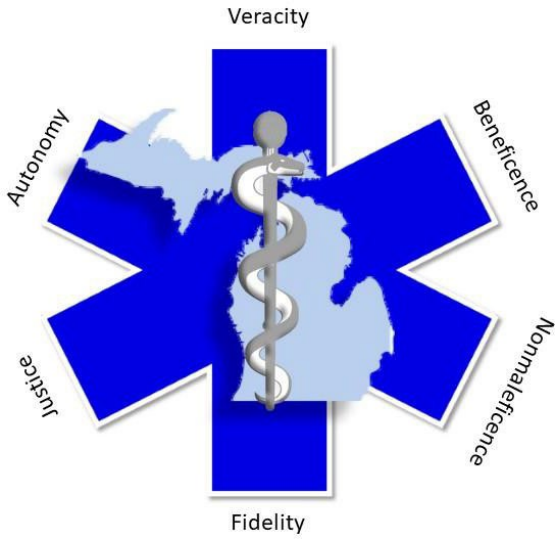
Michigan

Emergency Medical Services



Code of Ethics

Abstract

Emergency Medical Services providers are trusted entities by the public. They interact with patients and families during times of crisis and vulnerability, sometimes on the worst day of the patient's life. Therefore, it is incumbent upon EMS providers at all levels to adhere to an ethical framework and principles that ensure the trust and respect that is imparted to them is warranted.

MDHHS | Bureau of Emergency Preparedness, EMS and Systems of Care

Approved 09/17/2021. Updated 05.2022

Acknowledgements

The Bureau of EMS, Trauma and Preparedness would like to acknowledge and thank the following individuals for their assistance in developing and reviewing the Michigan EMS Code of Ethics.

- Emily Bergquist MSA, Paramedic, IC
- Luke Bowen, MBA, Paramedic, IC
- Andrew Brown, Paramedic
- Ken Cummings, Paramedic
- Bill Forbush, EFO, BAS, Paramedic IC
- Terrie Godde, M.Ed., Paramedic, IC
- Sabrina Kerr, BA, MPA
- Michael Kiella, PhD
- Amanda Kinney, MS, Paramedic, IC
- Angela Madden, BA, MPA
- Scott Minaudo, BS, MA, Paramedic
- Steve Myers, Paramedic, IC
- Monty Nye, MPFFU
- Matthew Sanderson, PhD
- Bruce Trevithick, BA, MA
- Kathy Wahl, BS, MSN, RN
- Kevin Wilkinson, BA, Paramedic, IC
- Stefanie Wise, MD, FAEMS, FACEP

Introduction

Ethics is the study of moral behaviors that provides a method to help one decide what to do. Ethics focuses on the prevention of harm. In other words, ethics are used to guide decisions that a person makes regarding behavior or actions in one's personal life as well as in caregiving professions. EMS providers have professional obligations or duties to their communities, patients, and other members of the healthcare team that require ethical behaviors that are outward demonstrations of underlying ethical principles. This document will describe the ethical principles expected of EMS providers and is consistent with the EMS Code of Ethics developed by Dr. Charles B. Gillespie and adopted by the National Association of Emergency Medical Technicians in 1978 and revisions adopted by NAEMT in 2013.

At the core of ethical behaviors that are required in healthcare is respect. Respect for persons regardless of their personal circumstances, respect for autonomy and a persons right to make informed decisions.

All of us have a responsibility and obligation to perform our professional duties in a competent manner. This includes individuals, agencies, Medical Control Authorities, Education Programs, and the Department.

Assumptions

Emergency Medical Services (EMS) providers have access to individuals of all ages and abilities across the lifespan at times when a person is extremely dependent and vulnerable. In some cases, vulnerability even extends to bystanders who may be traumatized by what they are witnessing, not only by what is happening to a particular patient, but how EMS is interacting with a patient. The trust placed in EMS providers results in placing them in a perceived position of power and authority when they are caring for patients, EMS work takes place in the field, outside of traditional sites of medical care in people's homes, at places of work, on roads, and in nature. EMS providers make every effort to work in and with the specific location and setting in which they find their patients without letting it become a hindrance while meeting their duty to provide effective and efficient care.

