

Policy Title: <b>CODE OF ETHICS</b>		No. <b>E - 5</b>
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## I. DEFINITIONS

- A. **Ethics:** Derived from Greek word, "ethos" which means character (Aehlert, 2010). Societal principles of conduct that people or groups of people adopt as guidelines for personal behavior. Study of goodness, right action and moral responsibility. It asks what choices and ends we ought to pursue and what moral principles should govern our pursuits and choices (Madden, 2000). Ethical principles do not always dictate a single "moral" course of action, but provide a means of evaluating and deciding among competing options.
- B. **Morals:** Derived from Latin root, "mos" which means custom. Beliefs and values that help a person define right and wrong to guide their personal conduct. The four main sources of personal values are: experience, culture, science, and religion.
- C. **Morality:** Informal system used by rational beings by which they govern their behavior to lessen harm or evil and do good.
- D. **Unethical behavior:** Conduct that does not conform to approved standards of social or professional behavior (Aehlert, 2010).

## II. PRINCIPLES OF MEDICAL ETHICS

- A. The Northwest Community EMS System (NWC EMSS) recognizes that the professional status of EMS providers is maintained and enriched by the joint willingness of individual practitioners, Provider Agencies, and System hospitals to accept and fulfill obligations to society, other medical professionals and the EMS community.
- B. The viability of the System rests on the ethical behavior as well as medical capability of each member. It is necessary that each individual's conduct be based on a framework of ethical decision making as a way of life in the conduct of personal, professional, and academic affairs.
- C. In treating patients, System members shall conduct themselves at all times in a dignified and exemplary manner. They shall exercise judgments in keeping with their scopes of practice and consider not only the SOPs but other resources such as moral, economic, social, cultural, and political factors that may be relevant to a patient's situation.
- D. All human life has value and all people are of equal value.
- E. **Beneficence:** The fundamental responsibility of an EMS professional is to endeavor to conserve life, to alleviate suffering, to promote health, and to do good. Act in the patient's best interest.
- F. ***Pimum non nocere:*** Latin for "first, do no harm" from Hippocratic Oath (Nonmaleficence)
- G. **Justice:** Encourage equal quality and availability of emergency medical care to all individuals particularly the distribution of benefit and burden equally throughout society.
- H. **Veracity:** The duty to be truthful and not deceptive.
- I. **Autonomy:** They will respect a competent patient's right to self-determination to make choices provided they have adequate information and understand the information communicated. Competent patients have a right to informed consent; right to refuse care/transportation; and right to create advance directives.

## III. POLICY

- A. EMS personnel are frequently faced with ethical dilemmas and need a framework within which to ask the right questions and determine the best course of action.

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- B. The following are Model Rules that are mandatory in character and state the minimum level of conduct below which no System member can fall without being subject to disciplinary action as outlined in the Due Process/Disciplinary Action and Grievance Policies.
- C. EMS emergency care shall be provided to all based on need; respecting human dignity, unrestricted and without discrimination due to nationality, race, creed, age, gender, social or economic status, sexual orientation, disability, nature of their health problems or ability to pay for services.
1. All individuals will be treated fairly, openly and honestly without a change in the standard of conduct or care due to a disability, handicap or disease entity.
  2. Every reasonable accommodation (effort) will be made to provide effective alternate communication methods to individuals with a disability or handicap in order to assure a fair, consistent standard of care.
  3. In setting its policies and procedures, the System will always assure access to its services by the handicapped and the disabled.
- D. The EMS provider has an obligation to protect the public by not delegating to a person or agency less qualified, any service which requires professional competence implicit with the scope of practice encompassed in specific licensure.
- E. Private and protected health information shall be held confidential under the Health Insurance Portability and Accountability Act (HIPAA) and shall only be revealed as authorized by that Act and if revealing such information is necessary to prevent a client from committing a criminal act that is likely to result in imminent death or substantial bodily harm. Privileged patient information is defined as "information gained in the professional relationship that the client has requested be held inviolate or the disclosure of which would be embarrassing or would be likely to be detrimental to the client. See Patient Confidentiality policy (C7) for more details.
- F. EMS provider agencies and EMS students and licensed/certified personnel will adhere to standards of personal ethics in keeping with all statutes and moral precepts that govern the medical, nursing, and EMS professions. The NWC EMS System affirms the philosophy of the National Association of Emergency Medical Technicians (NAEMT) Code of Ethics, the American Nurses Association Code for Nurses, the ENA Code of Ethics for Emergency Nurses, The Oath of Geneva adopted by the World Medical Association in 1948, and the American College of Healthcare Executives Code of Ethics for Students. See Ethics Statement of Intent for listing of Codes.
- G. All members of the System will work harmoniously with, and sustain confidence in EMS associates, nurses, physicians and other members of the health community. They will not denigrate colleagues or their work. They will encourage and assist colleagues in the pursuit of academic and practice excellence.
- H. Students and licensed/certified EMS System members will abide by the procedures, rules and regulations of the System. They will respect the guidelines prescribed by each instructor or the EMS MD in the preparation or completion of academic assignments. They will strive towards academic excellence and the expansion of professional knowledge. They will not engage in, assist in, nor condone cheating, plagiarism or other activities of academic dishonesty.
- I. They will respect and protect the rights, privileges and beliefs of others.

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#### IV. System policies dealing with ethical issues

- A. A-1: Abandonment vs. Prudent Use of EMS Personnel
- B. A-3: Initiation of ALS or BLS Care
- C. C-6: Controlled Substances on EMS Vehicles
- D. C-7: Confidentiality of Patient Records
- E. D-1: Due Process/Disciplinary Action (Suspensions)
- F. D-5: Do Not Resuscitate Guidelines
- G. E-1: Emotional Illness and Behavioral Emergencies; Petition forms
- H. E-4: Modular Proficiency Exams
- I. I-4: System Members with Impaired Practice
- J. M-3: Minor Patient/Guardian Consent; Refusal of Service by an Adolescent
- K. R-6: Refusal of Service
- L. T-1: Triple Zero/Non-initiation of CPR
- M. T-2: Patient Transport/Selection of Receiving Hospital
- N. V-2: Violence: Suspected Child Abuse or Neglect
- O. V-3: Violence: Elder Abuse
- P. V-4: Violence: Domestic

#### From the *Ethics of Choice*, David L. Thomas

It is ethical to serve, refine and advance the organization you have chosen to join, but it is unethical to harm it. You can achieve that goal by integrating the following rules:

1. It is ethical to learn everything you can about the organization of which you are a part.
2. It is ethical to learn about the needs of those served by your organization.
3. It is ethical to perform your job to the best of your ability.
4. It is ethical to speak fairly and honestly or not at all about the other members of the organization.
5. It is ethical to follow the rules.
6. It is ethical to seek correction of rules, procedures, or practices that are inconsistent with the overall purpose of the organization.
7. It is ethical to create organizational improvement.
8. It is ethical to leave an organization whose purpose is in conflict with your own.

References: Code of Ethics Statement of Intent  
 NAEMT Code of Ethics; Oath of Geneva  
 ANA Code for Nurses; Ethics in Nursing; ENA Code of Ethics for Emergency Nurses  
 American College of Healthcare Executives Statement of Principles for Students

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# ANA Code for Nurses

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The American Nurses Association totally revised its code of ethics for nurses June 30, 2001. It is only the second time in the last 50 years that an entirely new document has been issued.

## The new code

- reiterates the fundamental values and commitments of the nurse (provisions 1-3.)
  - identifies the boundaries of duty and loyalty (provisions 4-6.)
  - describes nursing duties beyond individual patient encounters (provisions 7-9.)
1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
  2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
  3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
  4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
  5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
  6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
  7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
  8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
  9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Accepted by the ANA House of Delegates on June 30, 2001

# Ethics in Nursing

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

The Code of Ethics for Nurses serves the following purposes:

- It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession.
- It is the profession's nonnegotiable ethical standard.
- It is an expression of nursing's own understanding of its commitment to society.

