

National Ambulance

POLICY AND PROCEDURE ON CLINICAL ETHICS

CGP109

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1. POLICY INTRODUCTION

The Policy and Procedure on Clinical Ethics ensures optimal safe, best quality and ethical care in emergency medical service provision to patients any relatives or guardians accompanying the patients and supports National Ambulance (NA) staff providing the care and transportation of patients. It also ensures safe information management to protect patients and other stakeholders. National ambulance clinicians must act in the best interests of the patient, any relatives or guardians accompanying the patients as well as their peers in the workplace. This Policy and Procedure is designed to support the decision-making process in best patient care by putting the patient first however it is recognised that clinicians are often making judgements under great pressure and therefore NA wish to provide as much support and advice to staff as possible.

Although the core principles of law in the UAE are drawn from Sharia, most legislation is comprised of a mix of Islamic and European concepts of civil law, which have a common root in the Egyptian legal code established in the late 19th to 20th centuries. The French influence is most clearly demonstrated by the adoption of the civil law by most countries in the region similar to those in European states, rather than the common law system in the UK.

The structure of the legal system is complex with both dual courts, Sharia courts and civil courts operating in parallel, but covering different areas of the law. For example in the UAE, each Emirate has its own federal court of first instance, although Dubai and Ras al Khaimah have their own separate judicial frameworks.

Professional ethics inform the development of all policies, procedures and guidelines to address such issues as requests to limit resuscitation, refusal of treatment or transportation and patient privacy and confidentiality as part of patients' rights. Every effort is made to ensure that all the documents that affect staff are informed by laws and regulation, however staff should be aware of the need for compliance with any requirements of the Professional Licensing body (DOH or MOH) and the need to work within the legal parameters dictated by legislation from UAE or in each individual Emirate.

This policy is related to the management component of 'Continuous Improvement'. This Policy is linked to COP 202 Code of Conduct which reflects the expectations that National Ambulance has for all employees.

2. SCOPE

This Policy and Procedure applies to all NA staff who come into contact with patients, it includes all elements of patient assessment and management for NA patients within the Emergency medical services environment. This policy is also relevant to all daily interactions with colleagues and to management of any patient related documentation within National Ambulance such as for clinical studies or projects. The key points of the policy and procedure are at Appendix 1.

3. ROLES AND RESPONSIBILITIES

The Medical Director is responsible for development of this Policy and Procedure, review and revision and any Performance Indicators and should be available for advice and support for a Duty Manager. The MD is responsible for developing training to support this Policy and Procedure. The MD is also responsible for review and authorisation of any clinical issue, project or study that requires expert consideration.

The Chief Operations Officer is responsible for the implementation and monitoring of this Policy and Procedure

All Managers are responsible for ensuring that staff have induction in alignment with this Policy and Procedure, for monitoring the applicability and ongoing implementation as well as raising any issues with the MD and reporting any incidents or near misses through the QHSE system.

All staff that provide care for patients are responsible for acting according to this policy and procedure in accordance with their scope of practice. They are also responsible for ensuring that they attend or pursue any relevant training recommended by their line managers. (i.e. eLearning and face to face training).

All NA staff should understand the ethical requirements for ensuring the confidentiality of patient information, if they have any patient contact, for example management of verbal communication for patient feedback they should ensure knowledge and application of those elements of the policy relevant to them.

4. POLICY

Why this is important for you

Emergency medical services must remain fair and equitable and equally available to all citizens, regardless of the patient's social or economic status.

You must always act in the best interests of your patients and never be in a position where harm is caused. By acting in the patients best interests, your approach will be patient centered and ethical.

Education and information regarding ethical issues are important for the providers of pre-hospital medical care as they need to make swift and frequent decisions to achieve best outcomes. Patients may lack the capacity to make decisions so you may have to become their advocate.

Due to the complexity, stressfulness and often the life threatening nature of tasks that ambulance professionals have to deal with every day, ethical decision making in Emergency Services is a daily challenge.

