



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2560542>Available online at: <http://www.iajps.com>

Research Article

ETHICS IN EMERGENCY MEDICINE**Qusai Talat Alwaznah¹, Eman Ahmed Alabdrabalrasol², Ruqeeya Ali Alshaikhnasser³,
Abdalmohsen A Shaikh⁴, Ahmed Saud Alharbi⁵, Ebtehal Zaid Alqahtani⁶**¹Al-Imam Mohammad Ibn Saud Islamic University, ²Imam Abdulrhman Bin Faisal University, ³King Saud University, ⁴Sana'a University of Science And Technology, ⁵Prince Sattam Bin Abdulaziz University, ⁶Jazan University.**Abstract:**

This paper undertakes a review study on the subject of ethics in emergency medicine, and the issues that stand out in the course of providing urgent care. This paper relies significantly on secondary research from past studies more specifically from bioethical journals. In this research, the critical ethical issues that stand out in the course of providing emergency medicine and care will form part of the initial study. It highlights aspects such as religion, race, culture, and money as some of the issues that often form part of the ethical dilemmas in the course of providing emergency medical care. This study assesses these issues from a bioethics background and concludes that in the end, caregivers often encounter challenges associated with the urgency of emergencies and the concerns around the possibility of working under pressure. The last part of the research focuses on the ethical principles that guide the process of providing emergency medicine and the implications that such principles have on caregivers and their approach to emergency care.

Keywords: *Ethics, Emergency medicine, Ethical principles.***Corresponding author:****Qusai Talat Alwaznah,**

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Please cite this article in press Qusai Talat Alwaznah et al., *Ethics In Emergency Medicine.*, Indo Am. J. P. Sci, 2019; 06[02].

INTRODUCTION:

Emergency medicine may relate to the acts, processes, and procedures that caregivers take up in the course of taking care of patients needing urgent attention. The process of offering medical emergencies involves the pre-hospital procedures that aim at dealing with the initial trauma and injuries, which if not addressed early in advance may lead to instances of physical and mental disability or even death in worst-case situations. Ethical concerns are bound to emerge in such cases because of the magnitude of the concerns that such patients may have and the underlying need to treat such patients based on the best available evidence.[1]

In light of the changing scope of technology and the introduction of new evidence related to best-practices in emergency care intervention, the issues related to ethics are undoubtedly unavoidable. Caregivers will also often encounter patients with different religious, ethical, and humanistic values, which contradict the standard procedures. The consequence in such cases is that there will often be concerns associated with the conflicting moral principles between the patients and the caregivers. In this paper, the ethical issues that stand out in the course of providing emergency care will form part of the broader research process.[1]

Emergency Medicine and Bioethics

Emergency care may often occur under pressure and amidst observable confusion due to nature and the circumstances under which such emergency care becomes necessary. To this end, there are visible real life situations that emerge in the course of offering care, which may lead to ethical dilemmas of moral quagmires for the caregivers.[1]

The idea of bioethics attempts to exemplify the need for ethical approaches in the course of interactions with the patients, the society, and the environment in the course of responding to such emergency scenarios. Ethical conduct in such cases may go beyond what a practitioner assumes is morally upright and moves towards an approach to situations, which may stand out as consistent across the medical practice. One of the primary arguments that emergency caregivers are requested to conform to is the fact that different situations may require varying approaches. [2]

For this reason, there are apparent scenarios that may require the use of a different intervention mechanism to appease the patients and the community. It is often arguable that in some instances, even without considering the realities of consistency, a practitioner may rely solely on their values as human beings to

make decisions that may have a long-term implication on their career. To this end, the approaches that a caregiver may decide to implore in the course of dealing with a situation do not always premise on underlying legal premises of professional conduct but also on certain other aspects such as their values and principles.[2]

Ethical Issues in Emergency care

The process of providing care often involves significant risks, which may often lead to observable concerns among the caregivers regarding the extent of liability they carry in the course of undertaking caregiving. Arguably, the risk is more significant when such caregivers are dealing with cases of emergencies. The need to make ethical considerations and the obvious concerns that such caregivers may end up making moral blunders may often complicate the ability by such caregivers to make decisions. [2]

First, the process of providing emergency care occurs under situations of extreme pressure and confusion. In this regard, the ability to make the right decisions may face limitations associated with the circumstances and the expectations that bombard such caregivers. Secondly, during such situations of emergency response, the practitioners lack adequate prior preparation, and this may lead to instances of a panic situation that may lead to questionable decision making. The two concerns combine with other external factors to complicate further the ability to make such decisions. [3]

Religion stands out as one of the significant ethical concerns during such situations of emergency response. A medical practitioner may often fail to have a prior understanding of the values and the beliefs that certain religious groups hold or value. For this reason, the decision to implore specific approaches in the course of providing emergencies may lead to concerns around the consideration the patient's value and beliefs. For instance, in certain religions, blood transfusion stands out as one of the worst forms of abomination. [3]