There are numerous approaches for addressing ethics; these include adopting or subscribing to ethical theories, including humanist, feminist, and social ethics, adhering to ethical principles, and cultivating virtues. The Code of Ethics for Nurses reflects all of these approaches. The words "ethical" and "moral" are used throughout the Code of Ethics. "Ethical" is used to refer to reasons for decisions about how one ought to act, using the above mentioned approaches. In general, the word "moral" overlaps with "ethical" but is more aligned with personal belief and cultural values. Statements that describe activities and attributes of nurses in the Code of Ethics are to be understood as normative or prescriptive statements expressing expectations of ethical behavior.

The Code of Ethics for Nurses uses the term *patient* to refer to recipients of nursing care. The derivation of this word refers to "one who suffers", reflecting a universal aspect of human existence. Nonetheless, it is recognized that nurses also provide services to those seeking health as well as those responding to illness, to students and to staff, in health care facilities as well as in communities. Similarly, the term *practice* refers to the actions of the nurse in whatever role the nurse fulfills, including direct patient care provider, educator, administrator, researcher, policy developer, or other. Thus the values and obligations expressed in this Code of Ethics apply to nurses in all roles and settings.

The Code of Ethics for nurses is a dynamic document. As nursing and its social context change, changes to the Code of Ethics are also necessary. The Code of Ethics consists of two components: the provisions and the accompanying interpretive statements. There are nine provisions. The first three describe the most fundamental values and commitments of the nurse; the next three address boundaries of duty and loyalty, and the last three address aspects of duties beyond individual patient encounters. For each provision, there are interpretive statements that provide greater specificity for practice and are responsive to the contemporary context of nursing. Consequently, the interpretive statements are subject to more frequent revision than are the provisions. Additional ethical guidance and detail can be found in ANA of constituent member association position statements that address clinical, research, administrative, educational, or public policy issues.

The Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. The Code of Ethics establishes the ethical standard for the profession. It is not negotiable in any setting nor is it subject to revision or amendment except by formal process of the House of Delegates of the ANA. The Code of Ethics for Nurses is a reflection of the proud ethical heritage of nursing, a guide for nurses now and in the future.

# EMT Code of Ethics

As adopted by the National Association of EMTs

Professional status as an Emergency Medical Technician and Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Services. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

The Emergency Medical Technician provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.

The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well being.

The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Service System.

The Emergency Medical Technician, or groups of Emergency Medical Technicians, who advertise professional service, do so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician.

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurses, the physicians, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Written by: Charles Gillespie M.D.

**Adopted by: The National Association of Emergency Medical Technicians, 1978**

# Oath of Geneva

*"I solemnly pledge myself to consecrate my life to the service of humanity;  
I will give to my teachers the respect and gratitude which is their due;  
I will practice my profession with conscience and dignity;  
The health of my patient will be my first consideration;*

*I will respect the secrets which are confided in me;  
I will maintain by all the means in my power the honor and noble traditions of the medical profession;  
My colleagues will be my brothers;*

*I will not permit considerations of religion, nationality, race, party, politics, or social standing to intervene  
between my duty and my patient;  
I will maintain the utmost respect for human life from the time of conception;*

*Even under threat, I will not make use of my medical knowledge contrary to the laws of humanity.  
I make these promises solemnly, freely, and upon my honor."*

Adopted by the World Medical Association in 1948

## American College of Healthcare Executives Statement of Principles for Students

Students [of health administration] have the opportunity to participate in the building of a worthy, purposeful, and progressive profession. This opportunity, however, is not without obligation, for the viability of the profession will rest on the integrity as well as the capability of its members. It is necessary, therefore, that the individual's behavior be ethical as a way of life in the conduct of personal and academic affairs. In pursuing this objective, the student shall:

1. conduct self at all times in a dignified, exemplary manner.
2. abide by the procedures, rules and regulations of the educational institution.
3. respect the guidelines prescribed by each professor (instructor) in the preparation of academic assignments.
4. be objective, understanding, and fair in academic performance and relationships.
5. strive toward academic excellence, improvement of administrative skills and expansion of other professional knowledge.
6. encourage and assist colleagues in the pursuit of academic excellence, improvement or administrative skills, and expansion of other professional knowledge.
7. encourage, aid, and teach others in the principles and practice of health services administration.
8. not denigrate the work of colleagues.
9. neither engage in, assist in, nor condone cheating, plagiarism or other such activities.
10. foster and support sound programs of education and research to assure the proper direction of the profession.
11. contribute interest, support, and leadership toward the overall improvement of the community, with special emphasis on delivery of healthcare, health education and related objectives.
12. respect and protect the rights, privileges, and beliefs of others.

**Northwest Community EMS System**  
**ETHICS POLICY**  
***Statement of Intent***

**I. Introduction**

- A. Ethics is the study of right and wrong, human conduct, and related moral duty and values. Ethicists are interested in how personal values affect decision-making. They address questions of moral responsibility and attempt to define acts that one is obligated to perform.
- B. Emergency care providers who are frequently confronted with moral dilemmas must be able to identify ethical positions as individuals and professionals. Providers of emergency care are entrusted with the lives of other human beings. There is no higher responsibility.
- C. Concern over the welfare of others should be a care providers' highest priority after confirmation of their own safety. As a patient advocate, care providers must not permit the quality of patient care to be compromised.

**II. System member responsibilities**

- A. Include but are not limited to the following:
  - 1. Care and maintenance of EMS vehicles and equipment with adequate inventories of System-specified items in clean and good working order;
  - 2. Safe and timely response to the scene of an emergency;
  - 3. Quickly gaining scene control to the best of their ability;
  - 4. Establishing patient rapport;
  - 5. Patient assessment and care within their scope of practice as directed by standards of care;
  - 6. Effective communication with patients, bystanders, team members and on-line medical control;
  - 7. Safe and appropriate disposition of patients;
  - 8. Generation of a thorough and accurate medical record;
  - 9. Appreciation of limitations and willingness to seek help;
  - 10. Self-control in emergency and stressful situations;
  - 11. Dealing appropriately with those whose behavior may be altered and demonstrating interest in patient feelings;
  - 12. Respecting the privacy of others;
  - 13. Mastering a variety of complex concepts and skills and maintaining competency within their scope of practice.
- B. Many healthcare professionals no longer consider it sufficient to perform acts that merely fall within accepted legal and professional boundaries. Actions must also be morally acceptable. It is known that personal values affect one's opinions.
- C. Values cannot serve as the only guide for ethical action. Guidance is often sought from organizational policies, professional oaths, codes, and the law.
- D. It should be recognized that acting legally does not necessarily equate with acting ethically. In theory, laws should reflect the values and priorities of society, and, therefore, should constitute socially acceptable standards. But laws cannot be expected to address the countless and often complex situations that might arise in the practice of emergency care.

**III. Approaches to ethical decision making**

- A. **Egoism:** A person decides according to their own idea of the right choice; the most comfortable decision for the person making the choice.
- B. **Deontology:** Focuses on value of the person deciding and the duties and obligations using ethical and moral rules and principles without regard for the consequences. It does not resolve a dilemma where duty and obligations conflict.
- C. **Utilitarianism:** In all circumstances one should choose the course that has the most value (good) for all those involved.

