialist ethics demand too much from us?

On first glance, the idea that an ethical action is an action that causes the most happiness might seem uncontroversial—however, it is in fact deeply radical. To understand why, consider Case 2.8.

Commonsense morality (what most people intuitively consider to be moral) says that giving money to charity is admirable—that it is the kind of thing that good people do. However, commonsense morality does not say that giving to charity is morally obligatory. Yet consequentialist ethics does suggest that we act unethically every time we do not donate our lunch money. This is because saving lives usually causes more happiness than having lunch. So our ethical obligations, according to consequentialist ethics, are far more demanding than we normally take them to be.

Consequentialist ethics not only demands that we give up our money, but it also demands we be impartial in our efforts to maximise happiness, in a manner not usually expected of us (see Case 2.9).

Commonsense morality says that we have special obligations to our friends and family. Therefore, it might suggest that we would not act wrongly in saving our own child, even when we could have saved two strangers instead. Again, consequentialist ethics disagrees. Given that we would produce an outcome that is twice as happy, all things being equal, by saving two children rather than one, consequentialist ethics implies that we are obligated to save two. If we save only one child (even if it is our own), we act wrongly.

Objection: should we always try to maximise happiness?

In some situations, maximising happiness does not seem quite fair. To illustrate this point, consider Case 2.10.

Case 2.8 Medical treatments in Ethiopia

In the hospital cafeteria there is a donation box for a charity organisation that helps to pay for medical treatments for children in Ethiopia.

Every day a paramedic brings $5 to work to pay for lunch. It is true that if the paramedic went without lunch every day he would be very hungry by dinner-time. However, it is also true that if the paramedic gave $5 to this charity every day, the money would help to save lives.

Case 2.9 The blood relative

A paramedic arrives on the scene of a road accident. A truck has hit a school bus and three children are in a critical condition.

If they are left untreated, all three children have only around 20 minutes to live. The first child can be stabilised in about 10 minutes. So, too, can the second child. However, the third child will take 15 minutes to stabilise.

To the paramedic's horror, she also discovers that the third child is her own.

Case 2.10 The sporting celebrity

A paramedic arrives at the scene of a car crash, where she finds three patients in a critical condition and in equal need of immediate attention.

The paramedic recognises that one of the patients is a popular sporting celebrity. The two other patients are an unknown man and an unknown 10-year-old child.

The paramedic is unable to stabilise more than one person, and back-up is too far away to be of help.

In this case there is a very strong possibility that thousands of people will become unhappy if the sporting celebrity were to die. The same cannot be definitely said of the unknown man and the 10-year-old child. Therefore, in this case consequentialism would suggest we save the celebrity, for by doing so we maximise happiness.

Choosing to save the celebrity's life in this case, just because she is popular, may for many people seem unfair. The thought is that popularity should not be playing such a major role in determining who lives and who dies. Yet under consequentialist ethics this is what seems to result. In fact, even if the choice were between the celebrity's life and 10 unknown people, consequentialist ethics would still suggest we save the celebrity, providing this would ultimately cause more happiness.

Consequentialist ethics asserts that whether or not an action is ethical depends on the consequences of the action. However, some believe that there are certain actions that are always unethical, regardless of their consequences. This is because these people take moral rules, rather than human happiness, to be the most important factor in determining what is ethical. It is this view that is upheld by our next ethical theory—deontological ethics.

Case 2.11 The charitable patient

A paramedic is en route to the hospital with a patient suffering from a narcotic overdose. With the real threat of death playing on the patient's mind, he thrusts a large sum of money into the paramedic's lap.

The patient informs the paramedic that he was going to spend this money on illegal drugs, but would now like the paramedic to donate this money to a hospital charity instead.

Before reaching the hospital the patient makes a partial recovery, and, on feeling somewhat better, requests the money be returned to him.

Deontological ethics

According to deontologists, an ethical action is not determined by its consequences. Rather, an ethical action is one that is guided by moral rules.

To illustrate this approach, consider the charitable patient in Case 2.11. A paramedic influenced by deontological ethics would return the money if they believed that there was a fundamental moral rule that stated: 'Paramedics should not accept money from patients—especially if they are in a vulnerable state of mind, such as under the influence of drugs, or believing they are facing death.' However, bear in mind that far less happiness is likely to result from giving back the money. That is, the hospital charity will not receive the money, and the patient who has just suffered a drug overdose will then probably use the money to buy further drugs. However, despite the fact that returning the money may make the world a less happy place, according to deontological ethics this may be the right thing to do. This is because deontological ethics is about following moral rules, or principles, rather than weighing up the happiness of possible outcomes.