EMS providers are trusted by patients to competently assess and treat them with professionalism and according to established protocols within the providers' level of licensure, education, and training[1] regardless of where the care is delivered. For this reason, EMS providers must be excellent critical, creative, and adaptive thinkers who can quickly determine how to provide the highest standard of care in each unique location and situation, while maintaining high ethical standards.

EMS providers are expected to act in a moral and ethical manner that is expected of all healthcare professionals. This Michigan EMS Code of Ethics has been developed by EMS providers, ethicists, and the Division of EMS and Trauma to describe the ethical framework and principles that inform decision making for the licensed EMS providers, EMS agencies, EMS education programs and the Division of EMS and Trauma staff.

Concepts and Vocabulary

Note: The terms and concepts in this section are defined for the Michigan EMS Code of Ethics in a practical manner and are expected to be applied to the activities of all levels of EMS providers, agencies, regulators and policy creators.

Accountability: To be responsible for one's own choices and actions and to be able to answer for those actions or decisions when measured against a protocol, policy, or ethical standard such as those identified in the Michigan EMS Code of ethics.

Advocate: To speak up in support of, promote or encourage others to do "the right thing" for patients, coworkers, self, and others, this includes mandatory reporting requirements for suspected abuse and neglect.

Autonomy: The ability to make one's own choices (consent) based on information and the ability to understand the consequences of choices. Respect for human dignity is implicit in respecting patient autonomy and involves additional ethical principles including, "veracity, privacy, and confidentiality" (Burkhardt and Nathaniel, 2014).

[1] PA 368 of 1978 as amended Part 209 §333.20958 (1)(e). http://www.legislature.mi.gov/(S(prr4golr42egrnvzy233mkkv))/mileg.aspx?page=getObject&objectName=mcl-333-20958

Beneficence: An ethical principle that means doing good for others, removing or protecting from harm and discomfort. Inherent in this ethical principle is protection for physical, emotional, mental, and economic harm.

Competence: Ethics and moral decision making are based on competence. Competence speaks to gaining and maintaining excellence in knowledge and skills through education, practical/psychomotor training, and experience.

Confidentiality: The ethical principle that requires non-disclosure of personal or medical information to others that do not have a need to know without the consent of the individual. Maintaining confidentiality applies to written documents, social media, oral discussions, or other forms of sharing information.

Deontology: An ethical theory that provides a framework for decision making based on the concept that actions are based on duty, and the rightness or wrongness of an action rather than consequences or the end result.

Diversity: The variety that exists among humans such as gender, sexual orientation, age, race, socioeconomic status, health status, culture and ethnicity. EMS providers must be able to be accepting of cultural differences that effect values, preferences, learning and behaviors.

Duty: As EMS providers there are several duties or obligations that must be adhered to, such as responding to all requests for assistance while on shift, competently performing within the standard of care identified in the protocols, not abandoning patients once treatment has begun, reporting suspected abuse and neglect, not withholding treatment based on ability to pay etc., truthfully documenting care provided etc.

Ethical: Moral, honorable, principled

Ethical Framework: The group of ethical theories and principles that form the basis for decision making

Ethical Principles: Moral values that guide ethical decision making regarding right and wrong

Ethics: The *study* of moral behavior from the vantage point of the human experience and scholarship, which uses both inquiry and logic as its principal methods of analysis. Ethics are structured guidelines that do not tell us *what* to do, but instead provide a method of analysis to help us *decide* what to do. Ethics focuses on the prevention of harm.

Fidelity: An ethical principle related to loyalty. The American Nurses Association (2015) notes that fidelity, "requires loyalty, fairness, truthfulness, advocacy and dedication in relationships…and fulfilling commitments." (p. 43)[2]

[2] American Nurses Association. (2015). *Code of Ethics for Nurses with Interpretive Statements*. Silver Springs, MD.

Good Moral Character: As defined in Act 381 of 1974 §381.41 1. (1) The phrase "good moral character" or words of similar import when used as a requirement for an occupational or professional license or when used as a requirement to establish or operate an organization or facility regulated by this state in the Michigan Complied Laws or administrative rules promulgated under those laws shall be construed to mean the propensity on the part of the person to serve the public in the licensed area in a fair, honest, and open manner.

Integrity: An internal virtuous quality that is evidenced by consistent actions such as trustworthiness and honesty.

Justice: An ethical principle related to fairness and impartiality and reasonableness of a decision or action

Morals: Standards or beliefs about right and wrong. The *norms* of human conduct that define what is right and wrong, to be, should be, or is good or bad (Jameton). This includes those traditions or beliefs about right and wrong conduct, which together forms a social and cultural institution with learnable rules (Beauchamp).

Nonmaleficence: An ethical principle meaning to not cause harm (American Nurses Association, 2015; Burkhardt and Nathaniel, 2014)

Respect for Persons and Human Dignity: The basis of ethical principles and means considering other people as being worthy of high regard including respecting the uniqueness of each individual including, but not limited to cultural and spiritual beliefs, lifestyle, sexual orientation or gender expression, and socioeconomic status.

Trustworthiness: An ethical principle meaning honest and dependable

Utilitarianism: An ethical theory in which actions are focused to doing the greatest good for the greatest number. Actions are judged to be right or wrong based on the outcome of a scenario (Burkhardt and Nathaniel, 2014)

Veracity: An ethical principle meaning truthful

Virtue Ethics: An ethical theory based on the idea that a virtuous person will make morally correct decisions. Some of the inherent virtues cited include, but are not limited to, honesty, trustworthiness, prudence, compassion, and integrity (Burkhardt and Nathaniel, 2014)

Vulnerable Populations are those that have an inherent susceptibility to both internal and external factors, such that they are potential targets for coercion, harm, loss or indignity or the risk of poor health. Some examples include, but are not limited to, "racial or ethnic minorities, uninsured, children, the elderly, poor, chronically ill, physically ill, mentally ill, homeless, alcohol or substance use disorders, difficulty communicating, limited or non-English speaking, limited education." (Shi, 2005, p. 1)

Ethical Framework and Principles

In EMS, as in any helping profession, no two situations are identical. Decisions in EMS, particularly decisions about patient care and treatment, must be made quickly if not immediately. Other situations

such as policy making, or business decisions can take longer and allow for a more thoughtful process weighing pros and cons, gaining stakeholder input, considering risks and benefits, mulling over intended and unintended consequences to the decisions being made, what their duties are and who will benefit. In every scenario, a different ethical theory and principles may be applied depending on situation. Therefore, there is not one ethical theory, or one ethical principal that neatly fits every decision.

In a mass casualty incident or a disaster situation, decisions may be made based on doing the greatest good for the greatest number of people. In determining whether a patient can refuse care, one might be basing the decision on duty to care for the individual and ensuring that the patient understands the risks and benefits of the refusal of care as patient autonomy is paramount in healthcare. As EMS providers are welcomed into patients' homes during times of extreme vulnerability and crisis, and often are alone with a patient in the back of an ambulance, virtue ethics may be the ethical theory most applicable, because patients believe that the EMS provider has integrity, is trustworthy and will treat them with caring and compassion and will protect them from harm.

Discuss Duty & competence.

The nature of EMS requires all involved to be able to make conscious decisions and be accountable to those decisions and resulting actions. In all instances, the expectation is that EMS providers, EMS agencies, EMS education programs, advisory bodies and committees, and the Division of EMS and Trauma will make ethical decisions to do what is morally right for the patients, and in support of the EMS System. Even the Michigan Public Health Code speaks to the need for healthcare providers to be of, "good moral character."[3] Therefore, the Michigan EMS Code of ethics has been developed to define the expectations of behavior for those working in the EMS system.

Ethical Provisions

The National Association of EMTs (NAEMT) published a Code of Ethics and an EMT Oath over 30 years ago. The Code of Ethics was updated in 2013 (National Association of Emergency Medical Technicians, 2019)[4] and is based on ethical principles that are common to all healthcare professions. However, specific ethical principles are not delineated. Acting in an ethical manner requires more thought and in-depth knowledge than one page of actions can encompass. To make sound ethical and moral decisions, one needs to have a very basic understanding of the ethical principles that guide choices made and actions taken.

The Michigan Department of Health and Human Services is charged with oversight of the EMS System as authorized in PA 368 of 1978 as amended part 209. Inherent in that authority are regulatory activities associated with EMS providers and Life Support Agencies (LSA). Regulatory activities include issuing licenses, investigating complaints and allegations, and when necessary, taking licensing action. Ethical principles guide the Department in conducting these activities and taking appropriate disciplinary steps.

[3] PA 368 of 1978 as amended. §333.16221 1(b)(vi).
[4] NAEMT (2019). Code of Ethics and EMT Oath. Retrieved January 7, 2019, from https://www.naemt.org/about-ems/emt-oath

Ethical principles also guide decision making regarding clinical care protocols, crisis standards of care and support of the EMS System.

Ethical Principles as the Basis for EMS Provider Conduct

Respect for Human Dignity

Respecting human dignity is inherent in all the ethical principles and theories. While all ethical principles are applicable to the provision of emergency medical services, there are some that given the level of trust placed in EMS providers provide the foundation for caregiving. The ethical principles are inter-related and when considered help inform care choices, leadership and management, education, and regulatory decision making.

> *"People are sacred—all people."*
> *Thom Dick, 2018*

Trustworthiness

Trust in personal and professional relationships often takes time to establish. However, due to the nature of EMS, providers are thrust into positions in which there is no time to build a trusting relationship. They are automatically trusted to care for patients of all ages in unpredictable settings and often have access to highly sensitive and confidential information regarding health, finances, relationships, and personal identifiers. They are invited into patients' homes and vehicles and may even find themselves assisting a patient with getting information such as insurance cards and identification out of purses and wallets. Providers often find themselves alone in the patient care compartment of the ambulance with a patient. In all instances, the EMS providers must exemplify trustworthiness.

> *"When someone trusts you with their life, be truthful toward them and silent about them."*
> *Thom Dick, 2018*

Trustworthiness is also a key component in regulatory requirements as evidenced by the belief that all providers will follow clinical protocols for care and abide by laws and rules and licensure requirements, stay current with their practice and maintain competency.

Trust extends beyond the patient and the patient's family. Trust is inherent for effective teamwork that is required of EMS. Partners and coworkers need to trust that the team leader knows what is required and will effectively coordinate what is happening on a scene. Senior EMS providers should have trust that their partner will follow what is asked but will also speak up if they feel the leader is heading down the wrong path in a treatment. This trust is critical to effective and safe patient care.

Beneficence

Beneficence requires EMS providers to do the best they can for their patients frequently in less-than-ideal circumstances. When asking pre-hospital providers why they decided to work in EMS, it is not uncommon to hear the same answer as other professions, "I like to help people." Beneficence goes beyond just doing good for patients, it includes protecting them from harm. Ensuring that patients are safely secured in an ambulance, following safe emergency driving practices and not using lights and

sirens unnecessarily is an example of protecting from harm.

Nonmaleficence

Moving beyond doing good for patients and protecting them from harm, beneficence, is the principle of nonmaleficence. Nonmaleficence involves not causing harm including physical harm or unnecessary discomfort, as well as emotional harm.

Justice

Justice is related to fairness, integrity, and reasonableness. EMS providers do not get to choose who calls for assistance or at what time of day. It does not matter whether the patient can pay for services when 911 is called. Providers cannot discriminate based on race, religion, gender expression, gender identity, sexual orientation, socioeconomic status, culture, age, or abilities, nor any other factors. Patients can be perpetrators of crime or victims of crime. All are treated with respect and dignity and afforded the care that is required.

