Ethics Rounds in Prehospital Care: Findings From a Qualitative Evaluation

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Abstract

Ambulance clinicians frequently face ethical challenges when caring for patients with impaired decision-making capacity, requiring them to assess the patient's ability to make decisions while balancing ethical principles. The development of ethical competence appears to be increasingly crucial for clinicians to navigate these complex dilemmas effectively. Ethics rounds are a structured approach aimed at fostering ethical competence among healthcare professionals. Although commonly implemented in other healthcare settings, to our knowledge, they have not previously been applied in the ambulance service. Therefore, this study aimed to explore and describe the experiences of ambulance clinicians participating in ethics rounds. A qualitative descriptive approach was used to assess the intervention. Sixteen ambulance clinicians who participated in ethics rounds were interviewed to collect data, which was subsequently examined through content analysis.

Participants' experiences were captured in two main themes: (1) Feeling free to reflect within a structured setting, and (2) Being surprised by unexpected insights. These themes were built on the following categories: 1a) Gentle facilitation by the discussion leader, 1b) A clear and understandable framework, 2a) Gaining fresh awareness when facing ethical challenges, and 2b) Learning together through open dialogue. Regular, structured ethics rounds appear to foster ongoing growth in ethical competence, which could enhance the quality of patient care within ambulance services. The combination of clear guidance and facilitated group reflection provides ambulance clinicians valuable opportunities for both personal and professional growth. A key requirement for building ethical competence is a well-trained facilitator. Therefore, this model of ethics rounds can be regarded as an effective educational approach for developing ethical competence in prehospital care.

Keywords: Ambulance clinicians, Ethical competence, Ethics rounds, Prehospital care

Introduction

In Sweden, Advanced Life Support ambulances are operated by two-person teams, always including at least one registered nurse (RN), with the other team member being either an emergency medical technician, a registered nurse, or a nurse with specialized training. Ambulance work frequently presents ethical challenges—complex situations involving multidimensional patient suffering—that demand clinicians balance the provision of medical care with building a trusting and compassionate relationship [1]. Such challenges can include supporting the autonomy of patients with impaired decision-making capacity, navigating diverse cultural beliefs and values, and managing the risk of verbal or physical aggression [2]. These scenarios illustrate that ambulance clinicians regularly confront ethically demanding situations. At the same time, emergency medical services in many Western countries are experiencing a rising number of frail older patients [3–5]. Addressing this growing and varied array of ethical dilemmas increasingly relies on clinicians' ethical competence [6], yet this competence is sometimes insufficient [7]. Accordingly, it is important to strengthen

clinicians' ethical skills, for instance through interventions such as ethics rounds [8, 9].

Background

Ambulance clinicians frequently confront ethical challenges and make decisions that differ markedly from those encountered in standard clinical settings. The absence of on-site interprofessional support requires them to act independently and responsibly, often under very tight time constraints. Ethical dilemmas in this context may involve withholding resuscitation, managing end-of-life care, triage decisions, suspected child abuse, refusal of treatment, delayed or denied transport for non-urgent conditions, evaluating patients' decision-making capacity, and safeguarding patient self-determination [1].

While patient assessments in the ambulance service are generally guided by structured models aimed at identifying medical symptoms and providing appropriate treatment [10], understanding the broader context behind these symptoms tends to be less standardized. Such evaluations rely heavily on clinical expertise and a focus on the patient's overall needs rather than solely on immediate medical interventions [10]. This emphasizes the importance of promoting practices and attitudes that enhance patient safety, trust, and involvement [11], while also minimizing harm that may result from care or its absence [12]. Assessments are further complicated when patients present with acute illnesses that manifest through atypical or vague symptoms [13]. In older adults, decision-making capacity during acute health events may be diminished [14] or entirely absent [15]. When patients are unable to communicate their wishes, their autonomy, integrity, and dignity are directly affected [16]. Under these circumstances, ambulance clinicians often rely on proxy decision-making, sometimes informed by family or significant others, but frequently based on their own clinical judgment of what is in the patient's best interest, considering symptoms, vital signs, and other available information [17]. Knowledge of the ethical aspects of proxy decision-making is therefore essential, as it directly impacts patient well-being and autonomy [14].

As populations age, older patients with reduced decision-making capacity increasingly challenge ambulance clinicians, who must assess the extent of capacity, identify opportunities for shared decision-making, weigh competing ethical principles, and consider their own moral judgments [14]. Providing ethically grounded care in this context requires empathy and adherence to values

that promote well-being, respect for life, justice, self-determination, and patient integrity [18].

Ethics rounds represent one strategy for developing ethical competence among healthcare professionals [19]. This approach has been implemented in various healthcare contexts [20–22], but, to our knowledge, not within ambulance services. Ethics rounds aim to support clinicians in handling ethically complex situations by discussing specific cases presented by participants [9, 23]. Sessions are facilitated by a designated individual, ideally an ethicist skilled in guiding reflective discussions [24], although clinically active professionals—with or without formal ethics training—can also serve as facilitators [21]. The facilitator's role is to encourage open discussion and collective reflection [24], with typical sessions involving 8–12 participants, including the case presenter [25].

In conclusion, caring for patients with impaired decision-making capacity poses significant ethical challenges in prehospital care. To provide ethically sound care, ambulance clinicians must cultivate the ability to critically reflect on and evaluate the ethical dimensions of each unique situation. The purpose of this study, therefore, was to explore ambulance clinicians' experiences of participating in ethics rounds.

Materials and Methods

Design

This study employed a qualitative interview design to assess an intervention involving ethics rounds.

Intervention

This study was part of the research project "Ethically Good Care for Older Persons with Acute Health Problems" (ECA), which aims to prevent unfair treatment of older adults experiencing acute illness, injury, or disease. As part of the project, an intervention was designed to strengthen the ethical competence of ambulance clinicians. Ethical reflection near practice serves to enhance clinicians' ability to recognize and navigate ethical challenges, while promoting values such as fairness, self-determination, and beneficence. In reflection groups, it is acknowledged that no single participant holds all the answers; rather, the process supports collective reasoning and the development of skills to address complex ethical problems encountered in everyday practice [26].

Prior to the ethics rounds, participants viewed a main video and two shorter follow-up videos illustrating a scenario involving an older couple facing a common decline in health. The main video presented the complete interaction, showing all parties involved, whereas the shorter videos focused on individual exchanges, highlighting different levels of ethical decision-making by the ambulance clinicians. In the scenario, clinicians sought to persuade the male patient to accompany them to the hospital, while he resisted, creating an ethical dilemma.

The ethics rounds were led by a medical ethicist trained in the interactive 6-step model [26]. The model guides participants through six stages: (1) defining the ethical challenge, (2) reviewing the factual context, (3) identifying the stakeholders and their perspectives, (4) considering relevant ethical principles, values, and legislation, (5) exploring possible courses of action, and (6) discussing and evaluating these options in a holistic manner. Although typically addressed in order, the model allows for flexibility to revisit previous steps as needed. During the sessions, the facilitator summarized discussions on a worksheet displayed on a large screen, enabling participants to follow the reasoning in real time. Consistent with the model, the facilitator's role was not to provide answers but to guide reflection, though they were instructed to intervene if the group proposed an obviously unethical action.

The ethics rounds took place at ambulance stations in southern Sweden, with 78 clinicians participating—94%

registered nurses and 6% emergency medical technicians—across 14 sessions, averaging six participants per session (range 3–7). Each session lasted two hours, during which participants explored the ethical challenges presented in the videos. Six groups met digitally, connecting clinicians from different regions who did not know each other, while eight groups met in person, composed of clinicians working at the same ambulance station who were familiar with one another.

Participants and research context

The study involved ambulance clinicians who had previously participated in the intervention, attending ethics rounds either in-person or online.

Eligibility required that participants were actively employed in roles such as ambulance nurses, paramedics, or registered nurses. During the ethics rounds, they were invited to take part in follow-up interviews to share their personal reflections on the experience at a later time.

Participants were recruited from two regions in southern Sweden. All 16 who took part were registered nurses, with 14 having completed specialist training in different areas **(Table 1)**. Their professional experience in ambulance services ranged from 2 to 25 years, averaging 10.5 years.

The group consisted of nine men and seven women, with ages spanning from 31 to 65 years and an average age of 43.

