

# Law and Ethics for Paramedics: An Essential Guide

**THIRD EDITION**

*Edited by Georgette Eaton*

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### **Printing history**

First edition published 2019 (reprinted 2020, twice in 2021).

Second edition published 2022 (reprinted twice in 2022).

Third edition published 2024.

The authors and publisher welcome feedback from the users of this book. Please contact the publisher:

Class Professional Publishing, The Exchange, Express Park, Bristol Road, Bridgwater, TA6 4RR

Telephone: 01278 472 800

Email: [info@class.co.uk](mailto:info@class.co.uk)

[www.classprofessional.co.uk](http://www.classprofessional.co.uk)

Class Professional Publishing is an imprint of Class Publishing Ltd

A CIP catalogue record for this book is available from the British Library

Paperback ISBN: 9781801610131

ePub ISBN: 9781859599778

ePDF ISBN: 9781801610056

Cover design by Hybert Design

Designed and typeset by S4Carlisle Publishing Services

Printed in the UK by Hobbs

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# About the Authors

## Editor

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**Georgette Eaton** is a clinical academic advanced paramedic in primary and urgent care. She is currently employed as the clinical practice development manager for advanced paramedic practitioners in urgent care in London Ambulance Service NHS Trust. Prior to this appointment, she split her employment between clinical practice and education, balancing work as a specialist paramedic in urgent care across a range of settings with being a senior lecturer in Paramedic Science at Oxford Brookes University. Alongside this, she has been the regional South Central trustee for the College of Paramedics (2017–19) and continues to be the trustee for research. She was a graduate paramedic from Coventry University in 2011 and after ‘topping up’ to BSc (Hons) began practising as a specialist paramedic (then an emergency care practitioner). She completed her first MSc in Critical Care at Cardiff University in 2017 and her second in Education Research Design and Methodology at the University of Oxford in 2018. She is currently reading for a DPhil in Evidence-Based Healthcare at the Nuffield Department of Primary Health Care, University of Oxford.

## Contributors

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**Aidan Baron** is a paramedic researcher and educator from Sydney, Australia. His main interests are paramedic point of care ultrasound, evidence-based practice education, applied ethics and patient advocacy. He has been a visiting researcher in emergency, cardiovascular and critical care at Kingston University and St George’s, University of London in the UK, a member of faculty in the discipline of Paramedicine at Charles Sturt University, Australia, and sits on the editorial board of the *Journal of Paramedic Practice*.

**Edd Bartlett** is a paramedic with an interest in mental capacity, mental health and human rights. After completing a BSc (Hons) in Paramedic Practitioner (Community Emergency Health) at the University of Plymouth, he went on to gain an MA in Medical Ethics and Law at King’s College London. Alongside this, he worked full time as a paramedic at the South East Coast Ambulance Service, before being seconded onto its frequent caller team. Moving away from full time employment in the ambulance service, he then worked as a Court of Protection and mental health paralegal at Bison Solicitors before taking up his current position as legal services manager for Surrey and Borders Partnership NHS Foundation Trust. Edd is also a visiting lecturer for paramedic education at Birmingham City University. He supports reform of the Mental Capacity Act 2005 and the Mental Health Act 1983, moving towards a ‘fusion’ approach and compliance with the United Nations Convention on the Rights of Persons with Disabilities. Edd is grateful to dissertation tutors, Professor Penney Lewis and Alison Ross from King’s College London, for their guidance and support during his Master’s, from which his chapter (Chapter 7) on mental capacity draws. He would also

like to thank Dr Gareth Clegg, Dr Matthew Reed and Mr Gabriel Oniscu for sharing the Royal Infirmary of Edinburgh Maastricht Category II Donation after Circulatory Death procedures and their correspondence in the writing of Chapter 10.

**Will Broughton** registered as a paramedic in 2013 and continues to hold frontline clinical roles with two NHS ambulance services. He holds a BSc (Hons) in Paramedic Science and PG Cert in Business Administration from the University of Hertfordshire, a PG Cert in Learning and Teaching (Higher Education) from Anglia Ruskin University and an MSc in Paediatrics and Child Health from Imperial College London. Will is a Fellow of the Higher Education Academy and is the UK National Coordinator for the National Association of Emergency Medical Technicians' (NAEMT) Education Programmes. Alongside his clinical and academic work, he is a paramedic expert witness commenting on breach of duty and clinical negligence cases involving paramedics and ambulance staff. His research interests are in paediatric emergency care, and he is the paramedic advisor to the National Paediatric Early Warning Score (PEWS)/System-wide Paediatric Observations Tracking (SPOT) programme led by NHS England and the Royal College of Paediatrics and Child Health. Will is also a member of a National Institute for Health and Care Research (NIHR) Health Technology Assessment Prioritisation Committee, who consider clinical and cost-effectiveness for the NHS in comparison with the current best alternative(s). Will is a fellow of the College of Paramedics and is currently Professor of Paramedicine at Buckinghamshire New University, with responsibility for their undergraduate paramedic programme.

**Iain Campbell** is a paramedic with 10 years' experience working in the London Ambulance Service. In addition, he has worked as a senior lecturer in Paramedic Science at the University of the West of England, and as a humanitarian medical worker, having worked in refugee camps in Greece and France, in occupied Palestine, and in East Ukraine. He is currently an honorary research associate in the Centre for Ethics in Medicine, University of Bristol. He holds an MSc-R in Bioethics and currently researches and publishes on paramedic ethics with a special interest in decision-making and prejudice in paramedic practice.

**Vince Clarke** works as the programme leader for the BSc (Hons) Paramedic Science course at the University of Hertfordshire, where he has been employed since 2016. He joined the London Ambulance Service in 1996, qualified as a paramedic in 1998 and entered the Education and Development Department in 2001. Vince worked as part of the Higher Education Team and developed in-house paramedic programmes as well as working closely with higher education partner institutions. A Health and Care Professions Council (HCPC) partner since 2006, Vince has been involved in the approval of a wide range of paramedic educational programmes across the country, as well as assessing continuing professional development submissions and sitting on conduct and competence fitness to practise panel hearings. He works closely with the College of Paramedics, undertaking the role of trustee for education and chairing the Education Advisory Group and Education Committee. Vince also works as an independent paramedic expert witness for the courts and prepares reports on breach of duty for both claimants and defendants.

**Andy Collen** is a consultant paramedic at South East Coast Ambulance Service, leading on the Trust's urgent care specialist/advanced paramedic practice programmes, professional standards and scope of practice. He has recently finished a

secondment at the Healthcare Safety Investigation Branch as a national investigator. He is also the medicines and prescribing project lead for the College of Paramedics, having worked alongside NHS England on independent prescribing for advanced paramedics, as well as other projects such as the review of paramedic medicines exemptions. Andy is responsible for the College's published documents relating to medicines, and has prepared *Practice Guidance for Prescribers*, *Implementation Guidance for Prescribing* and *Practice Guidance for Exemptions*. Andy has written and contributed to several publications relating to paramedic practice, such as *Decision Making in Paramedic Practice*. He is a visiting senior lecturer at the University of Surrey.

**Antonia Cook** is a paramedic with special interests in human factors, values-based practice and organ and tissue donation. Antonia works full time as a paramedic team leader and clinical educator for South Central Ambulance Service NHS Foundation Trust, alongside her work as an expedition and austere environment medic and as an associate lecturer at Buckinghamshire New University. She is a graduate paramedic from Oxford Broke's University and is currently studying for a master's degree in Advanced Practice at the University of Hertfordshire.

**Simon Kersey** is a specialist paramedic and educator. He has spent the past 22 years involved in prehospital care and clinical education working across a wide variety of settings including the University of the West of England's Bristol Nightingale hospital project team, the Gloucestershire emergency care practitioner/out-of-hours urgent care programme, South Western Ambulance Service Learning and Development and as a critical care paramedic for both Great Western and Midlands Air Ambulance. In 2015, Simon made the decision to focus on education, working initially as a senior lecturer in paramedic science at the University of the West of England and currently as skills and simulation lead for the University of Gloucestershire. He has a broad range of interests including simulation-based education and technology-enhanced learning, trauma, major incident/disaster response, haematology, person-centred care, and transfusion alternatives. Simon would like to recognise the significant contribution made by Mr. Neil Bebbington and Mr. David Smith to his chapter (Chapter 9).

**Carly Lynch** is a consultant nurse in mental health currently working for the London Ambulance Service. She is a qualified mental health nurse and social worker with a background in crisis care. She has developed pre-hospital responses to patients in a mental health crisis to ensure they get an individualised response and that both their mental and physical health needs are met. Previously, she worked as an advanced practitioner within an emergency department mental health team and a crisis team before joining the ambulance service.

**Tom Mallinson** began his career in London, with Institute of Healthcare Development (IHCD) Paramedic Training and a degree in Paramedic Science with the University of Hertfordshire. After working for the London Ambulance Service NHS Trust, he studied Medicine at Warwick Medical School and undertook further education in primary care, wilderness medicine and healthcare education. He is a fellow of the Royal Geographical Society, the Higher Education Academy and the Academy of Wilderness Medicine. Tom has published both primary research and educational materials, and is a member of the editorial board for the *Journal of Paramedic*

*Practice*. He is also a faculty member and year two lead for the bachelor's programme with the College of Remote and Offshore Medicine. Tom lives in the Scottish Highlands with his wife, chickens, dog and flock of Hebridean sheep.

**Samantha McCabe-Hogan** is a senior lecturer at Sheffield Hallam University, lecturing in theoretical subjects such as research, law, ethics and public health. Before joining the ambulance service, she was in the Royal Air Force and worked at her local hospital as a nursing assistant. Samantha joined the Lincolnshire Ambulance Service in 2001 in health transport and moved into emergency operations in 2003, qualifying as a paramedic in 2006. As well as working on the front line, Samantha worked in both the education and research departments at the East Midlands Ambulance Service. Her undergraduate degree is in Health Studies (2003) and her Master's is in Clinical Research (2009).

**John Renshaw** is a senior lecturer in Paramedic Science at the University of Wolverhampton and a part time PhD student at Kingston University and St George's, University of London. He first graduated with a foundation degree in Paramedic Science in 2011 and subsequently worked as a paramedic and clinical team mentor for West Midlands Ambulance Service NHS Foundation Trust. John then studied for BSc (Hons) in Pre-hospital and Emergency Care, a postgraduate certificate in Academic Practice in Higher Education, and moved into higher education as a senior lecturer in 2016. Alongside this role, John is an editorial board member for the *Journal of Paramedic Practice* and is a student member of the Emergency Cardiovascular and Critical Care research group at Kingston University and St George's, University of London.

**Ceri Sudron** is a paramedic and head of department for Midwifery and Allied Health Practice at Staffordshire University. Previously, Ceri was course lead for Paramedic Science at the University of Wolverhampton. Ceri commenced her career as a paramedic with West Midlands Ambulance Service progressing to Paramedic Clinical Mentor with South Central Ambulance Service in 2007 and later to a clinical education development specialist with East Midlands Ambulance Service. She has enjoyed a varied career both as a paramedic and within higher education institutes. Ceri is an active reviewer for the *Journal of Paramedic Practice* and her research interests include LGBTQ+ issues, CPR-induced consciousness and professionalism.

**Katie Viggers** studied Law at the University of Southampton and went on to complete her Legal Practice Course at the College of Law in Guildford. She qualified as a solicitor in 2010 and opted to specialise in healthcare law, as she found the work incredibly interesting and rewarding. She has worked in a number of leading law firms in London, advising both NHS and private healthcare providers on a range of healthcare law matters, including mental health law, mental capacity law and inquests. In 2017, Katie became the head of legal services for Surrey and Borders Partnership NHS Foundation Trust – a mental health and learning disabilities trust. Here, she met and worked closely alongside Edd Bartlett, with whom she has co-authored Chapter 5 in this book. Katie currently works as a professional development lawyer for Browne Jacobson LLP and is also a part time healthcare law trainer. During her career to date, Katie has attended numerous inquests up and down the country, representing healthcare bodies and their staff. She has acted in some complex and difficult inquests, including 'Article 2' style inquests and those concerning deaths of patients whilst detained in hospital under the Mental Health Act.

# Note from the Editor

I am incredibly proud of the contributing author team within this book. This book is unique in two aspects: firstly, every chapter is written by a paramedic, whether as an individual or a co-author alongside another specialist in the field of which they write. Secondly, all authors have specialised (clinically, within education, leadership or research) in the areas in which they write about. We are at a point in the development of the profession that paramedics are not only writing their own textbooks but they are also specialising in subjects relevant to our profession. It is an incredibly exciting time to be a paramedic, and if you are joining the profession now, then the world really is your proverbial oyster. Regardless of your stage in practice, I am confident this book has something for everyone – from student through to consultant. As you read through these chapters, think about you. Take pride in your professional title and know what it means. Continue to look, listen and learn – from your patients, your peers and those senior to you. Think about who you are, what values you hold dear to you and where you sit within the profession – and the wider world. Remember the legal boundaries that govern your practice. Consider how you can use the skills of your profession for good. Above all, enjoy it. There is no job in the world that is more rewarding than being the person who is called upon to help humanity in its worst moments ... and by your very presence, allows humanity to act its best. Regardless of where you sit within clinical practice, education, leadership or research, of all the healthcare professionals, we are the most privileged. Be proud of that.

**Georgette Eaton**

# Preface

There has been much change since the last edition of this text was published. The health system has continued to see unprecedented demand beyond that which could be predicted: issues with retention of healthcare professionals across all sectors, compounded with a reduction in funding and a population that is both ageing and has a greater awareness of their rights and services as patients have all contributed to the pressure on paramedics seen today. The Covid-19 pandemic saw a renewed public interest in the role of the ‘evidence base’ when it comes to health treatment, and decisions about what is moral in terms of the allocation and prioritisation of this treatment have been widely debated professionally (and informally in pubs and staff rooms) across the country.

Yet, cresting the wave of these changes comes our profession. The paramedic profession has evolved considerably since its inception some twenty years after the founding of the NHS (Collen, 2017), and with many NHS ambulance services now positioned as mobile healthcare providers, the paramedic role has consequently evolved. Paramedics increasingly provide clinical assessment and management, using a variety of delivery methods both remotely (using a hear-and-treat approach) or face-to-face (using a see-and-treat or see-and-refer model) (NICE, 2017).

Paramedics are no longer confined to four wheels, and the modern paramedic has the opportunity to practice in diverse clinical areas, such as acute hospital trusts, forensic healthcare, primary care practices, critical care services, minor injury units and urgent care centres – to name but a few (Evans et al., 2013; Williams et al., 2013; O’Meara, 2014). Paramedics are also not limited to clinical practice, with an emerging presence within the academy as well as research. Leadership posts across a range of NHS and private services also boast paramedics. The changing demands on the ambulance service have birthed a twenty-first century paramedic who is expected to be nothing if not a generalist (Eaton, Mahtani and Catterall, 2018).

A key driver of the transformation of paramedics in care provision has been their level of autonomy as allied health professionals. Unlike other parts of the world, UK paramedics are required to register with the Health and Care Professionals Council (HCPC). Registration changed many aspects of paramedic practice, with the professional standards becoming central to professional practice and underpinning patient care. It also ensured that paramedics became accountable for their actions and, while this is discussed more in Chapter 1: Professional Regulation and Accountability, it is worth noting that this accountability reflects the professional identity of the profession. As well as ensuring the modern paramedic acts competently, this registration also outlines ethical standards that paramedics must comply with to ensure both quality of care and patient safety.

## The Law, Ethics and the Paramedic?

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It is an incredibly exciting time to be a paramedic. Clinical practice is open to paramedics across NHS, military, charity, civilian and business settings. Whether working in the NHS ambulance service, other NHS settings, private health providers, expedition medicine or retrieval support, the versatility offered by paramedics is finally being recognised across the world. This is not, however, without its challenges. Each setting will require a slightly different skill set, a slightly different scope of role, a slightly different governance structure and a slightly different approach to problems. One constant is the day-to-day issues of the moral and legal contours of the paramedic–patient relationship. While these settings may be different in terms of environment and clinical practice, each is full of its own ethical dilemmas and legal influence, which can sometimes be difficult to navigate. As a profession underpinned by registration territories in education, research and leadership also bring with them the obligations owed in matters of public health. Each territory brings a similar number of problems, albeit concerning different ethical and legal principles. Ethics allows the justification of a particular course of action by reference to wider, socially accepted norms or values. An understanding of the law ensures that actions are legally robust and without criticism of negligence. Arguing to ethical principles or legal concepts will help clinicians to make a judgement during a difficult decision – *which path is the better option?* Although there may be more than one ‘right’ answer, the ‘wrong’ answer is the path that is not justifiable – both legally and ethically. An understanding of how to navigate such concepts is key to personal and professional development, as well as the continued growth of the paramedic profession as a whole.

## How this Book Works

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Written by paramedics, for paramedics, this book presents an introduction to the law and ethics within paramedic practice. Each chapter will use case studies to develop further insights into the concepts discussed, and conclude with recommended readings or resources for readers to peruse. Throughout the book, in addition to images used to demonstrate specific areas of learning, the below icons are used to draw attention to important areas within the text:



Pause Point: consider how this relates to your practice.



Case Law: presenting detailed facts of a legal case that have been resolved by courts or similar tribunals.



Case Study: apply your knowledge from this chapter so far.



Tips for practice: important points you may find useful in your practice.

A Table of Cases and Legislation cited within the text can be found at the rear of the book. Otherwise, this book is broken down into fifteen distinct chapters:

Ceri Sudron introduces **Chapter 1** with a concise history of the paramedic profession and what it means to be a professional. She'll then explore contemporary practice and the role of the HCPC in regulation for our profession. I'll provide an introduction to ethics, or moral philosophy, in **Chapter 2**. Giving an overview of some of the most popular ethical schools of thought which will (hopefully) help to set the tone of the text, and the chapters that will follow. In **Chapter 3** I'm delighted to co-author with Iain Campbell, where we will outline four vignettes relevant to paramedic practice and discuss applied ethics for each scenario. **Chapter 4** deals more complexly with clinical negligence, in which Edd Bartlett and I discuss the development of clinical negligence within case law and promote candidness when faced with medical error. Edd Bartlett returns in **Chapter 5**, co-authoring alongside Katie Viggers to give an overview of coroner's court and inquests in England and Wales. It is a regret that this chapter could not cover the same judicial process in Scotland or Northern Ireland – and something we plan to solve for future editions. Vince Clarke outlines the differing types of consent readers may face in practice, discussing relevant case law and advice in **Chapter 6**. Edd returns in **Chapter 7** to explore the legislation relating to mental capacity assessments, citing relevant case literature to apply it to paramedic practice. Building on the two previous chapters, issues surrounding consent, capacity and negligence for patients under the age of 18 are outlined by Will Broughton and myself in **Chapter 8**. Simon Kersey and I take this further in **Chapter 9**, where we look specifically at the issues of consent and decision-making capacity in the refusal of blood products by adults and children. Edd returns again in **Chapter 10**, this time with Antonia Cook, to explore the role of organ and tissue donation within the paramedic profession, and both the ethical complexity and legislation that relates to this. Samantha McCabe-Hogan is joined by consultant nurse in mental health Carly Lynch in **Chapter 11**, aiming to give the reader a more solid understanding of the legislation relating to mental health. This is followed by Andy Collen in **Chapter 12**, who places specific emphasis on the ethical practice of medicines management within the legislation relating to medicines for paramedic practice. Dual registered GP and paramedic Tom Mallinson focuses on the specific legal and ethical issues pertaining to decision making in palliative and end of life care, and the role of the paramedic in **Chapter 13**. In our penultimate chapter, Aidan Baron lends his voice to applying the legal mechanisms alongside professional and ethical considerations in the professional use of social media in **Chapter 14**. This text then concludes with John Renshaw appealing to aspiring paramedic researchers in **Chapter 15**, offering a summary of medical research ethics and outlining the legislation relating to health research – inspiring readers to continue in the ethos of our evidence-based profession.

Learning from the experience of the author team, each with their own specialism and background within this setting, this book presents a guide to applying law and ethics

to paramedic practice. No single set of instructions can hope to cover the multitude of experiences, settings, issues and dilemmas a paramedic may face in the diverse range of settings in which they work. So, in place of a guide, this book will provide an introduction to understanding the essential legal and ethical issues pertinent to paramedic practice.

## References

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