The four principles approach to ethics includes the following:

Respect for Autonomy – ‘self-rule’ – Autonomy is the principle that allows an individual to have control over their being. This means that any decision they make.

Non-maleficence – ‘do no harm’ – This principle advocates not causing undue harm to the patient. Such harm may be considered direct physical harm, such as the insertion of an intravenous cannula, or harm brought about by failing to consider foreseeable outcomes of a proposed course of action, such as

leaving a vulnerable patient at home when their presentation requires transportation to a healthcare facility.

Beneficence – ‘do good’ This principle advocates maximizing benefits and minimizing harm to patients. Beneficence underlies all the actions of the healthcare professional and can be allied with the term ‘best interests’. It is important to note that a patient’s perspective of what is in their best interests may not always be the same as that of the healthcare professional caring for them.

Justice – ‘what is right’, this principle looks at what is right or fair in any given situation. For example, patients who have mental health problems have the same right to appropriate treatment as those who do not.

As a clinician you have a responsibility:

- To ensure that you have the knowledge, training and skills to perform your professional duties and give quality and safest patient care. You must take up the education and training required and behave ethically in the learning environment.
- To read and understand this Policy and Procedure any supporting Policies, Procedures and guidelines to give you the tools to achieve the best patient outcomes.
- This Policy and Procedure is designed to support the decision-making process in best patient care by putting the patient first.
- To practice well professionally and to the best of your ability by putting the patient at the centre of care as well as considering the issues faced by your working colleagues.
- Education and information regarding ethical issues are important for the providers of pre-hospital medical care as they need to make swift and frequent decisions to achieve best outcomes. Patients may lack the capacity to make decisions so you may have to become their advocate.
- Due to the complexity, stressfulness and often the life threatening nature of tasks that ambulance professionals have to deal with every day, ethical decision making in Emergency Services is a daily challenge.
- Communication and candour is at the heart of patient ethics and it is important to be honest and candid in all situations to fully inform patients, families and stakeholders of all plans and actions.
- When representing the organisation, participating in any research study, proof of concept or research activity you must declare any conflict of interests to the Medical Director, Research & Development specialist, your line manager to be presented in the relevant working group.

Guidelines, Policies and Procedures, Standards and Protocols

National Ambulance clinicians must read all relevant documents detailed on the Learning Management System in order to ensure that you have a clear picture of the scope of your professional duties and deliver best clinical care, the following associated policies are the most significant:

- CGP 105 Patient Consent Policy and Procedure
- CGP 103 Patient Rights and Responsibilities Policy and Charter

- COP 403 General Confidentiality Policy and Procedure
- CGP 203 Fitness to Practice Policy

National Ambulance will ensure that:

- All clinicians have adequate resources to enable them to provide optimum care such as equipment and vehicles.
- All clinicians have access to suitable ongoing training to ensure they have the most relevant and up to date information and clinical competencies and that they have access to ongoing support in the workplace.
- Other relevant NA policies and procedures are in place and available to support this policy and procedure including but not limited to Patient Consent Policy, Patient Rights and Responsibilities Policy and Charter, Patient Care Record and Patient Care Documentation and Reporting Policy & Procedure.
- Any clinical research project or study that requires ethical review should be in accordance with the DOH/MOH requirements and all NA internal requirements for Patient Rights, Confidentiality and Consent.
- All issues related to patient care and patient outcome require consideration from an ethics perspective will be reviewed, initially by the MD or his/her delegate and if deemed appropriate by the NA Clinical Ethics Working Group. These groups will have Terms of Reference that ensure that the group has relevant qualifications, skills, knowledge and experience of ethics in emergency medical services to provide thorough deliberation of ethical issue.
- The Medical Director or NA Executive member can make recommendations for full consideration by the NA Clinical Ethics Working Group.

If you have any issues with understanding and compliance with this policy please approach your line manager at the earliest opportunity in order to fill any gaps in your knowledge and skills.

