Commentary

Ethical dilemmas with little time for reflection: A discussion of the ethics of out-of-hospital refusals

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Abstract

In this article, we consider an approach for ethical decision-making for refusals in the out-of-hospital environment. Autonomy and beneficence are discussed as the two ethical principles central to guiding paramedic decision-making in this context. We describe some situations where the two principles may come into conflict and where the working paramedic may be faced with an ethical dilemma. These cases may involve temptations of medical paternalism, which we argue ought to be avoided if possible. A discussion on navigating between autonomy and beneficence will be presented in order to help paramedics sort through dilemmas when these principles conflict. We argue that when these principles are in conflict, autonomy should primarily be respected – however, we will examine situations where the principle of autonomy cannot be applied and the paramedic should either attempt to rectify the patient's capacity for autonomous decision-making, or, if not possible, proceed with the principle of beneficence.

Keywords:

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Introduction

In the out-of-hospital environment, one of the most difficult ethical situations that a paramedic can face is when a patient refuses treatment that the paramedic believes may be life-preserving. In these situations, where ethical beliefs come into conflict, paramedics may experience doubt and uncertainty in their clinical decision-making. In their book, *Principles of Biomedical Ethics*, Beauchamp and Childress outline four ethical principles that can be used to help healthcare providers with decision-making during ethical dilemmas (1):

- respect for autonomy: respecting and supporting a person's right to self-determination and personal freedom
- beneficence: acting in a manner that provides the most benefit to another person
- non-maleficence: acting in a way that avoids harm and the risk of harm to another person
- justice: acting in a way where benefits, harms and risks are distributed fairly at a societal level.

Two of these principles – respect for autonomy and beneficence – may come into conflict when a sick or injured patient refuses treatment. In refusal situations, it may be unclear as to which principle takes precedence over the other, and paramedics may be tempted to act in a medically paternalistic manner. We will discuss these two principles and examine how they may come into conflict. We will then offer an outline on how a paramedic can ethically proceed with regards to these two principles, with a specific discussion surrounding informed refusals. Our approach will provide the working paramedic with a better understanding of these principles in order to better approach some of the dilemmas that they may face.

Autonomy and beneficence

In modern medical ethics, respect for autonomy is often taken as a foundational principle, holding precedence over all other principles (2). This principle is at the heart of some of the most important ethical concepts that dominate bioethics, such as informed consent (3). The premise behind this principle is that patients should have the ultimate say over their treatment plan and they should not be subjected to treatment against their will (4). People have a deep desire to be in control over their own lives and it is inherently good to respect this desire.

This respect for autonomy also benefits the healthcare system by establishing trusting relationships with patients (5). A patient who is forced into a certain treatment choice may lose trust in the healthcare system and be more hesitant to seek assistance in the future. As such, patient autonomy is an important consideration for its own sake, in terms of human rights, and because of its potential impact on the patient-healthcare system relationship.

Beneficence is also one of the central tenets of healthcare. The principle of beneficence holds that there is a moral obligation to act in a manner that provides benefits to others (6). In practice

this means that healthcare providers must strive to provide the best care for their patients by balancing the potential benefits and risks of each treatment choice (for example, deciding whether acetylsalicylic acid is the optimal treatment for a patient experiencing a myocardial infarction, but who has a history of peptic ulcers). Beneficence is essential as healthcare providers seek to ensure patients maximise their health outcomes, and patients generally expect healthcare providers to act in their best health interest.

Finally, although refusals principally involve a conflict between the principles of autonomy and beneficence, it is also worth mentioning that the principle of non-maleficence may be relevant as well. Non-maleficence is the principle that healthcare professionals are obligated to avoid harming their patients (7). In the context of out-of-hospital care, coercing a patient to accept an unnecessarily risky intervention (for example, giving ibuprofen to a patient with a mild headache who has an NSAID allergy) that brings about harm would be a clear violation of this principle (in addition to also violating autonomy). Non-maleficence of course must be weighed against other principles, as a certain degree of risk may be acceptable if the benefits are sufficiently great (beneficence) or the risk is in accord with the patient's wishes (autonomy). Although we have chosen to focus on beneficence and autonomy as these are consistently at the forefront of the refusal situation, non-maleficence nonetheless is an essential component in the provision of ethical care. As such, it ought to be routinely considered whenever applicable to the patient situation – a refusal scenario or otherwise.

