THE PARAMEDIC AS A PATIENT ADVOCATE

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Introduction

When one hears the term patient advocate, the image of a nurse is often the first professional that comes to mind, and indeed the role of 'nursing advocacy' has been widely discussed in the literature. It should be remembered however, that the nursing profession does not hold a monopoly on patient advocacy; all health care professionals, regulated or not, have a responsibility to advocate for their patients.

What is advocacy?

Merriam-Webster's online dictionary dates the word advocacy to the 15th century and defines it as "the act or process of supporting a cause or proposal" [1]. There is however, no consistent definition of what constitutes patient advocacy. A number of proposals have been suggested and published, but no real consensus exists. Yet they all mirror common themes of furthering the best interests of the patient, defending patients' rights and supporting patients' wishes. A 2005 review identified the complexity of defining advocacy, and the lack of research on patients' perspectives of advocacy [2].

Advocacy activities in nursing seem to comprise two distinct themes; those activities related to educating the patient, assisting and supporting patient decision-making, and those activities related to safeguarding the patient's privacy, confidentiality, safety, and rights. Similar themes could be identified within paramedicine.

Advocacy is a developing role of the paramedic that is closely linked to the developing professionalism of paramedicine, along with the expanding role of the paramedic as a health care professional. What does advocacy mean to you as a practitioner? That you should treat all patients equally? Treat all patients like they were your relative? Treat all patients as an individual?

The Canadian National Occupational Competency Profile [3] (NOCP) area 1.1.j outlines the responsibilities of all prehospital care practitioners, from EMR to CCP to:

- function as patient advocates
- know situations where advocacy is required
- explain ways in which a practitioner can advocate for a patient
- know the value of patient advocacy
- [PCP to CCP level practitioners] integrate advocacy into clinical care.

Worldwide, prehospital care practitioners who are registered with regulatory bodies, and/or represented by professional associations, generally agree to abide by a code of conduct or ethics which either explicitly state the role of patient advocate, or address many activities of the patient advocate role, including:

- having the welfare of patients as primary concern at all times
- seeking consent, informed where possible
- assessing a patient's needs and providing care as identified
- maintaining dignity, confidentiality and privacy
- ensuring that medical care is accessible to all people without any discrimination

How can paramedics be patient advocates?

Paramedics face many barriers to being a true patient advocate – fear of litigation, lack of support from management, professional boundaries, and at times, lack of motivation or ability, due to resources, time and education. Thus, is there perhaps a concept of "limited advocacy" that can be performed by paramedics, until these barriers are removed?

The concept of "knowing the patient" [4] as often referred to in the nursing literature is one area where paramedics are at a major disadvantage in their role as patient advocates. As a paramedic, when caring for patients, your time with them will likely be brief and fleeting. However, does this mean that you cannot advocate for your patient? Unlike our hospital and community based health care colleagues, paramedics operate in a high-turnover, dynamic, unpredictable workspace. We enter patients' homes at times when they are at their most vulnerable - physically, psychologically and emotionally - and they trust us to care for them. As has been proven in numerous surveys conducted in various countries, we are regularly one of the public's most trusted professions. This perhaps makes it easier for us to establish a therapeutic relationship with our patients.

A significant proportion of ambulance calls now result in non-conveyance. Patients today are better informed and in general don't want to go to hospital; and perhaps many of them don't need to. Paramedics can now be with a patient for extended periods of time, or indeed as with community paramedicine programmes, paramedics repeatedly visit the same patient, and get to know the patient. So in light of this evolving role, what can you do as a paramedic to become a more effective patient advocate?

Educate yourself

The principles of advocacy are based on medical ethics. The cardinal principles of medical ethics are respect for autonomy, beneficence, non-maleficence and justice [5]. Put simply:

- Patients have the right to consent to, or to refuse treatment *(autonomy - voluntas aegroti suprema lex)*.
- The paramedic should work in the best interests of the patient *(beneficence - salus aegroti suprema lex)*.
- The paramedic should first do no harm *(non-maleficence - primum non nocere)*.
- Finally, the paramedic should ensure that health care resources are distributed fairly and equally *(justice - Iustitia)*.

The principles of medical ethics underpin the various codes of conduct we discussed earlier. Paramedic education needs to include not just a teaching of the core values and principles of medical ethics and ethical behaviour, but also how to translate these learnings into action in the field. Continuing education on ethical practice needs to be introduced for paramedics, not just continuing medical education requirements. This continuing education can delve further into the advocacy role.

Paramedics can undertake additional training in ethics and advocacy if interested, with educational options ranging from weekend workshops and online learning courses, to degree and postgraduate programs.

Respect them as a person

The paramedic can advocate for their patient through many simple means that respect the patient as a person. Ensuring that you maintain their modesty and dignity is a prime example. How would you feel if two strangers entered your bedroom at 3 am and started to poke and prod at you? Probably scared, embarrassed and angry. Always be aware of how your actions could be perceived by the patient and their family members.

Autonomy can come into conflict with beneficence when patients disagree with recommendations that paramedics believe are in their best interest. In general, you should respect the wishes of a mentally competent patient to make

his or her own decisions, even in cases where you believe the patient is not acting in their own best interest.

Respect the patient during personal interactions, by taking into account their personal beliefs and religious or spiritual wishes. The importance of gaining informed consent cannot be expressed strongly enough, and this will require explanation of risks and benefits of treatment or non-treatment to the patient, and possibly to their caregivers. Involving family members is important, and can be a useful way to establish a positive provider-patient relationship. Remember however, that your responsibility is to the patient, and you should advocate for them, which may conflict with the views of family members.

Care for them

Woodrow in 1997 stated that 'true patient advocacy does not exist without caring: if the nursing profession fails to advocate for patients, then it has little purpose beyond a technical role' [6] – this statement can easily be applied to the paramedic profession.

Never forget you are a health care professional. Health "care". Away from the clinical and scientific nature of the role of the paramedic, lies the important, perhaps under-appreciated, human aspect of the service we provide to our patients. Paramedics often attend 'social calls' whereby a lonely, isolated or immobile person calls for an ambulance, not for a life-threatening or emergency condition, but for human contact and social interaction.

Whilst this can easily be viewed as a waste of emergency resources, we must not forget that psychological care provision is just as important as any physical or pharmacological therapy that we can administer. Simple things, time and resources permitting, such as sitting to converse with a patient, making them a cup of tea, and helping them with simple household tasks can provide a much needed psychological boost. Social interaction is one of the core benefits of many community paramedicine schemes.

Keep them at home and provide alternative care options

The various community paramedicine initiatives that have been established in Canada, the USA, UK and other regions have provided paramedics with the ability to keep elderly and chronically ill individuals at home. Paramedics with extended training and skills can provide a clinically effective alternative to treatment in an Emergency Department (ED) for elderly patients with acute minor conditions [7].

Elsewhere, where community paramedicine programmes are not established, paramedics should endeavour to interface with community care teams for identification of at risk individuals and interventions that can be performed without transport to a hospital, such as catheter changes, vaccination administration and chronic wound care.

This is one of the biggest challenges paramedics in many jurisdictions face when advocating for their patient. Transporting the patient to an ED is often seen by the paramedic as a means to protect themselves from disciplinary action, and potential clinical or litigation issues. Until paramedics are enabled and supported in making these 'treat and discharge' decisions (from educational, clinical, legal and organisational perspectives) many calls will still result in patient conveyance to the ED.

Safeguard

Paramedics need to be aware of their responsibility to safeguard vulnerable populations such as the elderly, children, and other vulnerable populations, such as the homeless. This not a new concept; in 1992, Gerson et al found that paramedics can serve as case finders for at risk elderly patients (with a positive predictive value of 98 per cent), and can begin the process of referral to other services [8]. Similar benefits to paramedic contact with elderly patients, and referral to social services was found in a study by Kue et al in 2009 [9].

Caring for children who are being mistreated is another area where the advocacy role of the paramedic can make a tremendous difference, even saving lives. Again, our privileged position of entering the patient's home, most times unexpectedly, affords us first-hand knowledge of social conditions.

The World Health Organisation describe 'child mistreatment' as: 'All forms of physical and emotional ill treatment, sexual abuse, neglect and exploitation which results in actual or potential harm to the child's health, development or dignity' [10].