Compared to consequentialist ethics, deontological ethics may appear simpler. This is because, rather than considering what actions are likely to result in what consequences and calculating how much happiness will result, deontological ethics requires only that a set of rules be upheld. However, it can often be hard to determine exactly what these rules are.

Many people think moral rules arise from human rights and duties. A right is something we have a moral entitlement to. For every right there is usually a corresponding duty. So, for example, if you have the right not to be murdered, then everyone else has the corresponding duty not to murder you—and from this duty the moral rule 'Do not murder' could be established.

Rights are generally considered to be universal. In other words, they apply to everyone at all times. For example, if we have a right to free healthcare, then it would always be unethical for anyone to deny another such care. Note, however, that although everyone may have rights, their corresponding duties need not concern everyone. Take, for example,

the right to patient–doctor confidentiality. Although this right applies to everyone, the duty to uphold such confidentiality concerns only doctors.

Although the notion of rights seems straightforward, there is some disagreement over why people have them.

Some believe that certain rights have been established by God. Within Christianity and Judaism, an example of such rights can be found with the Ten Commandments. For instance, the commandment 'Thou shall not murder' describes our duty not to murder, which in turn reflects our right not to be murdered. Others believe that rights follow from those rules that, if followed by everyone, best ensure we can live together in a civil manner. An example of such a set of rules might be the Universal Declaration of Human Rights.

For our purposes, we shall define deontological ethics as follows:

Deontological ethics The view that holds that an action is ethical if it is guided by a set of universal moral rules.

Note that deontological ethics is sometimes also referred to as *Kantianism* (after one of the major proponents of the view—Immanuel Kant), *duty theory* or *right-based ethics*.

Although many of our ethical decisions seem guided by such moral rules, this theory is not without its critics.

Objection: is deontological ethics too rigid?

One seemingly good point about deontological ethics is that people influenced by this theory should always act consistently. That is, if they always follow the same set of rules, they should always perform the same actions under the same circumstances. Yet where some see consistency, others see problematic rigidness; for example, consider Case 2.12.

Let us imagine that the paramedic is influenced by deontological ethics and believes there is a moral rule that states: 'All patients have the right not to have their medical

Case 2.12 The STD cheater

A paramedic is at the scene of an assault outside a nightclub, bandaging the assailant's fist. The assailant claims that he hit his partner in self-defence. He reports that she flew into a rage after he told her that he was sleeping with another woman. The police have advised the paramedic that no one is pressing charges and the man is free to leave.

In his drunken state, the patient reveals that he has just been diagnosed with a mild and treatable sexually transmitted disease (STD). He is aware of the risks associated with engaging in risky sexual activity; however, he does not intend to abstain from unprotected sex with the numerous partners he has, nor inform them of his condition.

After the paramedic has finished bandaging the man, one of the man's (allegedly many) partners arrives to take him home.

information disclosed to others'; that is to say, patients have the right to privacy. (Such a right may seem appropriate, for if people believed that paramedics might tell others about their medical condition, they might not be comfortable divulging important information to them in more critical situations.)

However, imagine now that, instead of a mild and treatable sexually transmitted disease (STD), the patient reveals he was diagnosed with human immunodeficiency virus (HIV), and he also tells the paramedic that he has over 20 regular sexual partners. Under these conditions, should the paramedic still uphold the patient's moral right to privacy? According to deontological ethics, if there is a moral rule that states that you should not disclose medical information to others, it may never be ethical to do so, no matter what the consequences.

Alternatively, what if the paramedic also holds a rule that states: 'One should protect people from unnecessary harm as much as possible'? It seems that this rule might be in conflict with the earlier rule concerning privacy. For if the paramedic does not break the privacy rule, the rule about protecting people from harm will end up being broken, and vice versa. What is needed are further rules to tell us what to do when such rules conflict.

To many people it seems almost impossible to determine all the moral roles that might guide our behaviour. This has led some to think that, rather than focusing on rules or consequences, perhaps the best ethical compass we have is our own virtue. This is the underlying idea behind the final ethical theory we will be introducing—virtue ethics.

Virtue ethics

According to virtue ethics, an ethical action is not determined by the consequences of the action or whether it is guided by a particular rule. Rather, what is ethical about an action is determined by whether it is guided by a person's virtue. To illustrate this theory, consider Case 2.13.

According to virtue ethics, the paramedic in this case has not acted ethically. This is because his actions were not guided by a virtue, such as sympathy or compassion for the patient, but rather by a vice, in this case lust.

