

# EMS? Paramedicine? What's in a name?

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## INTRODUCTION/BACKGROUND

The concept of using ambulances to transport injured soldiers from the battlefield to medical aid can be traced to the Napoleonic wars (Bledsoe et al., 2005). In Canada, organizations such as Toronto EMS document the provision of ambulance services to prevent the spread of a cholera outbreak in the 1830's (Newton, 2013). Modern emergency medical systems (EMS) began to emerge in North America during the 1960s with advent of advanced medical care to treat as well as transport patients. Military medical experience in Korea and Vietnam demonstrated that rapid intervention, packaging, and transport of severely injured soldiers to hospital and operating theatres saved lives. At the same time, research in cardiac resuscitation led to the development of procedures and equipment that allowed the use of CPR and provision of advanced cardiac care paramedics at the patient's side. These twin functions of caring for and carrying the ill and the injured continue to be essential features of modern ambulance services.

Early ambulance services have developed into integrated EMS that now include layered levels of response and deeper integration with the overall medical system (Bledsoe et al., 2005). Advancing technology and evolving medical practice have led to increased expectations and a vastly expanded scope of practice for paramedics. Paramedics now function on ambulances and in nursing homes, providing critical care and preventative care in a variety of traditional and non-traditional settings. Various paramedic jurisdictions, such as Australian and the UK, are expanding the role of paramedics to include community-based and primary health care.

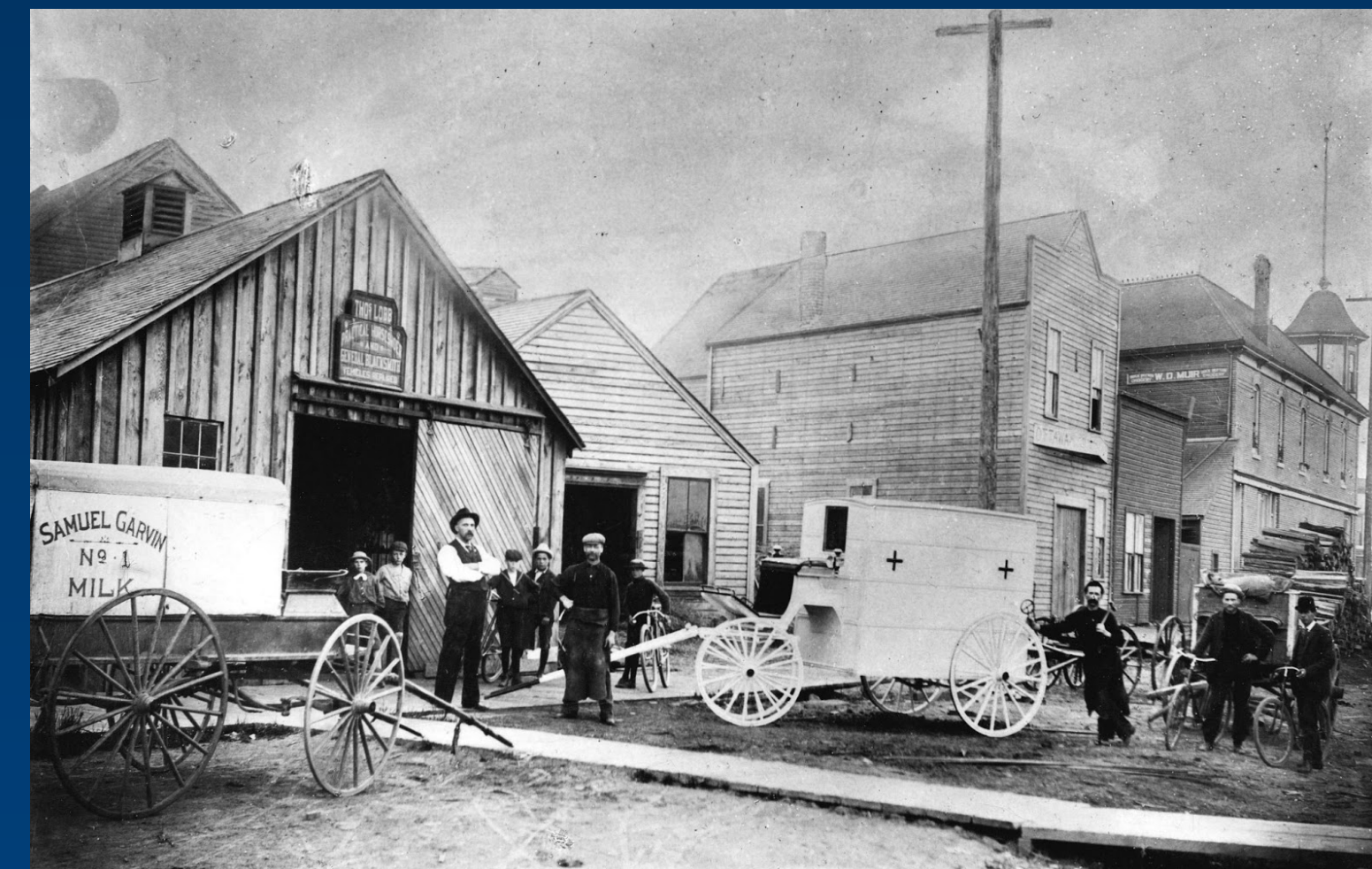
One of the outcomes of this growth is uncertainty as to what to call the field. Modern Emergency Medical Services provide much more than "Emergency" services. While the term "paramedic" is commonly used to describe the ambulance practitioner in Canada, most systems have a variety of non-paramedic personnel and interdisciplinary teams of varied health practitioners are increasingly common. Thus, in addition to struggling with the emergence of multiple roles and new capabilities, practitioners in this discipline must also wrestle with how to name and define their field.