Table 1. Demographics of the ambulance clinicians (n = 16)

Characteristic	Recent Needlestick Accident (RNA) n = 2	Previous Exposure Notification (PEN) n = 13	Active Needlestick (AN) n = 1
Men, n	2	6	1
Women, n	0	7	0
Age, years, median (range)	48 (31–65)	43 (31–58)	45
Years of ambulance service experience, median (range)	17.5 (10–25)	9.5 (2–24)	19

a Registered Nurse without advanced/specialist training (RN),
b Prehospital Emergency Nurse (PEN),
c Anaesthesia Nurse (AN),
d One PEN also held a specialization in Public Health Nursing,
e One PEN also held a specialization in Geriatric Nursing.

Data collection

Data collection took place approximately six months after the ethics round intervention, using individual interviews with open-ended questions, conducted

between May and August 2022. Interviews were initiated by asking participants to describe their experiences of the ethics round. Follow-up questions explored areas such as ethical competence, paternalism, autonomy, stress, moral

courage, and the work environment. To gain deeper insight, interviewers also used prompts like "Could you clarify?" or "Can you give an example?" The interviews ranged from 22 to 55 minutes in length, with a median of 36 minutes, and were recorded digitally. In total, 16 interviews were completed and later transcribed word-for-word by a professional language and translation agency.

Data analysis
The interviews were initially analyzed by J.G., with subsequent analyses conducted by B.H. and C.F. A qualitative content analysis approach was employed, aiming to generate categories and themes [27]. The process began with multiple readings of the interview transcripts to gain an overall understanding of the material. Next, a stepwise analysis was carried out, starting with the identification of meaning units. These meaning units were then condensed to retain their essential message. The condensed content was subsequently coded and organized into categories. Through comparison and interpretation across these categories, latent themes were identified and developed **(Table 2)**.

Table 2. Example of the analysis process

Meaning unit	Condensed meaning unit	Code	Category	Theme
And then it was positive that you received guidance. After all, we had (…) who guided us and like … It's so easy to start off on the wrong track, but he always steered us right into line and that we kept to the point.	Felt positively about receiving guidance that kept the discussion on track and prevented drifting off topic	Guidance	A gentle guidance by the facilitator	Reflecting freely within a given framework

Ethical considerations
The study strictly observed the ethical standards set out in the Declaration of Helsinki [28]. Participants were informed in advance that their involvement was entirely voluntary and that they had the right to withdraw at any stage without explanation. Prior to beginning data collection, all participants provided written consent. Approval for conducting the study was granted by the Swedish Ethical Review Authority (No. 2021–03490).

Results and Discussion

The findings are organized into two overarching themes capturing the participants' experiences: (1) Engaging in reflection within a supportive framework, and (2) Encountering unexpected insights. These themes are built upon the following categories: 1a) Supportive facilitation, 1b) Clear and understandable structure, 2a) Gaining new awareness when confronting ethical challenges, and 2b) Learning collectively through dialogue.

Reflecting freely within a given framework
The format of the ethics rounds provided participants with a chance to reflect openly while still working within a structured framework, an experience they described as both positive and transformative. Careful and thoughtful guidance fostered an open and accepting environment, encouraging participants to share their thoughts confidently. The familiar video scenarios used in the sessions offered a clear and straightforward foundation that supported collaborative reflection

Gentle guidance of the facilitator
Participants described the ethics rounds as being guided by the facilitator in a gentle and supportive manner. This approach combined firmness with careful attention, ensuring that time was managed so everyone had a chance to speak. The facilitator's guidance also involved thoughtfully steering the discussion, encouraging exploration and deepening of ethical issues from each participant's perspective. The facilitator was seen as experienced in leading such sessions, accustomed to managing group discussions, and possessing a strong foundation in ethics. The guidance was delivered in an open and permissive way, fostering an atmosphere in which multiple perspectives could be considered:
"No one felt judged or that they were wrong … it was a very open and accepting environment." (Interview No 4)
This open environment was highly valued, allowing participants to feel secure in sharing personal experiences, thoughts, and emotions. Participants appreciated that the facilitator actively encouraged detailed contributions from everyone, including those

who were typically quieter in everyday practice. It was also important that participants were given enough time to explain their reasoning and decisions in ethically challenging situations, which proved instructive for all listeners. The gentle guidance helped create a respectful climate for discussion, where differing opinions could be voiced without judgment, while the facilitator remained composed and professional regardless of the nature of responses:

"He guided us professionally and helped organize what we said, while still ensuring we reached a shared conclusion in the end." (Interview No 15)

Moreover, the questions posed during the ethics rounds were seen as relevant and approachable, contributing to a permissive environment that encouraged deeper exploration and discussion of the ethical dilemmas presented.

A comprehensible structure

Participants experienced the ethics rounds as following a well-organized and easy-to-follow structure, both in terms of the steps taken and the content covered. The group size was considered sufficient to allow meaningful participation from everyone, and it was appreciated that the sessions were scheduled without interruptions, such as ambulance callouts or phone calls. This structured approach created space for participants to explore ethical dilemmas freely, even when opinions differed:

"We shared many experiences and compared how we might have acted differently. Even when our views weren't the same, we still worked together to resolve the situation." (Interview No 10)

Being familiar with one another was seen as beneficial, providing a sense of safety and creating conversations similar to those experienced in everyday work at the ambulance station. Conversely, some participants noted that interacting with unfamiliar colleagues made it easier to express differing opinions, especially when these opinions might diverge from the majority. Variation in participants' professional backgrounds, age, and experience was viewed as enriching the discussions. Digital ethics rounds with participants from other workplaces were particularly appreciated, as they offered exposure to different approaches for handling ethical challenges.

The sessions used fictional video scenarios depicting situations recognizable to all participants, which motivated engagement and active discussion. Many participants regarded this approach as preferable to

discussing real patient cases, since it provided a shared starting point and eliminated the risk of criticizing anyone for sharing personal experiences. The scenario involving an older patient and a relative reflected situations commonly encountered in daily practice:

"We all received the same information and watched the same video. Discussing a real patient would have been more complicated, as we would have noticed different things and approached it differently. This way, it helped us be more aligned." (Interview No. 14)

The videos highlighted various aspects of complex ethical situations, prompting discussion from multiple perspectives and supporting participants in collaboratively identifying practical solutions. Many reported continuing to reflect on the scenarios and discussions afterward, using them as an internal reference for similar situations in their professional practice.

Being surprised with new insights

The participants reported that the ethics rounds provided surprising new perspectives, which were initially unexpected and somewhat startling, yet ultimately seen as a positive experience. The sessions prompted reflection on their usual ways of acting, revealing areas where improvement was possible and encouraging a greater willingness to engage in dialogue and collaborate with others in the future. Additionally, the ethics rounds helped participants recognize that ethical challenges often have multiple possible solutions. Many also described feeling more confident and less anxious when facing ethically difficult situations as a result of their participation.

New awareness in the face of ethical problems

The participants described gaining a heightened awareness of ethical challenges and their consequences. Discussions during the ethics rounds allowed the ambulance clinicians to view familiar problems from others' perspectives, which was surprising and encouraged them to reconsider their own habitual behaviors. They were also struck by new insights into their personal actions, realizing how previous decisions might have negatively affected patients, relatives, and colleagues:

"I tend to act quickly, which can be helpful in some situations, but sometimes I overlook people. I know this about myself and try to improve, but in moments like this, when you discuss and listen to others, you see that there

might be other ways to handle things than I usually do." (Interview No 16)

These realizations were initially unsettling but motivated the participants to be more mindful in future interactions, paying greater attention to how they communicate with patients, relatives, and colleagues. The ethics rounds also highlighted how external factors, such as the number of hours worked or the time of day, influence their behavior. Recognizing these influences helped participants be more forgiving of themselves and reduced stress, as they understood that fatigue could affect their performance. The sessions further encouraged reflective thinking, enabling more nuanced evaluations of situations:

"After taking part in the ethics round, I notice that I approach my work more thoughtfully, considering the situation and who it affects before deciding on an action." (Interview No 4

The ethics rounds equipped participants with new strategies for handling ethically complex situations. They described taking more time to reflect and involving patients in decisions rather than acting on their own authority. By recognizing the importance of including patients' preferences, participants reported feeling more confident when leaving patients at home, as long as it aligned with the patient's wishes. They also became more aware of the value of consulting colleagues, understanding that different perspectives could broaden their own thinking. This approach encouraged them to engage with each situation more deliberately, rather than acting automatically, which made their work more satisfying and challenging in a positive way. Additionally, the ethics rounds fostered the courage to assert their own opinions, even when these differed from those of colleagues.

Shared learning through dialogue

The ethics rounds offered participants unexpected insights into the value of shared learning through dialogue with patients, relatives, and colleagues. The structured discussions demonstrated a methodical way to gather diverse perspectives and arrive at decisions that align with the patient's preferences. Participants reported that collegial conversations about ethical issues had increased following the ethics rounds, as they had practiced reasoning and analyzing ethical dilemmas together:

"We discuss ethical issues much more now, and it helps you be better prepared. Even on the way to a patient, you start thinking and talking about potential ethical

challenges, so you already have a bigger picture before you arrive." (Interview No 10)

This meant that ambulance clinicians now had a shared language for initiating and conducting ethical discussions with colleagues during their work, which improved preparedness for encountering ethical challenges. Even colleagues who had not attended the ethics rounds benefited, as participants shared their experiences, allowing the wider team to develop a common understanding of the importance of resolving ethical dilemmas through dialogue.

Having participants with longer professional experience was seen as beneficial, as it helped deepen the discussions. Less experienced staff gained knowledge simply by listening, and joint reasoning fostered new insights for all participants, highlighting that ethical challenges often have multiple possible solutions. Listening to colleagues also led to unexpected realizations:

"I had some assumptions about how certain colleagues would think, but in this forum, I realized they actually reasoned at a much higher level than I expected." (Interview No 16)

Learning more about colleagues' thought processes was seen as enriching and supportive, particularly in situations where standard written decision-support guidelines were insufficient. This contributed to reduced stress and greater confidence in ethical decision-making in challenging situations.

The findings emphasize that the effectiveness of ethics rounds largely depends on the facilitator's competence and skills. Using fictional pre-recorded video scenarios rather than relying on a single participant's real-life case allows participants to reflect more openly and deeply. With these conditions in place, participants reported being surprised by the new insights they gained about themselves and others.

The facilitator's role emerged as a critical factor for successful ethics rounds. Participants highlighted the importance of the facilitator providing gentle guidance while fostering an open and permissive atmosphere during discussions of ethical issues. It was also considered essential that the facilitator actively elicits responses from all participants and remains accepting of the diversity of their answers and behaviors. Other qualitative studies [19, 29, 30] similarly note the value of acknowledging multiple perspectives and ensuring participants feel encouraged to contribute in a non-judgmental manner. Consistent with our findings, Silén

et al. [30] stress the importance of facilitator neutrality, which allows participants to engage fully with other team members' viewpoints. Moreover, facilitators encouraged participants to listen attentively rather than trying to persuade others to adopt their own stance. This approach helped participants organize their arguments and adopt a more open attitude toward differing perspectives instead of attempting to challenge a colleague's view [30]. However, there are instances where facilitators may fail to provide equal opportunities for all participants to share their opinions [29].

These observations underscore the importance of involving well-trained and responsive facilitators in ethics rounds. In this study, the use of a trained facilitator appeared to create a structured conversation climate that enhanced reflection on the various ethical dimensions presented in the video scenarios. Facilitators' experience in leading discussions and their solid ethical knowledge were important factors in establishing participants' trust. The expectations participants have of facilitators align with the model in which a clinical ethicist serves as a well-educated and ethically skilled guide for ethics rounds [19, 23, 31]. The findings also highlight that facilitators must be able to clarify discussion content and lead conversations in a moderate, permissive, and supportive manner. Silén [19] similarly emphasizes the facilitator's capacity to manage conflicts that may arise. To reduce dependence on external experts and train healthcare professionals in moral deliberation, other research [32] points out that practice and structured training are crucial in developing the necessary competencies. Competence, however, is multi-dimensional; facilitators may feel skilled yet remain aware of areas where further learning is required to reduce uncertainty [32]. Across different forms of facilitator training, there is consensus that the role is demanding and requires adequate support [33]. Participants also stress that facilitators should be respectful, responsive, accessible, and approachable [30]. Using filmed scenarios as discussion starters was described by participants as promoting a safe environment, facilitating shared learning, and focusing on solutions that align with the preferences of patients, relatives, and colleagues. Collegial group deliberation is valued across healthcare settings, often based on complex cases personally experienced by participants [34]. In contrast, participants in this study emphasized the advantages of discussing a fictitious case via video, noting that it provided all participants with the same conditions and a common starting point. Another benefit of this approach is that it ensures a valid case is available for discussion, avoiding the common issue of participants being unprepared with a suitable real-life case [19]. Moreover, using video scenarios removes the risk of criticism directed at participants sharing personal experiences, avoiding the feeling of being "on trial" reported in some ethics rounds [35]. Video-based learning in healthcare has been shown to enhance understanding of patient encounters by highlighting the complexity of care [36]. Starting with a filmed scenario also allows participants to reflect on their own preconceptions in relation to the perspectives of others [36].