According to virtue ethics, being ethical is less about what type of action you perform and more about what type of person you are. The theory is that a perfectly virtuous person

Case 2.13 The attractive celebrity

Imagine that a paramedic is called to the scene of a heart attack. On discovering that the patient is an attractive movie star, the paramedic does everything in his power to make sure the patient is properly treated.

Importantly, however, he does this not because it is the right thing to do, but because he imagines that if he saves the patient's life, the patient won't be able to say no if, once she has recovered, he asks her out on a date.

would always act ethically. So if you wish to be ethical, your focus should not be on rules or consequences, but instead on your own character.

Thus, if paramedics are serious about acting ethically, they should be equally serious about becoming an ethical person—and to do so they should begin at once to cultivate their own character. For example, they should be mindful of those occasions where they may have acted in anger, and instead train themselves to practise restraint.

This theory can be loosely defined as follows:

Virtue ethics The view that holds that an action is ethical if it is motivated by virtue.

Most ethicists currently consider virtues to be deeply rooted character or personality traits that exemplify a complex and highly moral state of mind. As Hursthouse explains:

> A virtue such as honesty or generosity is not just a tendency to do what is honest or generous, nor is it to be helpfully specified as a 'desirable' or 'morally valuable' character trait. It is, indeed, a character trait—that is, a disposition which is well entrenched in its possessor, something that, as we say, 'goes all the way down', unlike a habit such as being a tea-drinker—but the disposition in question, far from being a single track disposition to do honest actions, or even honest actions for certain reasons, is multi-track. It is concerned with many other actions as well, with emotions and emotional reactions, choices, values, desires, perceptions, attitudes, interests, expectations and sensibilities. To possess a virtue is to be a certain sort of person with a certain complex mindset.[10]

Another central feature of a virtue is its *universal applicability*. In other words, any character trait defined as a virtue should be regarded as a virtue for everyone. According to this view, for example, it is inconsistent to claim that servility and chastity are female virtues, while at the same time suggesting that they are not male virtues.

Examples of virtues include compassion, kindness, empathy, sympathy, altruism, generosity, respectfulness, trustworthiness, personal integrity, forgiveness, friendship, love, wisdom, courage and fairness.

Although this theory enjoys much support among ethicists, it too has its drawbacks.

Objection: what do we do in the meantime?

Although cultivating a virtuous character seems like a good foundation to an ethical life, given that very few of us will ever become perfectly virtuous people (even given our best efforts), it is hard to see how virtue ethics will help us to make good ethical decisions right now. To illustrate this difficulty, reconsider the case of the blood relative (Case 2.9).

In this case it is hard to see what virtuous people might do. Perhaps virtuous people would save their own child, as they are guided by the virtues of loyalty and kinship. However, perhaps they would not save their own child's life, because they are guided by the virtue of selflessness.

So, although it may be true that perfectly virtuous people will always act ethically, this may not help us, as imperfect people, to ultimately determine what course of action is ethical right now.

While we are busy cultivating our virtues, it would be a good idea if we could have a practical system in place to help guide our ethical decisions straightaway. To such an end, the four principles of bioethics have been developed.

The four principles of bioethics

So far we have introduced three different ethical theories typically used by ethicists to justify ethical decision-making. However, it may prove useful to also introduce a more practical method. The method perhaps most widely used amongst healthcare professionals was developed by Beauchamp and Childress,[11] and is known as the *four principles of bioethics*.

The four principles of bioethics are four ethical principles, which, when applied together to an ethical case, should help you to determine the best course of action. The four ethical principles are:

1. autonomy
2. non-maleficence
3. beneficence
4. justice.

Staunton and Chiarella describe the notion of a principle as 'a rule or standard to be applied in a given situation. There is a sense in a principle that it is the right thing to do, that it will guide one's behaviour.'[12] We shall now introduce each of these principles one by one, and then examine how they come together to guide our actions.

The principle of autonomy

The principle of autonomy states that you should ensure that your patient is as able as possible to make free and informed decisions about their treatment, and that you should respect, as far as possible, their decisions.

The principle of autonomy respects the right of self-determination and non-interference of others when making decisions about themselves. It respects the person, and places an obligation on others not to interfere or constrain the person unnecessarily. Furthermore, we are charged with the responsibility to enable the person to exercise their autonomy whenever possible. Autonomy underpins privacy, confidentiality, veracity and consent, and assumes that the individual has the capacity for deliberation.[13]

It is this principle that provides the basis for informed consent.[14] In order to gain informed consent (and so uphold the patient's autonomy), the following three conditions must be satisfied (at the very least):

1. **Liberty** The patient must be free from controlling influences.
2. **Agency** The patient must have the capacity to make a choice.
3. **Understanding** The patient must have the capacity to understand the range of choices and their consequences.