The well-being of the child should come before all other considerations, including patient confidentiality and your relationship with a child's parents or caregivers. Tragic fatal child abuse cases such as the deaths of Victoria Climbie [11] and Peter Connelly [12] highlight the need for health care professionals, including paramedics, to be vigilant for suspected child abuse. Providing a clear, accurate and detailed handover in these cases, and raising your concerns to ED staff, are important aspects of advocating for these patients.

Communicate

Listen to your patient. This is a skill that many health care professionals need to improve. Listen. Yes, there will be information that you need to impart to your patient regarding their care, but you can learn a lot about your patient if you just listen. When answering their questions, be honest. When listening, assume nothing.

Knowing how to adapt your communication skills for patients with special needs and communication difficulties will ensure that you are interacting appropriately with your patient. Given the traumatic circumstances in which paramedics often encounter patients, it can be difficult to establish a positive patient–provider relationship.

Empathetic communication is essential in establishing this relationship, and is a skill that can be learned and perfected. In a 2010 survey of 459 undergraduate students across paramedicine, nursing, midwifery, occupational therapy, physiotherapy, and health science disciplines, paramedic students were found to have the lowest empathy scores amongst the professions [13], highlighting the need for paramedic educators to promote the benefits of developing empathy during paramedic education programs.

Educate them

In a study that explored nurses' views of patient advocacy, teaching, informing, and supporting patients were frequent activities of nurses as elements of what they described as advocacy [14]. Paramedics can also educate patients in relation to prescribed medications, acute and chronic medical conditions, maintaining a healthy lifestyle, and accessing health care services.

This is where paramedics need to advocate for the paramedic profession also, pursuing higher education to better prepare them to meet the requirements of patients, and adapting to the changing role of the paramedic in addressing the broader health care question.

Several studies have shown an improvement in patient outcomes in hospitals that have higher-educated nurses (Bachelor's degree educated versus Associate's degree educated) [15–17]. Bachelor degree educated nurses also showed better communication skills, knowledge, problem-solving, and understanding of their professional role [18]. Would this also hold true for paramedics? Could higher education result in better patient outcomes? These authors believe so, but the research needs to be performed.

Handover

Finally, ensuring that an accurate handover is given to the emergency department staff or other clinician after transport, will ensure that critical information relating to patient care is known by the care team, ensuring continuity of care through the patient's journey. Poor communication is linked to behaviours such as not listening, mistrust and misunderstandings between staff members, and all of these can impact on the quality of care delivered to the patient.

Handovers are complicated by the noisy and chaotic environments that are so often present in Emergency Departments, and a lack of time and resources on both sides may result

in rushed, incomplete handovers [19]. Paramedics need to ensure that this doesn't result in compromise to the quality of clinical care delivered to the patient.

Using a structured handover tool such as IMIST-AMBO as developed in New South Wales [20] has been shown to have a positive effect on behaviours during patient handover, resulting in fewer questions from ED clinicians, a reduction in handover duration, and fewer repetitions by both paramedics and ED clinicians.

Concerns

There is extremely limited literature on the role of the paramedic as a patient advocate, and thus the highlighted concerns cannot be said to be representative of all paramedics in all jurisdictions. When discussing this article during writing, we uncovered a number of themes that work against the concept of the paramedic as a patient advocate. Many of these have been raised in the text earlier – lack of education, support, and resources. The perspectives of paramedics and the actual and conceived barriers that exist to paramedic patient advocacy warrant research.

Conclusion

As stated, the concept of the paramedic as a patient advocate is not well researched in the literature. The term 'patient advocate' seems to be used freely without an adequate definition that can be applied to paramedicine. Instead, this term is used as a broad label for activities the paramedic can perform to advocate for their patient. The role of paramedics as patient advocates, in the context of the changing role of the paramedic, requires further research.

Paramedics also need to be enabled and supported from educational, clinical, legal and organisational perspectives before their true potential role as a patient advocate can be realised. In the meantime, there are certain activities that paramedics can engage in to provide 'limited advocacy' as outlined.

Resources:

- The World Medical Association offers a free, online course in medical ethics - http://bit.ly/1Mj3B6B
- Health and Patient Advocate Education programs master list - http://bit.ly/1Kf2MoO

Disclaimer: The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of their employers or organizations.

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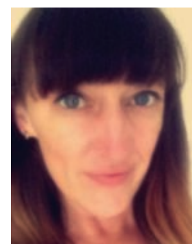

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