Justice is also involved in leadership activities and creating a just culture that weighs factors to determine a course of action. This is true at the agency level, the MCA, and the State level.

Fidelity

Loyalty or fidelity is demonstrated when one stands up for what is right for the patient. This may be exhibited when reporting suspected abuse or neglect of a child or vulnerable adult. As a manager or regulatory or accrediting body this may involve investigating complaints and taking disciplinary action if indicated, because one is being loyal to patients, co-workers, other employees or protecting public safety and health.

"Honor people's right to live, right to die and the impact of their death on the people who love them."
Thom Dick, 2018

Veracity

Truthfulness or veracity is woven throughout all the ethical principles.

Patients trust EMS providers to be truthful in the medical record of care that is provided. Truthfulness is required when completing educational requirements, testing, and applying for licensure. Truthfulness for leadership involves activities such as truth in advertising. Veracity is required for quality improvement activities, job applications, filing complaints, investigating, and responding to complaints or allegations. It is also one of the tenets that makes just culture a successful leadership strategy. It is critical to facilitating a culture of safety.

Confidentiality

Respecting patient confidentiality is inextricably linked to trustworthiness. EMS providers learn early in their education, that it is critical to maintain patient confidentiality. However, there are times when confidentiality must be overridden such as in the case of suspected child or elder abuse or other criminal activities.

Ethical Behaviors

The following behaviors are guidelines for interaction with patients, families, other caregivers, students, and the community.

Respect for Human Dignity

Respect all regardless of socioeconomic status, financial status or background, age, race, religion, gender identification, living status, physical or mental health. Dignity includes greeting, conversing, manners, protecting privacy, educating individuals, offering options, allowing patients and families to make informed decisions, and acknowledgement that all lives matter. Respect for human dignity is the foundational principle and thread that is woven through all of the ethical principles that have earned EMS the trust bestowed upon the profession.

Confidentiality

Respect every person's right to privacy. Information regarding a patient's condition or history should only be provided to medical personnel with an immediate need-to-know. Providers are expected to know Health Insurance Provider Accountability Act (HIPAA) guidelines and abide by HIPAA regulations in their professional practice. Sensitive information regarding our profession may only be provided to those with a right to know. Social media is not the place to be posting pictures or information that could lead to someone without the need to know identifying an individual. Education programs must abide by the Family Educational Rights and Privacy Act (FERPA) regulations. Agencies and MCAs as well as the Department must protect personally identifiable information. Data reports that are utilized for performance improvement should only include deidentified aggregate data to protect individuals. Confidentiality agreements regarding data use and data sharing are an example of protecting confidentiality at the agency level.

Professional Competency

Provide the patient with the best possible care by continuously improving understanding of the profession and maintaining continuing education and required certifications. Protect the patient from incompetent care by knowing and practicing within the scope of practice consistent with education and training. Protocols should be evidence based to facilitate the best possible patient outcomes.

Safety Awareness & Practice

Protect the health and well-being of the patient, yourself, your co-workers, and the community by consistently following safety guidelines, principles, and practices. Following safe transport protocols, appropriate use of lights and sirens and safe driving habits, utilizing appropriate PPE at all times.

Accountability for Actions

Act within your training, know your limitations, and accept responsibility for both satisfactory and unsatisfactory actions.

Loyalty & Cooperation

Demonstrate devotion by maintaining confidentiality, assisting in improving morale and not publicly criticizing.

Summary

This MI EMS Code of Ethics builds on the original EMS Code of Ethics written by Dr. Charles D. Gillespie in 1978 which was written as an oath to be taken by EMS providers. It was revised by the National Association of EMTs in 2013. The MI EMS Code of Ethics further delineates the ethical principles and behaviors expected of those involved in the MI EMS system as we strive to meet the needs of patients, co-workers, businesses, students, education programs and the communities we are privileged to serve.

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