PROCEDURE

You should:

- Follow all relevant Policies, Procedures and Patient Care Protocols when engaging in patient management; in addition you must communicate your findings verbally and where relevant on the patient care record, the care you give and the outcomes other health professionals or agencies involved in the patient treatment and any other involved party where appropriate such as patient, relative or consent giver and in accordance with the NA Consent Policy.
- You should report any adverse incidents or near misses that appear to be associated with ethical issues and/or may jeopardise clinical outcomes using the QHSE process and completing relevant documentation or communications.
- In accordance with your role you should respond to patient feedback or complaints.
- You must raise any ethical issues and concerns regarding ethical behaviour in the workplace to your immediate line manager or duty manager.

- You must communicate with your line manager, duty manager or the ambulance communication centre if you have ethical issues that you are not able to easily resolve.
- You must protect any patient related documentation ensuring safety and privacy at all times.
- For clinical research project or study requiring ethical sign off the form at Appendix 2 “CGF 153 - Authorisation of Study-Project” must be completed and signed by the Medical Director..
- If the ethical matter is outside the scope of “CGF 153 - Authorisation of Study-Project” it should be raised by a senior manager to the Ethics working group.
- Familiarise yourselves with the Professional duties for good professional conduct as outlined by DOH Standard on Human Subjects Research (DOH/ QD/SD/HSR/0.9) - January 2020
- This will assist you with understanding what ethical practice is with regard to:
<https://www.doh.gov.ae/en/resources/standards>

- Respecting your patients
- Giving informed consent and patient information
- Data management and confidentiality
- Using evidence- based best practice
- Advertising and Promotional Activity
- Licenses, terms and conditions and privileges
- Duty to report on and support self and on others
- Duty where a patients has suffered harm
- Duty to co-operate with investigations and to facilitate patient complaints or feedback
- Conflicts of interest

Appendix 1

KEY POINTS

- The concept of 'First do no harm' is paramount
- Act in the best interests of your patient and respect their rights and be candid
- Know and act in accordance with your professional duties and your scope of practice
- Know the relevant legal, regulatory and policy requirements
- Ensure the procedure is followed for review by relevant individuals or groups of ethical matters
- Engage in conduct that includes but is not limited to the following elements:
 - Use of evidence based best practice
 - Consider patient consent
 - Consider patient rights & confidentiality
 - Document all patient related activity
 - Report incidents or near miss events or other ethical issues
 - Declare all conflicts of interests
 - Take up training provided by National Ambulance

Appendix 2 - CGF 153 Authorisation for clinical study or research activity

This form must be used to ensure that National Ambulance (NA) follow best practice and ethical protocols for clinical studies and research activities. This form complies with the NA Ethics Policy and Procedure CGP109 which focuses on the concept of primum non nocere (Do no harm) and aims to protect Patient Rights including confidentiality and privacy of patient related information. All clinical studies and research activities will be considered by the Medical Director (MD) and if necessary included on the NA Risk Register.

Name of study/project	
Study design e.g. Cross sectional	
Hosted/organised by	
Period of study	
Population of study	
Methods	
Risks and risk management	

Authorised by Medical Director Yes/No

Comments

Signature _____

Date _____

DOCUMENT CONFIGURATIONS CONTROL DATE

A review and update of this document will take place as necessary, when changes occur that identify the need to revise this Policy such as changes in roles and responsibilities, release of new legislative or technical guidance, or identification of a new policy area.

This document ownership for editing is identified as:

Medical Director

Change Brief

Version No.	Date	Changes
1	01-January 2014	New Document
2	01 February 2015	Revised to be a policy and procedure Added clarity to language Added detail to link this policy with future policy for Management of Research projects
3	28 Jan 2016	Addition of extra language to ensure clarity regarding the legal ethical framework and relevant duties by professionals.
4	18 April 2016	Additional of extra language and ethical principles as well as reference to CGF153 for ethics authorization for Research Studies
5	07 February 2021	Due for Revision Medical Director Terminology DOH Terminology Update the procedure

Review & Approval:

Dr. Ayman Ahmad Medical Director

Date: