SUMMARY

In addition to the emergency medical services the victims of various disasters and accidents need to keep their dignity as human beings. Dignity is a term used in morals and ethics to designate that people have the right to be respected and treated ethically. Providers of emergency medical services perform their activities in compliance with the rules of good medical practices while keeping professional secrecy and observing patient rights. Patient rights and in particular moral rights ensure respect for patients’ lives and dignity in the health care system. The aim of the research is to study the ethical dilemma of saving patients’ lives and protecting their dignity in cases of emergency. The purpose of the survey is to study the medical, ethical and legal aspects of the issue. A documentary method of collection data from scientific sources is used with regard to the different aspects of the topic.

In a number of cases during their routine medical practice, especially in emergencies, medical experts have to make their choice of medical behavior – whether it has to comply with ethics or law. Making the right decision and choice of behavior depends on the moral values, professional training, knowledge of legal requirements and personal qualities of the relevant medical professional. One should always take into account that protecting victims’ dignity is especially important in emergencies when they feel most vulnerable.

Key words: emergencies, rights, patients, dignity

INTRODUCTION

Nowadays we witness unprecedented development of high technologies in all fields, including health care. Computers, electronic registers, huge databases, huge amounts of information, complete diagnostic tests going down to subcellular level, effective life creation and support procedures, etc. Does the very doctor-patient relationship change? [1] Is medical ethics subject to change in cases of emergencies? Is the victim’s/patient’s dignity preserved in cases of accidents or disasters? Such questions nowadays give rise to certain medical and ethical apprehensions.

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Results and discussion

The major mission of medicine has always been treating patients in the most efficient way possible and it has remained unchanged up to now. Proposals for reforms in health care vary, but they are usually focused on financial mechanisms rather than on the cultural context and the values that generate most current problems. [2] Medical ethics develops, too. [3, 4, 5] Medical ethics is subject to criticism and praise in the public domain, while the professional associations of doctors and health care specialists and the very hospitals are responsible for dealing with the daily challenges related to patients. This calls for setting up a specific system of medical services and differentiating emergency medical service units supplied with modern equipment and highly qualified specialists.

Emergency medical center employees bear moral, administrative, civil and criminal responsibility and they are held responsible before their professional organizations. Providers of emergency medical services perform their activities in compliance with the rules of good medical practices and the diagnostics and treatment standards while keeping professional secrecy and observing patient rights. Patient rights and in particular moral rights ensure respect for patients’ lives and dignity in the health care system. [6] Medical staff and patients face additional difficulties due to the sudden nature of some damages to health, especially when the number of victims is high like in cases of road accidents, earthquakes, floods, acts of terrorism, etc. [7] Since January 2014, i.e. the beginning of the conflict in Syria, the number of refugees in EU and Bulgaria has increased significantly. Victims of single accidents or large scale disasters need urgent medical care.

Medical employees need additional knowledge and a specific approach in emergencies involving foreigners.
such as refugees, immigrants, etc., when they simultaneously face medical, ethical, social, etc. issues. [8] A major task of the health care system in Bulgaria is to guarantee access to emergency medical services of all persons residing in the country regardless of their gender, nationality, religion, health insurance status, etc. [9] Under the Asylum and Refugees Act and the Health Insurance during Refugee Status Procedures Act, asylum seeking foreigners have equal rights and access to free medical services under the same terms and conditions specified for Bulgarian citizens. [10] The most common urgent health problems encountered by migrants are injuries, burns, cardiovascular diseases, etc. Female migrants face even more serious trials related to pregnancy and delivery related complications, physical violence, etc. [11] In practice, there are certain problems related to the medical services and specific needs of immigrants who have been granted a refugee status or humanitarian protection in Bulgaria. Such problems most often include:

- intercultural and religious differences with regard to the medical services provided for immigrants looking for and receiving protection;
- a major problem in medical check-ups, diagnostics and treatment is the language barrier between medical specialists and immigrants looking for and receiving protection;
- immigrants looking for and receiving protection are not well familiar with their health insurance rights and obligations and so they cannot fully take advantage of the health care activities they need;
- a large number of medical specialists such as doctors, nurses, etc., are not well familiar the rights of refugees in Bulgaria, in particular with their rights to medical services as equal to Bulgarian citizens’ rights, etc. [12]

Medical employees and patients/victims should take into account some scientific and practical considerations when rendering first aid in cases of large scale disasters (emergencies). A characteristic feature is the rejection of the so called “maximum medical aid” for separate individuals in favor of rendering medical aid for all those who need it in the short-term. [13] The analysis of the statutory documents referring to first aid in emergencies shows insufficient accuracy and lack of harmonization between separate acts. [14] The Health Act texts have most general meaning (Art.114, 115 and 116). In Art. 20, Par.1, sect. 4 of the Disaster Protection Act, rendering first aid relates only to the Emergency medical center and other medical and health care facilities. A major part of stakeholders that could be the first to respond and render first aid during an emergency quarantine stage are essentially excluded. During the said stage first medical aid is rendered in the form of self-aid or mutual aid and by the health care personnel and public medical and sanitary units that are present at the area struck by a disaster. [15]

First aid is needed by victims in emergency conditions. An emergency condition is any acute or suddenly occurring condition of damaged vital body functions leading directly to death or durable or permanent injury or harm. [16] Objects of emergency medical services for emergency medical centers are as follows:

- all ill and injured people in conditions that can directly threaten their lives;
- ill and injured people who have sought help on their own (unattended) in emergency rooms or emergency medical center units;
- people with mental disorders that can pose a threat for themselves or for those around;
- women in labor or abortion pains;
- infants younger than 1 year for whom medical aid has been sought;
- ill or injured people whose disease or injury nature and extent cannot be assessed. [17]

In addition to the emergency medical services the victims of various disasters and accidents need to keep their dignity as human beings. Dignity is a term used in morals and ethics to designate that people have the right to be respected and treated ethically. A number of virtues corresponding to ethical principles are implemented in emergency medicine practice (Table 1). The Code of Ethics of emergency medical center employees regulates their relations with patients and colleagues, as well as their personal and professional behavior, the protection of the physician-patient privilege. This code of ethics aims at increasing the public trust in the professionalism and morals of the providers of emergency medical services. [18]

| Table 1. Virtues corresponding to ethical principles (according to Vodenicharov Ts, S. Popova, 1) |
|---------------------------------|---------------------------------|
| **Fundamental principles** | **Paramount virtues** |
| Autonomy | Respect for autonomy |
| Harmlessness | Benevolence |
| Fairness | Impartiality |
| **Derivative rules** | **Additional virtues** |
| Truthfulness | Veracity |
| Right to privacy | Respect for other people’s privacy |
| Confidentiality | Confidential data protection |
In terms of biomedicine good results can be achieved through medical interventions taking into account the particular health conditions of patients. [19] In their efforts to protect their most precious wealth, i.e. their health, both patients and their relatives have great expectations of the results from treatment, which is sometimes unsuccessful because of the restricted capacities of medical science and/or the natural course and result of a particular disease. The proceedings related to finding and proving medical errors face serious difficulties resulting from legislators’ legal oversight, lack of appropriate organizational preventive measures and some specific features of medical jobs. [20] Medical employees ought to explain the need for performing the relevant tests, manipulations, physical and surgical interventions and the risks involved therein. In order to proceed with such activities medical staff has to get the patient’s approval. In certain cases medical experts have to make their choice of medical behavior – whether it has to comply with ethics or law. Making the right choice of behavior depends on the moral values, professional training, knowledge of legal requirements, personal qualities and acceptance of any possible negative consequences, etc. of the relevant medical pro-

fessional. [21]

CONCLUSIONS

Providers of emergency medical services have a noble, but at the same time highly risky job.

Making the right decision regarding the medical, ethical and legal aspects related to protection of patients’ lives and dignity is of great significance in the everyday medical practice.

In a number of cases during their routine medical practice medical experts have to make choices and finding the right decision can be particularly difficult in emergencies. The medical specialists’ appropriate behavior in emergencies depends to a great extent on their preliminary training, knowledge and skills acquired while studying the different subject included in their training, as well as on the moral values and personal qualities of the particular medical expert. One should always take into account that besides emergency medical services, patients also need professional secrecy protection, observance of their patient rights and protection of their dignity as human beings.

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