The question of what to call EMS or paramedicine was explored in a recent project undertaken by the Justice Institute of British Columbia (JIBC). The project had the overall goal of developing priorities for engaging in research involving EMS Education. Part of the project involved exploring current conceptions and future directions for the field.

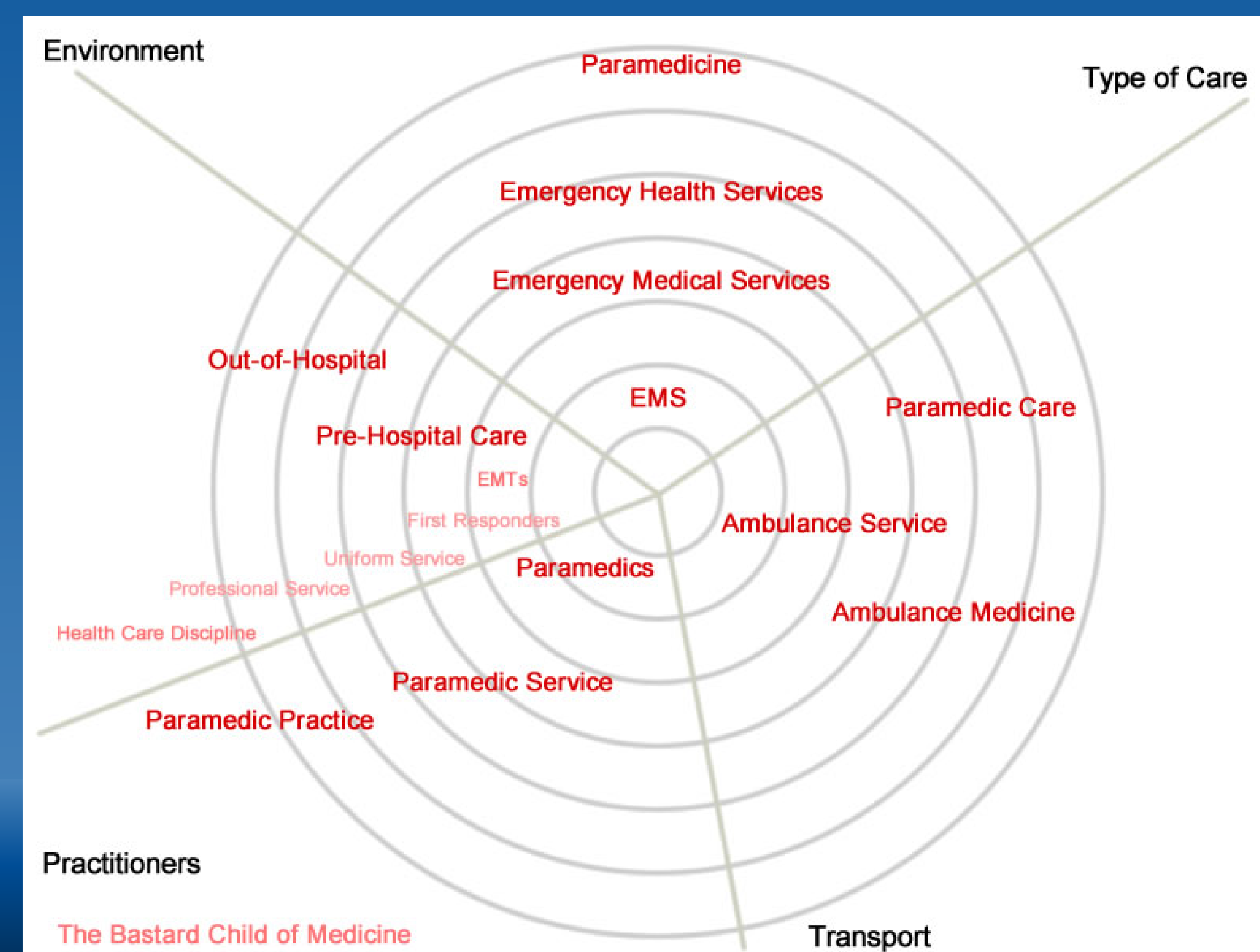
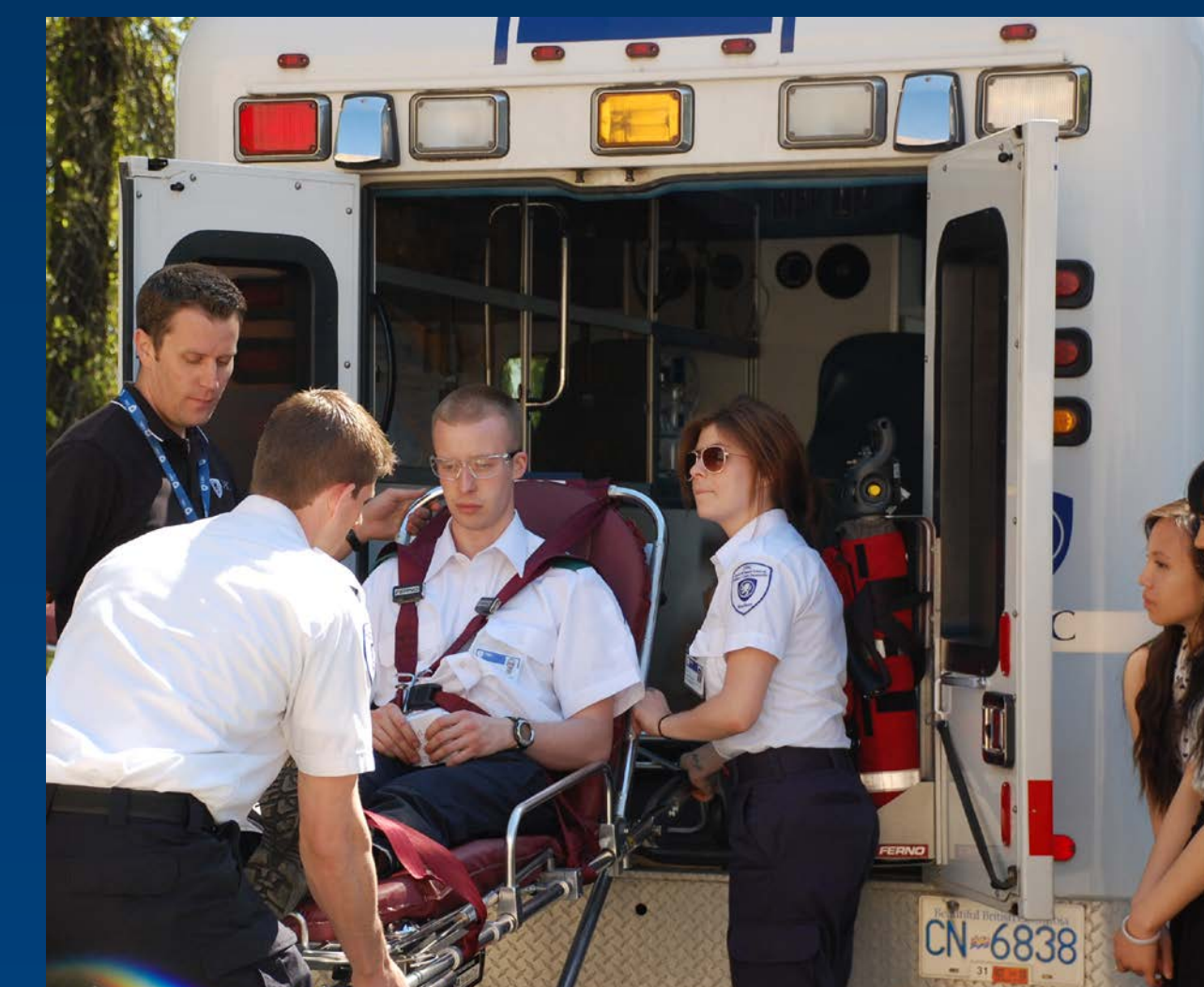
## METHODS

This mixed methods study was conducted as part of an ongoing project to develop a program of research for the Health Sciences Division (HSD) at the JIBC. The project explored research needs and issues through an exploration of English language EMS literature and semi-structured interviews with key stakeholders in Canadian EMS Education.

The stakeholder interviews were analyzed to explore current conceptions of EMS and paramedic practice. Core terms were extracted from the transcripts, then mapped thematically to look for relationships, similarities, and differences. Thematic analysis was used to explore how descriptions of paramedic practice, the current and future roles of paramedicine, and its perceived boundaries interact to develop a model for describing contested visions of what constitutes the field of paramedicine. Several intriguing themes emerged from the study, including the contested terminology used to describe the field.



<http://historywalkinwancouver.blogspot.mx/p/this-saturday-come-for-walk-back-in.html>



## FINDINGS:

There is no consensus, and little agreement, on what term or terms best describe the field. The discussion on this topic was wide ranging, and participants tended to spend more time explaining why they did not like specific terms than in talking about the terms they preferred. In addition, participants tended to both defend and qualify the terms they did use – often admitting the limitations of the term while offering it.

Terms tended to fall into three categories:

The first set of terms was variations on the term EMS. Several of the participants felt that this term was restrictive and was associated with traditional ambulance services. Also, the term "emergency medical" placed too strong an emphasis on the emergency aspect of paramedic practice and did not adequately acknowledge either non-emergency nor emerging non-ambulance roles. The term "emergency health services" or EHS was offered as a core term which acknowledges both the emergency ambulance and broader health-related roles that paramedics are assuming.

A second set of terms focused on the identity of the provider: paramedic care, paramedic practice, paramedicine. However, these terms were seen by several participants as boundary terms, excluding non-paramedic providers (e.g. fire, first aid, nurse, physician) from the discipline. One participant explicitly limited the concept of paramedic practice to advanced medical care, seeing other providers as not within the scope of paramedicine.

The final set of terms, variations on pre-hospital and out-of-hospital care, were offered in contrast to each other. Pre-hospital care was seen as focusing on the ambulance role and not acknowledging that paramedics now perform many functions that do not result in transport to the hospital. Out-of-hospital care was seen as a broader term, but also limiting in not acknowledging in-hospital roles.

## IMPLICATIONS:

There was no consensus on what term(s) to use to describe the field. In general conversation, the two terms that came up most spontaneously were paramedicine (or paramedic practice) and EMS. Oddly, while almost all participants expressed dissatisfaction with the term EMS, it continued to pop up throughout the interviews. Interestingly, participants disagreed on which was the more inclusive term. Those who preferred "paramedicine" noted that "emergency" limited the applicability of "EMS," while others saw EMS as a broader umbrella term and viewed "paramedicine" as excluding other providers. The tension in this discussion seemed to centre around conflicting trends related to who the practitioners are (paramedics and other health providers), where they practice (ambulance, community or location-based, and/or in-hospital), and what their role is (emergency care, definitive care, preventative care). These tensions are explored in a separate poster describing the roles and boundaries of paramedicine.

## REFERENCES

Bledsoe, B. E., Porter, R. S., Cherry, R. A., & Clayden, D. E. (2005). *Essentials of Paramedic Care* (1<sup>st</sup> Canadian Ed.). Pearson.

Newton, B. (2013). EMS history in Canada. Is it too late? *Canadian Paramedicine*. Available online at: <http://www.emsnews.com/read/featured-articles/ems-history-in-canada>