Ethical challenges for the paramedic

Both autonomy and beneficence are central to paramedic practice. In ideal situations, paramedics are able to both respect the autonomy of the patient and act in the patient's best interest for their health. It is often the case that when a patient calls for care from paramedics, they have already made the decision to seek an assessment and possibly treatment. Unfortunately, not all calls proceed so smoothly. Paramedics may encounter situations where a patient refuses care that the paramedic believes to be beneficial to their health. Consider the following example:

You arrive on scene to a pedestrian struck at a low speed by an SUV-type vehicle. The person struck has some visible scrapes and bruises, but they are standing by the time you arrive. With a brief verbal interaction, you determine that the patient is both alert and oriented and they do not appear to be confused. You see no obvious life-threatening injuries, but you would like to do a physical assessment to ensure that nothing is missed. The patient refuses the assessment – they state that they are fine and that they have other things to worry about currently. Despite insisting and explaining the possible risks of not performing an assessment, the patient continuously refuses.

In this case, if the paramedic were to act solely through the principle of beneficence, then they would assess (or attempt to assess) the patient against their wishes. The benefits

(uncovering potential injuries) of an assessment are clear. However, the patient, who is alert and oriented, and who seems to be of sound mind, is refusing any further contact with the paramedic. Based on the principle of respect for autonomy, the paramedic should respect this decision. There is a strong intuition that overruling a patient's decision, even when it would be beneficial for the patient, is inherently wrong. This intuition can be understood as a critical response to the practice of medical paternalism.

Medical paternalism occurs when a healthcare provider fails to adhere to a patient's wishes, but does so in order to provide health benefits or reduce harm (8,9). Traditionally, it has been thought that the main role of the healthcare provider is to care for the patient. Unfortunately, there are times that in order to do this a patient's expressed desires need to be overridden. The problem with paternalistic actions performed by healthcare providers is that if the patient has the capacity to make autonomous decisions, then the paternalistic action (based on a desire to exercise beneficence) directly contradicts the principle of autonomy. Living an autonomous life, as discussed earlier, is something that is inherently valuable and important for maintaining patient trust.

A shift away from medical paternalism can be seen beginning in the mid-1960s, where the standard of healthcare providers acting independently to make decisions for their patients progressed to the standard of a shared decision-making model that strongly values patient input in the process of gaining informed consent (10). The patient's right to self-governance entails that, on the face of it, paternalistic actions are not morally acceptable in the healthcare setting, and paramedics should resist the urge to treat non-consenting patients regardless of their thoughts on what is best for the patient's health (11). When a patient is clearly capable of making an autonomous decision, the paramedic should respect the refusal - such as in the aforementioned case.

There are times, however, where a patient may refuse treatment, but paramedics ought to disregard the refusal and proceed with treatment. If we modify the pedestrian-struck case above such that the patient presented as being substantially confused, then paramedics should consider proceeding with an assessment against the patient's current wishes. This is due to the fact that the confused patient exhibits behaviour strongly suggesting they lack the capacity to make an autonomous decision regarding their assessment, so the principle of respect for autonomy may not be applicable.

In cases where the principle of autonomy and the principle of beneficence seem to conflict, paramedics should seek an informed refusal and ensure that the following conditions are met. The refusal must be made by a competent individual, it should be well-informed, and it must be voluntary (12,13). If a condition is not present, then paramedics should attempt to rectify this to ensure that the principle of autonomy can be acted on. When this is not possible, the paramedic may be

unable to act according to the principle of respect for autonomy, and they must proceed by the principle of beneficence. Let us now examine each of these conditions in turn and discuss how paramedics should act ethically for each.

In regards to the first condition, paramedics are responsible for ensuring that a patient is sufficiently competent to make a decision about their treatment (14). There are many factors that may render a person incompetent, such as decreased levels of consciousness, severe episodes of confusion, and high levels of intoxication. Importantly, paramedics should recognise that there is a 'legal, medical and practical presumption that an adult is competent and should be treated as such in the absence of a determination of incompetence or incapacity' (15). When this presumption does not hold and the patient lacks competence, then their decisions cannot be said to be autonomous, and the principle of respect for autonomy does not apply. In such situations, paramedics generally act out of medical necessity and treat the patient based on the principle of beneficence. If the lack of competence is correctable (eg. hypoglycaemia), then paramedics should treat the underlying cause and then re-evaluate the patient's capacity for autonomous decision-making.