To illustrate these conditions, consider Case 2.14.

In this case, the patient clearly displays signs of agency—that is, he is able to make a choice regarding whether or not he wishes to go to the hospital. However, this alone is not enough to suggest that the patient is able to provide informed consent. There is strong evidence in this case to suggest that the condition of liberty has not been met, for it seems the patient may well be under the controlling influence of morphine. Likewise, there is

Case 2.14 A possible suicide

A 63-year-old man has terminal cancer. He has been receiving palliative care for some time, and is in some pain. To deal with the pain he is able to self-administer morphine.

On Wednesdays, a nurse routinely makes a home visit. During one of these visits, the man asks the nurse how much morphine he would have to administer in order to kill himself. Although the nurse is unsure whether the patient is serious, or indeed whether he has already administered a fatal dose, she decides to call an ambulance just in case.

The paramedics arrive to find the man fully conscious. At first he claims to have administered a dangerously large dose of morphine. However, as soon as the paramedics attempt to transport him to the local hospital, he changes his story, saying he was confused earlier and has not administered a large dose of morphine.

He is adamant that he does not want to be taken to the hospital.[15]

evidence to suggest that the patient lacks the capacity to understand the choice he has made, as he keeps changing his story and is confused.

Paramedics only have a duty to uphold a patient's autonomy as far as it is possible. In this case, because it may be impossible to get the patient's informed consent, the paramedic would not fail in upholding the patient's autonomy were he to choose to take the patient to the hospital against the patient's wishes. We only fail to uphold the principle in those cases where a patient is *able* to provide informed consent for some treatment and does not give it, but we still decide to administer the treatment.

The principle of autonomy is clearly upheld in the Paramedicine Board of Australia's interim Registered Health Practitioners Code of Conduct (the code of conduct relevant to paramedics). It stresses the importance of practitioners working in partnership with their patients, which involves:

- encouraging and supporting patients or clients and, when relevant, their carer/s or family in caring for themselves and managing their health
- encouraging and supporting patients or clients to be well-informed about their health and assisting patients or clients to make informed decisions about their healthcare activities and treatments by providing information and advice to the best of a practitioner's ability and according to the stated needs of patients or clients, and
- respecting the right of the patient or client to choose whether or not they participate in any treatment or accept advice.[16]

Sections within the code are also dedicated to effective communication,[17] informed consent,[18] and working with patients with impaired decision-making capacity.[19] All such considerations are underpinned by the principle of autonomy.

Case 2.15 The broken leg

A paramedic arrives at a sports stadium to find a patient with a badly fractured leg, brought on by a particularly nasty rugby tackle.

The paramedic thinks that it might be worth realigning the leg and placing it in a traction splint before transporting the patient to the hospital.

Realigning the leg in this way will cause the patient further pain initially. However, once in the splint, the pain will normally decrease and there is less chance of further injury to the limb.

The principle of non-maleficence

The principle of non-maleficence states that, as far as possible, you should not harm a patient, either through action or inaction. Failure to protect a patient from needless foreseeable harm is commonly referred to as *negligence*.

This principle seems quite straightforward, and for the most part it is. However, at times its application might seem difficult. Consider Case 2.15.

Although the realignment and traction of the leg will decrease the chance of further injury, it will also cause further initial pain. And since the principle of non-maleficence states that paramedics should not harm their patients, the paramedic would not, in respect to this further pain, be adhering to this principle. However, if by causing harm now a paramedic is able to lessen a greater harm in the future, then causing this lesser harm may be acceptable overall.

The principle of non-maleficence is also upheld in the code of conduct, as it stresses the importance of practitioners minimising risk (i.e. the chances of harm). This involves:

- working in practice and within systems to reduce error and improve the safety of patients or clients and supporting colleagues who raise concerns about the safety of patients or clients, and
- taking all reasonable steps to address the issue if there is reason to think that the safety of patients or clients may be compromised.[20]

Such guidance is underpinned by the principle of non-maleficence.

The code also states that for paramedics to take good care of their patients, they should consider 'the balance of benefit and harm in all clinical management decisions'.[21] To better understand this guidance, it may be helpful to consider the principle of non-maleficence in conjunction with the next principle—the principle of beneficence.

The principle of beneficence

The principle of beneficence states that, as far as it is possible, you should help your patients. Again, this principle is for the most part straightforward. It is only when we

come across cases such as the broken leg in Case 2.15 that this principle requires some explaining.

The principles of beneficence and non-maleficence sometimes need to be weighed against one another. For example, in the case of the broken leg, it may be acceptable to harm the patient a little now in order to help them a lot in the future. This process of weighing these two principles against one another is also captured in what is known as the *doctrine of double-effect*.

> **The doctrine of double-effect** It is ethically permissible to cause some unintended harm if this harm is a side-effect of some intended good, providing that this good could not be achieved any other way, and not to cause this good would result in a greater harm.

So, in the case of the broken leg, it may be permissible to cause the patient some pain by realigning the leg, since this harm is an unintended side-effect of the intended good of lessening the chance of further injury to the limb, given that the paramedic could not have done this any other way, and not lessening the chance of further harm would be a greater harm than the temporary pain caused by the realignment.

The principle of beneficence is also upheld in the code of conduct, as it emphasises that 'Care of the patient or client is the primary concern for health professionals in clinical practice',[22] and that the very underpinning of the 'code is the assumption that practitioners will exercise their professional judgement to deliver the best possible outcome for their patients'.[23]

The principle of justice

A good way to think about the principle of justice within the healthcare profession is to first consider how it operates within the legal profession. So far as the law is concerned, justice, it is often said, is blind. This does not mean that legal professionals do not consider the evidence in front of them, but rather that each person, regardless of race, religion or class, should be treated equally. In other words, the law sets out to treat each person fairly. In the same way, the healthcare profession is 'blind'.

The principle of justice states that you should treat your patients fairly. A good way to start thinking about this principle is to consider Case 2.16, in which there is more than one patient to look after.

The principle of justice suggests that the paramedic should give each patient two ampoules of morphine. This is because, all things being equal, treating each patient fairly seems to entail reducing each patient's pain, rather than leaving one patient completely untreated.

Yet we should not mistake the principle of justice as meaning we should treat each patient identically. To understand why, consider a slightly modified version of the previous case—Case 2.17.

If you were to treat both patients identically, you would end up giving both equal amounts of morphine: two ampoules each. Yet, although the second patient would be relieved of all his pain, the first would still be in some discomfort. Such a result seems ridiculous given the alternative (i.e. three ampoules to the first and one to the second).

Case 2.16 Two patients in equal pain

A paramedic has two patients in the ambulance en route to the hospital. Both patients are in considerable amounts of pain after incurring burns to much of their bodies. Unfortunately, the paramedic only has four ampoules of morphine to hand.

If the paramedic were to give one patient four ampoules of morphine, that patient's pain would be completely removed until they reached the hospital. However, the other patient would be in considerable pain for the remainder of the trip.

If the paramedic were to give both patients two ampoules of morphine, their pain would be halved; however, they would still be in some discomfort.

Case 2.17 Two patients in unequal pain

A paramedic has two patients in the ambulance en route to the hospital. The first is in a considerable amount of pain, while the second is in a moderate amount of pain. The paramedic has four ampoules of morphine to hand.

If the paramedic were to give the first patient three ampoules of morphine, his pain would be completely removed until they reached the hospital. The second patient only requires the one remaining ampoule to numb the pain for the remainder of the trip.

Rather than thinking of the principle of justice as just 'treat all patients equally', it might be better understood as 'treat all patients equally according to their needs'.

The principle of justice is also upheld in the code of conduct, as it emphasises that 'Practitioner decisions about access to care need to be free from bias and discrimination.'[24] This involves:

- not prejudicing the care of a patient or client because a practitioner believes that the behaviour of the patient or client has contributed to their condition
- upholding the duty to the patient or client and not discriminating on grounds irrelevant to healthcare, including race, religion, sex, disability or other grounds specified in anti-discrimination legislation, and
- investigating and treating patients or clients on the basis of clinical need and the effectiveness of the proposed investigations or treatment, and not providing unnecessary services or encouraging the indiscriminate or unnecessary use of health services.[25]

Now that all four principles have been introduced, let us consider how they come together into a single method of ethical decision-making.

Applying the four principles

The four principles of bioethics are designed to help healthcare professionals make ethical decisions. The idea is that, even when these principles conflict, we can weigh them against each other in order to determine the course of action that best conforms to the principles *overall*. Given this approach, the method might best be defined as follows:

> **The four principles of bioethics** An action is ethical if it is the action that is best able to uphold the principles of autonomy, non-maleficence, beneficence and justice.

To illustrate how this is achieved, please reconsider the case of the multiple patient overdose (Case 2.7).

Imagine that the two actions the paramedic is considering are:

- Action 1: Administer one full dose to one patient and another full dose to a second, leaving two patients untreated.
- Action 2: Administer half-doses to all four patients, leaving no patient untreated.

Now examine the salient points of each action, in respect to each of the four principles, set out in Table 2.1. The idea is to see which of the two actions best conforms to the four principles overall. To help illustrate this method, let us work through each principle in turn.

With respect to the principle of autonomy, both actions conform equally well. This is because in both cases the patients are unconscious, and so unable to provide informed consent.

With respect to the principle of beneficence, it seems action 1 performs a little better. This is because action 1 is more likely to help a greater number of people, for the paramedic would most likely be saving two lives by performing action 1, rather than risking only a small chance of saving a life if action 2 is performed.

Table 2.1 Applying the four principles of bioethics to the case of multiple patient overdose

Principle	Action 1	Action 2
Autonomy	As all of the patients are unconscious, informed consent in this instance is impossible	As all of the patients are unconscious, informed consent in this instance is impossible
Beneficence	There is a high chance that two of the four patients will survive	There is a high chance that none of the four patients will survive
Non-maleficence	There is a high chance that two of the four patients will die	There is a high chance that all four patients will die
Justice	Two patients are being favoured over the others	No patient is being favoured over another

With respect to the principle of non-maleficence, it seems action 1 again performs better. This is because action 1 seems to allow for less harm. The paramedic only allows two people to die by performing action 1, whereas there is a strong chance that all four patients might die if action 2 is performed.

Lastly, with respect to the principle of justice, it seems action 2 on this occasion performs better. This is because, in performing action 2, the paramedic is treating all of the patients equally, rather than favouring just two patients as would be the case by performing action 1.

Action 1 seems to come out best with respect to beneficence and non-maleficence. Action 2 seems to come out best with respect to justice. And the two actions tie with respect to autonomy. Therefore, it seems that action 1 better conforms to the four principles overall, and, as such, is the most ethical course of action.

Conclusion

The aim of this chapter was to introduce some of the main tools used to make ethical judgements, and to communicate and justify these decisions to others in a consistent manner. Before examining these tools, we first attempted to dispel some *common misunderstandings* about ethics. These were:

- Acting ethically just means helping people.
- Acting ethically just means following the law.
- Acting ethically is only something to worry about in difficult cases.
- Acting ethically is about avoiding moral dilemmas.
- Acting ethically is relative.

We then introduced three competing ethical theories, and considered some objections against each of them. The theories outlined were:

Consequentialist ethics The view that holds that an action is ethical if, as a consequence of the action, the maximum overall amount of happiness results.

Deontological ethics The view that holds that an action is ethical if it is guided by a set of universal moral rules.

Virtue ethics The view that holds that an action is ethical if it is motivated by virtue.

These theories were then complemented with a widely used practical method for decision-making: the four principles of bioethics.

The four principles of bioethics An action is ethical if it is the action that is best able to uphold the principles of autonomy, non-maleficence, beneficence and justice.

When reading the remaining chapters in this book, we suggest you attempt to apply the four principles of bioethics and the three ethical theories to the various cases presented.

By repeatedly attempting to apply these tools, you should be in a better position to make more consistent ethical decisions. In addition, by referring to these tools, you should also be able to justify your decisions to others in a more robust manner. Finally, by seriously considering hypothetical cases, you should be better prepared to make ethical decisions out in the field.[26]

Review Questions

1. Why is an ethical action more than just an action that helps people?
2. What is hedonism, and how does it relate to consequentialist ethics?
3. According to deontological ethics, when can a moral rule be broken?
4. What is a virtue?
5. What three conditions must be satisfied in order for a person to provide informed consent?
6. What rule or principle relates beneficence to non-maleficence when you are considering whether to cause some harm in order to advert a greater harm?

Endnotes

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12 Staunton, P. and Chiarella, M. (2008) *Nursing and the Law*. Marrickville: Elsevier, at p. 31.

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14 Please note that further conditions regarding informed consent will be outlined in Chapter 5.

15 My thanks to Brian Steer for a version of this case.

16 Paramedicine Board of Australia (2018) *Interim Code of Conduct for Registered Health Practitioners* (the 'Interim Code'), s 3.2. Online. Available: https://www.paramedicineboard.gov.au/professional-standards/codes-guidelines-and-policies/code-of-conduct.aspx (accessed 3 December 2018).

17 Ibid., s 3.3.

18 Ibid., s 3.5.

19 Ibid., s 3.8.

20 Ibid., s 6.2.

21 Ibid., s 2.2.

22 Ibid., s 2.1.

23 Ibid., Overview.

24 Ibid., s 2.4.

25 Ibid., s 2.4.

26 My thanks to Malcolm Luck, Brian Steer, Catherine Strong, Rachael Fox, Emma Rush, Daniel Cohen, Wylie Breckenridge, John Weckert, Graeme McLean, Brian Stoffell, Lisa Bowerman, Ann Jensen and Anita Van Riet for their input into this chapter.

Chapter 3

PRECARE—an ethical decision-making model for paramedics

Morgan Luck, Brian Steer and Ruth Townsend

Learning objectives

After reading this chapter, you should be able to:

- identify the central problem in a variety of ethical cases
- recognise which facts might be salient in addressing an ethical problem
- consider and apply the four principles of bioethics
- consider and apply the relevant professional code of conduct
- consider an alternative way of resolving the ethical problem
- understand where the law assists in resolving an ethical problem
- evaluate various concerns and your own decisions with regard to ethical decision-making.

Definitions

Alternative argument The best argument you can conceive of for an alternative course of action.

Code of conduct The published basis for the guidance of ethical and professional behaviour.

Ethical dilemma A case that requires you, in responding, to make a choice between seemingly equally unfavourable options.

Reconnaissance The process of going out into the field to gather salient facts in order to make better informed decisions.

The four principles of bioethics The view that holds that an action is ethical if it is the action that best upholds the principles of autonomy, non-maleficence, beneficence and justice.

An introductory case

Speaking up

A crew has been called to a railway station because of an assault. The police are in attendance and have apprehended a young man who is alleged to have struck another. While the injuries are minor, the police have requested both parties be assessed.

The alleged assailant has an open wound to his hand and the victim an open wound to his forehead; neither injury is considered to require hospital treatment. The police inform the paramedics that the assailant voluntarily disclosed to them that he was hepatitis C positive, but this information has not been communicated to the victim.

Sensing the need for the victim to be medically assessed and treated due to the risk of cross-infection, the paramedics urge the victim to attend hospital, as a standard universally applied precaution for anyone at risk of contamination (without explicitly mentioning hepatitis C). However, the patient repeatedly declines to do so as his wound is minor.

This chapter will introduce an ethical decision-making model designed to help paramedics make considered decisions in difficult cases such as this one.

Introduction

Chapter 2 introduced some of the main theories used to ground ethical judgements. In this chapter, we shall explain how these theories, together with the law and a professional code of conduct, might be brought together into a single applied ethical decision-making model.

Note that the purpose of this decision-making model, referred to here as the PRECARE model, is not to tell you what particular action to perform in a particular situation, but rather to give you a way to approach difficult ethical cases in a considered and structured manner.

The PRECARE decision-making model

It is one thing to understand the major ethical theories; it is quite another to be able to apply them in practice. This can be especially challenging in the pre-hospital environment. Paramedics often have to make decisions under difficult conditions, such as when under severe time pressure, in dealing with highly emotional people, being unable to consult with clinicians or relatives, and managing patients who may be physiologically and/or psychologically compromised. These challenges are best met by having a decision-making model to hand that can act as a guide in the field. The more practised you are at using a model, the more prepared you are likely to be.

The model we will present here is an adaptation of a model developed by Kerridge, Lowe and McPhee,[1] which in turn incorporates many of the features of the models proposed by Jonsen, Siegler and Winslade,[2] Pellegrino and Thomasma,[3] and Koehn.[4] This model has also been adopted by Staunton and Chiarella.[5]

For ease of memory we shall refer to the model as PRECARE—as in PRE-hospital CARE. The components of this acronym are as follows:

Problem—Identify the ethical problem.

Reconnaissance—Get the facts.

Ethics—Consider the four principles of bioethics.

Code—Consider your professional code of conduct.

Alternative—Consider an argument for an alternative course of action.

Regulations—Consider the relevant legal regulations.

Evaluate—Evaluate the various considerations and make your final decision.

We shall introduce each of these seven steps in turn by applying them to the ethical case outlined in 'An introductory case: Speaking up', at the beginning of this chapter.

Let us begin with the first step of the PRECARE model, which builds on the notion that difficult cases often involve an ethical problem.

Problem

In many cases decision-making can be difficult because one or more ethical problems need to be addressed before you can act in an informed manner, and it is in such cases that an ethical decision-making model can be helpful.

The identification of the ethical problem involved in a case is the first step in the PRECARE model.

P is for problem: identify the ethical problem.

Broadly speaking, an ethical problem is something about a case that needs to be overcome before you can determine the most ethical course of action. In this chapter, we shall focus on ethical problems that involve an ethical dilemma, which is a situation where you are faced with making a choice between equally unfavourable options.

To illustrate this, consider the 'Speaking up' case. This entails a dilemma, as it seems that the paramedic is forced to choose between disclosing confidential information about the alleged assailant to the patient (in order to inform him of the possibility of having contracted hepatitis C) or not disclosing this information (and risking having a possible infection go undiagnosed).

Often these ethical problems are best highlighted by questions, which for the 'Speaking up' case might be:

- Should the alleged assailant's medical information be kept confidential? or, conversely,
- Should the patient be made aware of fact that he has possibly contracted hepatitis C?

Often, the question can be worded in multiple ways. However, what is important is that by identifying this question you have taken the first step to address the problem. Further, by properly phrasing the problem, a response is demanded, in a way that prescribes what actions would logically follow.

Now that the notion of an ethical problem has been introduced, let us turn to the next step in the PRECARE model—reconnaissance.

Reconnaissance

Reconnaissance is a term used to describe the process of going out into the field to gather as many salient facts as possible in order to gain some advantage; in our case, being better informed. The term is commonly associated with a type of military operation, describing situations in which troops venture into enemy territory in order to gather tactical information. However, it also captures well the second step in the PRECARE model.

R is for reconnaissance: get the facts.

In order to assist in addressing the ethical problem identified in the previous step, it will often help to gather various salient facts about the case in question. This means that paramedics, especially if under time pressure, need to take control of a scene and discover what is most likely to be objectively true and of importance, and use these facts to help them to consider possible answers to the ethical question.

For example, in the 'Speaking up' case it was suggested that the central problem could be captured by the question: Should the alleged assailant's medical information be kept confidential? What fact or facts could the paramedic attempt to collect in this case that might help answer this question? The fact that hepatitis C is a significantly debilitating and potentially life-threatening illness will inform any deliberations, and the fact that there is a chance of cross-infection will also play a role. These facts, in the case of a well-known disease such as hepatitis C, should be known to the paramedic, so there may be no need to search for these answers. However, one could imagine a variation of this case where the illness is far less well known, and a paramedic might be required to consult with a clinician or others, either on-scene or not, to determine the facts.

The fact that the assailant has freely disclosed his hepatitis C status is important, since this might indicate a willingness to freely inform the victim or allow him to be informed. Another fact to determine would be whether the alleged assailant might give his permission to disclose his medical condition to the victim. If he agrees, then you may have successfully avoided the dilemma, which is a positive outcome. A dilemma is avoided when you manage to find a way out of the situation without taking either of the hard options, which in this case would mean neither breaking confidentiality nor failing to inform the victim of his possible condition. If you are able to successfully avoid the dilemma, the case no longer involves an ethical problem, in which case the PRECARE model need not be considered further.

Avoiding the dilemma is not always achievable, however, in which case you will have to attempt to resolve the dilemma. Paramedics resolve a dilemma when they consider the ethical problems and legal issues involved in the case and, after due consideration, choose

one of the hard options. If you are going to attempt to resolve a dilemma, it is important to first determine the available options open to you as the paramedic.

Any ethical dilemma, once identified, creates at least two or more alternative choices, and there may be more creative options available than initially thought. The production of alternatives is a precursor to marshalling supporting arguments—ethical justification is about supporting one particular decision or behaviour above/over a number of competing alternatives. The rational paramedic should consider all of the relevant realistic alternatives.

Let us assume that the paramedic has identified the following two possible actions in this case:

- Action 1: not disclosing the information to the victim and letting him go home.
- Action 2: disclosing the information to the victim and transporting him to hospital.

Gathering salient facts, including the facts about the possible actions to take, will often help to address the ethical problem and make an informed decision. However, facts alone tell us nothing unless their ethical significance is understood. This is why the next step in the PRECARE model involves an ethical analysis of the situation.

Ethics

Identifying the ethical problem at the heart of a difficult case, and gathering facts pertinent to addressing the problem, are the first two steps of the PRECARE model. The third step involves considering the ethical dimensions of the case.

E is for ethics: consider the four principles of bioethics.

In Chapter 2 we introduced the *four principles of bioethics*. It is at this step of the PRECARE model that we apply these principles. In brief, the four principles of bioethics are four ethical principles which, when applied together to an ethical case, should help you to determine the best course of action.

The four ethical principles are:

1. **Autonomy** You should ensure that your patient is as able as possible to make free and informed decisions about their treatment, and you should respect such decisions.
2. **Non-maleficence** You should not harm a patient, either through action or inaction.
3. **Beneficence** You should help your patient and always act in their best interests.
4. **Justice** You should treat your patient fairly.

In order to illustrate this step, let us work through each of the two alternatives—action 1 (not disclosing) and action 2 (disclosing)—and apply each of the four principles in turn, summarised in Table 3.1.

Our aim is to determine which of the two actions best conforms to the four principles overall.

It is difficult to see which action best satisfies the principle of autonomy. Action 1 seems to fail the principle of autonomy because the patient is unable to make an informed