#### IV. **System philosophy and values**

- A. We believe that the physical, emotional, and spiritual aspects of each individual play an important role in the healing process. Every patient encountered is a unique entity with different alterations from health that require interventions based on their particular needs.
- B. We are dedicated to preserving the value, dignity, and quality of life for all patients served without regard to race, religion, sex, age, creed, handicap, or ability to pay.
- C. Our service is characterized by a reverence for life, belief in a patient's right to care when he or she is ill or injured, but also their right to die with dignity and in peace.
- D. The primary mission of the NWC EMSS is to provide quality emergency care to the communities we serve. We continue to strive for preeminence through a philosophy of total quality, continuous improvement, and advocating the appropriate use of technology and research to compassionately meet emergency care needs.
- E. We provide out-of-hospital care to all persons who may experience acute illness or injury anywhere within the geographic boundaries established for primary and secondary responses by our member providers as set forth by the Illinois EMS Act and the Rules and Regulations promulgated pursuant to the Act.
- F. As dedicated stewards, we strive to maximize the use of available resources and minimize the financial burden on all providers and customers of our services.
- G. We are committed to participating in area-wide planning which impacts EMS in Illinois.
- H. We are committed to providing comprehensive educational programs to prepare Emergency Medical Dispatcher, EMT-B, EMT-P, PHRN, and ECRN students with the necessary expertise to provide or direct quality patient care consistent with the philosophy and standards established by the EMS Medical Director, medical, and academic communities.
- I. We are committed to providing timely continuing education offerings to all System participants to acquaint them with new advances in prehospital practice, to reinforce prior learning, and to measure continued competence.

#### V. **Situations that may protect someone from being held accountable**

- A. **Excusable ignorance of consequences:** A reasonable person could not have foreseen the consequences of a particular action.
- B. **Constraints:** A situation in which one is forced to perform an unethical act against his/her wishes. Example: law enforcement personnel prevent an EMT from initiating resuscitation at a crime scene.
- C. **Uncontrollable circumstances:** Example: a patient dies from injuries sustained in a crash while being transported in an ambulance, and the accident is not the fault of the EMT.
- D. **Lack of alternatives:** An individual is lacking either the ability or the opportunity to do the right act.

#### VI. **Code of ethics interpretive statements**

- A. The EMS System is maintained and enriched by the willingness of the individual and System to accept and fulfill obligations to society and other medical professionals.
- B. The fundamental responsibility of EMS is to conserve life, alleviate suffering, and promote health.
- C. The EMSS does not use professional knowledge or skill in any enterprise detrimental to the public good.
- D. The EMSS respects and holds private all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.
- E. EMSS providers understand and uphold the laws and perform the duties of citizenship. As professionals, they have a particular responsibility to work with other citizens and professionals in promoting efforts to meet the health needs of the public.

- F. EMSS members maintain professional competence and demonstrate concern for the competence of other members of the profession.
- G. EMSS members assume responsibility for defining and upholding standards of professional practice and education.
- H. EMSS members assume responsibility for their individual professional actions and judgments and know and uphold the laws that affect their practice.
- I. The EMSS has a responsibility to participate in the study and action with respect to matters of legislation affecting EMS.
- J. EMSS members adhere to standards of personal ethics that reflect positively upon the whole professional body.
- K. Members of the EMSS may contribute to research relating to a commercial product or service, but do not leverage professional influence in advertising, promoting, or selling products wherein a conflict of interest may be alleged.
- L. Members of the EMSS who advertise professional services do so in conformity with the dignity of the profession.
- M. The EMSS has an obligation to protect the public by not delegating to a person less qualified any service that requires the professional competence of a System member.
- N. EMSS members work harmoniously with, and sustain confidence in, EMTs, nurses, physicians and other team members.
- O. The EMSS refuses to participate in unethical practices or procedures and assumes the responsibility for exposing incompetent or unethical conduct in others to the appropriate authorities.

**System members believe in**

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|---|-------------------------------|
| 1. being accountable.                   | 6. collaborating with others. |
| 2. being an advocate.                   | 7. committing to quality.     |
| 3. demonstrating good use of resources. | 8. promoting innovation.      |
| 4. embracing life-long learning.        | 9. providing leadership.      |
| 5. acting with integrity.               | 10. generating commitment.    |