There are times, however, where it is unclear if a patient is competent or not. For example, a patient who is clearly suffering from a myocardial infarction but is brushing it aside as "a little bit of indigestion". It seems intuitively possible that the overwhelming stress of certain situations can impair patient judgement and act as a barrier to a patient's autonomous decision-making capacity. Paramedics are forced into making timely decisions as to whether a patient possesses such capacity, and this can pose a significant challenge. In these cases, paramedics must take time and use their clinical judgement to assess whether the patient is competent to refuse treatment. This may take place as a visual and verbal assessment involving a discussion between the paramedic and patient. If the patient is found to be in a competent state of mind, then even if the paramedic believes that the patient's refusal is a poor decision, it must be respected based on the principle of autonomy.

Another circumstance where competence may be in doubt is when a patient is experiencing a mental health crisis that poses a risk to their own wellbeing. In these cases, paramedics may deem that the patient currently lacks the competence to make healthcare decisions for themselves, and that an informed refusal of treatment cannot be obtained. This is because the patient's attitudes and behaviours are suggestive that they are not in the right state of mind to make life altering decisions. As such, paramedics are ethically obligated to treat and transport such a patient via the principle of beneficence. Notably, this obligation is captured by mental health laws implemented across a range of jurisdictions that provide a legal justification to the ethical obligation of treating the refusing patient experiencing such a crisis (16-19). As can be seen, this is a situation where the principle of beneficence takes the forefront of the paramedic's action.

Importantly, in out-of-hospital emergency situations, it should be noted that paramedics and their patients are not familiar with one another. Paramedics are often ignorant of their patient's baseline values, wishes, wants, expectations and preferences that they would typically express (20,21). Without such a baseline comparison, it may be difficult to determine whether a patient is truly competent at the time of assessment. It is entirely possible that the patient may be acting out of character due to stress, confusion or decreased brain perfusion. This further justifies a paramedic in proceeding via the principle of beneficence when the patient's competence is sufficiently in doubt. A rule of thumb is to proceed in a way that a reasonable person would request (21). The higher acuity of the patient, the more important it is to ensure that the patient has the capacity to make an autonomous decision before accepting a refusal of treatment. The patient who is clearly experiencing a myocardial infarction and who refuses treatment should be evaluated much more thoroughly than the patient who has stubbed their toe and refuses treatment (21,22). If the consequences of refusal could be drastic, paramedics should err towards providing treatment in order to avoid undertreating when competence is in doubt.

This brings us to the next condition needed to gain an informed refusal. Paramedics must ensure that their patients are adequately informed of treatment options, including possible risks and benefits. This condition has two aspects: first, paramedics must provide their patients with relevant information and second, they must determine that the patient currently can properly understand the information. Of course, in an emergency time may be limited, and the amount of information that a paramedic can provide to their patient is restricted. Accordingly, paramedics should consider what information is the most relevant to convey to the patient. This may include a brief discussion of the patient's presenting complaint, the nature of any interventions considered, and risks and benefits of a particular treatment (23). It is reasonable to assume that the more invasive the procedure, the higher the burden of understanding that the paramedic must ensure, time permitting. Furthermore, it is a paramedic's responsibility to ensure that the presentation of information is consistent with the patient's capabilities to understand (eg. avoiding the use of medical jargon). If a paramedic is unsure as to whether a patient understands the situation at hand, and they have made a reasonable effort at rectifying this, then the paramedic may judge that the patient lacks the ability to make an autonomous decision and can proceed by acting in what they reasonably believe is in the patient's best interest. Importantly, this does not justify paramedics in intentionally limiting information to the patient in order to influence the patient in deciding in a particular way – this would be a case of medical paternalism that directly undermines a patient's ability to make an autonomous decision. Rather than simply recognising that a patient currently cannot understand the relevant information, in the case of paternalism the paramedic themselves would be the reason that the patient lacks understanding. The latter case is ethically unacceptable as the paramedic is not recognising and responding to a patient's

lack of autonomy, rather, they are acting in opposition to the patient's autonomy.