The findings indicate that ethics rounds often provide participants with surprising insights into the complexity of ethical issues and their consequences, challenging preconceived notions. These results correspond with Silén *et al*. [19] and support the notion that ethics rounds help healthcare staff develop ethical competencies and gain deeper understanding of ethical dilemmas [21]. Engaging in listening and discussion with others is a key aspect of learning in ethics rounds [20, 22].

Participants described the new insights as sometimes shocking, particularly regarding the impact of their actions on patients, colleagues, and others. Nonetheless, these insights fostered new ambitions and provided mental tools for future work as ambulance clinicians. Earlier research similarly suggests that a compassionate approach, which includes listening and considering the views of patients and colleagues, reflects the development of ethical competence [7].

The potential of ethics rounds as a preventative method for future ethical challenges has been previously discussed by Svantesson *et al*. [9]. Participants in this study reported improvements in ethical competence after just one session. However, Molewijk *et al*. [23] note that it remains unclear whether these newly developed competencies translate into improved care quality or sustained effects in clinical practice. Research is also divided on whether ethics rounds have a direct impact on clinical work [19]. Nonetheless, participants in our study reported that their new insights prompted reflection, enhanced collaborative decision-making, and reduced stress in ethically challenging situations. It should be noted, however, that these findings are based on participants' self-reported experiences and should be interpreted with caution.

Methodological considerations

The results of this study should be interpreted in light of several potential limitations. One limitation is that participants reflected on their experiences after only a single ethics round, though the accounts provided were detailed and offered rich insights. Another limitation is that not all individuals who attended the ethics rounds were interviewed, which may have resulted in a sample biased toward those with more positive experiences. Additionally, no emergency medical technicians were included in the interviews.

The time interval between the ethics rounds and data collection could also have influenced recall, as participants might have forgotten some reflections. However, this delay may have allowed participants to apply their insights in practice, potentially enriching their responses. Interviews were conducted by four different researchers, which could have introduced variability in questioning. At the same time, all interviewers were experienced in qualitative methods, and three pilot interviews were conducted beforehand to ensure consistency.

Analysis was carried out by two skilled qualitative researchers. Throughout the study, the research team maintained awareness of potential biases arising from their preconceptions, discussing interpretations collectively to reduce their influence. A continuous dialogue was maintained during analysis, and findings were refined until consensus was reached. Transparency in documenting the research process further strengthened trustworthiness, enabling others to follow the methodology and consider its applicability to other contexts

These findings may be relevant to other ambulance services or similar settings where nurses often face ethical challenges independently, such as primary care or nursing homes. However, variations in patient-clinician relationships across different countries and cultural contexts suggest that additional studies in diverse settings are needed to confirm and expand upon these results.

Conclusion

In summary, structured ethics rounds appear to provide a valuable framework for the ongoing development of ethical competence, which may enhance the quality of care within the ambulance service. The combination of guided structure and facilitated group reflection enables ambulance clinicians to foster both personal growth and professional development, particularly when discussions are based on pre-recorded, fictional scenarios, minimizing the risk of individual participants feeling personally criticized. A key factor in promoting ethical competence is the presence of a skilled facilitator who adopts a permissive, inclusive, and attentive approach. Therefore, this form of ethics rounds can be regarded as an effective educational model for cultivating ethical competence.

Ethics Statement: Throughout the research process the principles of the Declaration of Helsinki were considered and applied. All participants were provided with an information sheet and completed an informed consent form prior to taking part in the research. Permission was granted by the Swedish Ethical Review Authority prior to the study (No. 2021–03490).

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