Consequently, if in the case of an emergency the only available option is to transfuse blood to save such a life, the practitioner may face a quagmire and an ethical dilemma around the ability to handle the situation. The argument made in such a case is that a patient value-based approach is critical in the course of dealing with a patient. In this case, the patient's values discourage the chance that a caregiver may utilize transfused blood to save a life. Indeed, the caregiver may have had a desire to save the life of such a person. However, religion may become an

impediment and create a situation of a quagmire in the extent to which such a practitioner may have the autonomy to decide on the most appropriate action in such a situation.[3]

Culture forms another closely related concern, which may influence the outcomes of emergency response. In countries such as the United States, the impacts of culture have become overly explicit with interests around the reality that emergency caregivers must engage in prior background assessment of the patients before undertaking such emergency actions. However, such an approach often tends to have a direct implication on the outcomes of such emergency response. The goal of responding to an emergency is to improve the chance of such a patient surviving the ordeal. Nonetheless, the need to respect such a patient's ethical values and beliefs may often limit the ability to respond most professionally and ethically. [4]

The two aspects namely religion and ethnicity may also work in reverse, which may affect the caregiver's ability to ensure guaranteed care for the patient. For instance, due to historical stereotypes around specific racial or religious groupings, there may be observable lethargy in the willingness to offer emergency response among certain practitioners. [4]

The reality in such cases is that the emergency caregivers fail to act out of the core role of conserving life, but instead allows what they may have heard or developed a belief regarding certain religious groups or races to determine their decision to offer critical initial care after an emergency. Ideally, while such an action may be impossible to prove in a court of law, it betrays the ethical ability by such a person to behave in a manner that does not cause harm to the patient but instead promotes healing.[5]

The argument about financing often tends to emerge when dealing with emergencies. Arguably, life is always supreme, which means that in the course of providing care and more specifically emergency care, the caregivers must resist the temptation of comparing life with any other aspect. However, in most cases, such practitioners receive patients but lack additional information regarding such patient's financial information. The fact that such hospitals operate on the premise of profit making over and above providing health care then means that there may be a concern around the patients' ability to pay such an underlying medical bill. In such cases, the ethical and moral concern becomes the balance

between material gain and the need to save a life. [4]

In argument, such a decision may determine the longevity of such a health care institution, which incurs financial costs and needs funding to operate. On the other hand, a patient requires emergency services to survive a health concern, and the situation may be near fatal. The practitioner in such cases must deal with their inner conscience and determine what they would view as having a higher ethical value between life and money. In the end, such a determination tends to create a moral dilemma because of the reality that hospitals have a business objective of making profits. However, caregivers also have a noble aim of saving lives regardless of the underlying concerns. In most cases, such caregivers will offer emergency care and hope that the patient and their families may be able to cater for the costs later. On the contrary, in certain other cases, certain caregivers insist on the need to meet the financial obligations before such emergency care is made possible. [4]

The other observable concern that often stands out relates to the aspect of autonomy. The principle of autonomy notes that an individual has the unsolicited right to make their decisions even when in dire need of healthcare. The ethical concern relates to the reality that even in the case of the emergency, the patient the physician's role often faces limitations due to the autonomy that such a patient holds. It is arguable that during situations of emergency the caregiver must unwillingly relinquish the role of the absolute arbiter in favor of a more collaborative role with the patient. [3]

In the end, the dilemma emerges in cases where the patient adopts a contrary opinion to the caregiver despite the concern that such a patient's condition may be dire. The principle of autonomy presents ethical care for the patients because unlike in normal situations where the physicians may engage such patients in a conversation to seek possible consensus, emergencies present limited opportunities for negotiations and possible agreements. Ultimately, it is evident that such physicians may end up having to make decisions that may be either contrary to the patients or in favor of the patients. Nonetheless, in either case, the possibility of such a patient facing obvious ethical consequences is high. [6]

Indeed, the issue of autonomy also introduces other underlying concerns that may be a consequence of the need to seek prior approval to deal with an emergency. For instance, in some cases, a patient may be involved in an emergency but may be unable

to communicate or may lack the decision-making capacity to decide on the possible intervention approaches they would prefer. In essence, under such situations, the emergency caregiver may face concerns around the ethical responsibility to seek consent vis-à-vis the underlying need to save an individuals' life. The decision-making capability may become the contentious issue because the caregiver has the responsibility to understand the implications of any action they may take on the patient's overall health before taking such implicative decisions. For instance, when an individual is fatally ill, the first responders may not necessarily be individuals with prior historical knowledge of the patient. [6]

The underlying failure to understand the dynamics and the health-related issues that such a patient may have from a historical point of view may often complicate the ability to make decisions on the most appropriate emergency response. For this reason, the caregiver must again rely on surrogate consent from other sources as the most plausible option in the course of decision-making. The reality is that in such cases, lifesaving medical care faces apparent constraints because, under such situations, the caregiver must make certain potentially perilous decisions that might have obvious long-term implications. The need to seek surrogate decision makers often means having to look for individuals who may have sufficient underlying medical history of the patients. [7]

In the end, the reference to the emergency care as such is because in cases where such care is not availed at the earliest opportunity, then there may be a concern around the ability to salvage the life of such a patient. Further, surrogate decision-makers may have varying views regarding the most appropriate decision-making mechanism in cases of an emergency. The ethical dilemma in such circumstances involves the ability to be dismissive when such surrogate decision makers fail to make decisions that would favor speedy recovery in the case of the patient. Nonetheless, the emergency caregiver must also always consider the implications of making unilateral decisions regarding a patient, especially in cases where the surrogate decision-makers are present and capable of making such determinations. [7]

Finally, the other concern that may stand out relates to the need to balance between the health of the patient and the safety of the caregiver in instances of emergency. The question that arises is the point at which such an emergency caregiver must decide to focus on his or her safety as opposed to focusing on

the health of the patient facing such an emergency. In some instances, the conclusion made is that the emergency caregiver has the unilateral right to make a determination on which option is most suitable under such circumstances. [8]

Principles of Emergency Medicine

The process of achieving emergency care often faces underlying limitations associated with concerns that emergency caregivers may fail to observe the highest levels of ethics and moral grounding in the course of providing such services. For this reason, there have been apparent attempts in the last few decades to develop universal ethical principles that may be applicable across the board in the course of achieving the moral balance in the course of providing the best emergency care approaches.[9] According to the underlying ethical guidelines, emergency caregivers must embrace the patient's welfare as their core professional responsibility. The emergency caregivers are also required to respond promptly and with the utmost expertise in the process of reacting to situations of emergencies. [10]

The argument is that such emergency caregivers must act devoid of any prejudice or underlying partiality while providing such emergency care. The need to address the concerns around bias and bias often touches on the reality that an emergency caregiver may respond to an emergency where the patients are of a different ethical or racial background or religious affiliation.[8]

In essence, under such circumstances, there must be an apparent attempt to ensure that the emergency caregiver offers care without the presumption of prejudice. The principle of intention is overly evident in the case of emergency care provision. Emergency caregivers must purpose to have the best possible intention in the course of providing care for emergency patients. [10]

The argument made is that the emergency caregiver must always purpose to ensure that they act based on the most profound consideration of their inner conscience. Even during cases of emergency, the caregiver must ensure that their intentions remain professional and they do not use shortcuts even when their professional judgment may be under pressure. [8]

The ethical principles in the instance of emergency also discuss the concern around the need to act in certainty. Emergency caregivers must always intend to serve based on knowledge and the underlying evidence as opposed to reacting based on doubt and

assumption. The reality that these emergency caregivers often respond to emergencies, which they may not have prior information about means that there may be instances where they engage in speculative reactions and interventions, which may not be based on evidence. The possibility of facing accusations for negligence and complacency in such cases is high. [11]

Therefore, the emergency caregiver must always seek to ensure that the approaches and outcomes of the emergency response are evidence-based to limit the implications of uncertainty. In the course of undertaking the process of emergency caregiving, the physicians must also adhere to the principle of injury as an important ethical consideration. The policy demands that in the end, the emergency interventions must add considerable benefits to the patients as opposed to the possible consequence of side effects. [12]

The prevention of harm in such cases must be superseding the pursuit of a benefit to such a patient. Ideally, what this means is that in the course of dealing with such a patient, the emergency caregiver must decide on approaches that lead to the least extent of harm in the long term. The principle argues that the prevention of harm is paramount and physicians must ensure that in such cases there is a genuine attempt to prevent the occurrence of an injury. Further, the ethical principles also discuss the idea of hardship as an essential part of the emergency response process. [12]

Hardships mean that as an emergency caregiver, there may be a need to go far and beyond the conventional approaches to caregiving. The idea is to ensure that the caregiver can go beyond traditional methods to caregiving in the course of providing the much-needed support for a patient in cases of utmost distress. The ethical argument in this context is that in some instances the caregivers may decide not to provide the needed support because the approach required towards providing care in such cases may include procedures that go beyond the norm. [12]

CONCLUSION:

The ethical issues often raise three components that may affect the decision-making trajectory. The first issue relates to the knowledge of the possible available alternatives in a given emergency. Ordinarily, the emergency caregiver does not have the opportunity to consider all the available options, which means that making a decision depends on the underlying knowledge of all the other available options. The assertion then suggests that the

caregiver must utilize experiences and underlying evidence-based information to make determinations on most applicable options in each given scenario.

On the other hand, the emergency caregiver must be able to understand the dynamics of the consequences that may follow each decision as a way of limiting the ethical and legal liability that may emerge in such circumstances. The understanding of the results may then become an essential premise on which to make a judgment on the most relevant action that would not lead to unethical conduct. On the same note, there is also an underlying need to consider the patient's and the surrogate decision-makers' point of view in a bid to understand the possible motivation behind each of the opinions. The approach allows for consideration of the costs and the benefits of each of the alternatives before making conclusions regarding the most appropriate procedures when dealing with such situations.

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