It is important to mention that a patient may autonomously decide not to be informed. Situations such as this may cause paramedics to feel uneasy, especially if the paramedic believes the patient is afflicted with a serious and possibly life-threatening condition. In these cases, paramedics should critically evaluate the consequences of the patient refusing to be informed. Consider, for example, a family who calls for a patient who has consumed 10 g of paracetamol, a possibly lethal dose, for arthritis pain that they are currently experiencing. If the patient refuses treatment and transport, and refuses to be informed about the risk of not being transported, then there are strong reasons to proceed with the principle of beneficence and to inform the patient against their wishes. This is because it is reasonable to assume that if the patient were made aware that they could die without medical intervention, they would change their mind.

In general, the threshold for informing a patient against their wishes is lower than the threshold for treating a refusing patient. In refusal situations, paramedics may feel obligated to ensure that their patients are fully informed before treatment is refused. If the paramedic reasonably believes that a patient would make a different decision if provided with accurate information, and the consequences of the patient refusing the information (and subsequent treatment) would be seriously detrimental to the patient's health, then the paramedic should inform the patient. This would respect the principle of beneficence and also provide more information to allow the patient to exercise autonomy in their decision. Notably, simply informing a patient against their will requires minimal direct action against the patient, and is unlikely to lead to harm or active resistance. In the case of the paracetamol overdose, it is likely that briefly mentioning to the patient that they may die if they refuse medical treatment will provide the patient with the information needed to make an informed decision about their health. However, in cases where the patient's capacity is clear, the decision to refuse further information is voluntary, and the consequences of uninformed refusal are not dire per the paramedic's clinical judgement, the paramedic is obligated to respect this choice.

The final condition in obtaining an informed refusal is to ensure that patients' decisions are voluntary. This leads to a responsibility that paramedics have in regard to respecting a patient's autonomy: paramedics must not manipulate, coerce or force their patients to act against their will. Threats of violence, bribes, false promises, exaggerations, and any other method of causing a patient to act in a certain manner are unacceptable behaviour from a healthcare practitioner. Nonetheless, paramedics should still explain all the risks and possible outcomes (despite how alarming they may be) to their patients. For example, if a patient is experiencing a possible myocardial infarction and refuses transport, it is reasonable (and required) for the paramedic to explain that refusal of transport

could lead to permanent damage to the patient's heart or death. Although this may be alarming to the patient, and could frighten them enough to accept transport, this should not be viewed as a threat that undermines patient autonomy. Rather, the paramedic in this situation is providing relevant information to the patient in order for the patient to make an autonomous decision, furthering the aforementioned goal of informed decision-making. Encouragement for the patient to seek treatment is not in itself wrong, however, this encouragement should be based on facts and not on misinformation.

Finally, it is worth mentioning that although this discussion primarily addresses the ethics of patient refusals, there may be important legal considerations as well. Paramedics all act within a certain legal framework, particular to the jurisdiction within which they work. The laws of individual jurisdictions are unique and differ from one another. With this in mind, it is important for paramedics to be familiar with their legal obligations and to act in a manner which adheres to the law. A review of such legal considerations will likely prove complementary to this discussion as the law frequently intersects with the ethical principles discussed above. As such, the highest quality paramedic care will demonstrate an understanding and respect of both legal and ethical responsibilities to patients.

Conclusion

We have discussed two ethical principles that are central to the practice of emergency out-of-hospital care, namely, respect for autonomy and beneficence. There are instances when these two principles come into conflict, and knowing how to best act can be challenging. In general, paramedics should favour autonomy in such cases. However, paramedics have a duty to ensure that a patient's decision truly is autonomous – if it is not, they must attempt to rectify the situation. If the patient's decision cannot be rendered autonomous, then paramedics should act via the principle of beneficence. Complex ethical dilemmas are an inherent part of the profession. However, understanding ethical principles can help paramedics morally justify their decisions and provide the best possible care towards their patients.

Competing interests

The authors declare no competing interests. Each author of this paper has completed the ICMJE conflict of interest statement.

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