INTERNATIONAL LIFE SAVING FEDERATION

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ILS POLICY – POL 03

LIFESAVING AND ETHICS

This Policy covers principles and issues which influence and direct all who identify with the profession and vocation of lifesaving and lifeguarding and its training as Personal, Organisational and National Members of the International Life Saving Federation (ILS).

INTRODUCTION

The ILS has, as its core principle, the saving of life in the water environment. Such a fundamental ethic embodies all that is highest in human endeavour: the preservation of life, the protection of the vulnerable and helpless, and the reduction of injury and distress.

Embodied within this core task is a diverse array of themes such as volunteering, training, policy development, harm reduction, the implementation of safety legislation and the allocation of often scarce resources - to name but a few of the challenges which confront those who endeavour to save life. All who are a part of the discipline and profession of lifesaving know that these themes, in turn, involve judgements which relate to such diverse issues as equality of opportunity, the implementation of rules and regulations which restrict personal freedom, the promotion and reward of personal altruism and courage, and questions of research integrity [1,2]. In particular, the underlying core value which underpins all of lifesaving - that of service-beyond-self - has great ethical challenges when extended beyond any of us as individuals, and when such service is demanded from others.

All these themes have one component - that of ethics. The ILS has, as one of its essential values, a commitment to best-practice ethics in every aspect of its "up-front" or "close and personal" role of saving and resuscitating potential victims in the water environment, and in every aspect of its governance and administration. Such principles involve all individuals who are members of the ILS and its various bodies and institutions; and by extension to all national bodies who are members of the ILS itself.

THE PRINCIPLES OF ETHICS

Ethics comprise those themes which enable people "to do the right thing". Ethics embodies those thoughts and actions which the ILS considers "as our duty", or "as our conscience dictates".

Most Federations/Organisations, and the individuals of which they are composed, would wish to make decisions, choose paths or treat others "in the right way", by "doing the right thing". Each of us brings to lifesaving our own individual moral codes, our personal religious or philosophical backgrounds, our life's experiences and the competing demands of the challenges of the moment. Every individual has their own personal moral code, and such would influence the way they would behave, even if they lived alone and by themselves as the sole occupant of a desert island. Ethics is that subject where these questions of "What is the right thing?" involves others. In that the ILS is composed of many individuals with the most diverse array of personal religious, moral and experiential backgrounds, it is desirable that one looks at, explores and perhaps affirms the ethical principles which involve us all. Corporations, societies and individuals are constantly confronted by the need to make decisions in the face of competing options. One influence, in choosing a decision from two or more possible options, is this imperative "to do the right thing".

Because different individuals and groups may have different ideas and opinions about what is "right" or "correct", a brief review of the subject of ethics may be helpful. One basic and inescapable theme in the entire discipline of ethics is that there are always honestly-held differences of opinion on many questions

which confront us as members of groups. Differences of opinion are the norm on many of these issues, not the exception [3]. If there were no differences of opinion, we would simply have rules which the clear majority have come to regard as self-evident and there is no need or issue for any ethical debate. Almost all agree that torture or murder of children is wrong, and most nations simply have laws to outlaw such and there is very little need for ethical debate. Differing opinions about what is "right" means that the subject is never simple. However, most corporations, associations and societies - as well as individuals - agree on certain basic principles which influence how we make decisions and conduct both our personal and corporate lives.

There are at least seven such principles which comprise the subject of ethics today:

1. **Autonomy** - total personal control over what is done to one's body; and similar affording of such autonomy to the bodies of others.
2. **Beneficence** - one should act in a way which will bring only good to others.
3. **Non-maleficence** - at the very least, one should "do no harm".
4. **Justice** - fairness with respect to both individuals and the groups which they comprise. Risks, as well as benefits, should be shared equally by all stakeholders in a system.
5. **Context** - ethical decisions are context-specific; and what is "right" in one context, may not necessarily be agreed to be the best ethical path in different circumstances.
6. **Responsibility** - the acceptance that one is responsible for one's actions, both at the personal as well as the corporate or societal level.
7. **Systems of Governance** - if one voluntarily accepts a system of governance, e.g. democracy, then one aspires to abide by that system; when changes or modifications are needed, one uses internally-consistent rules of the prevailing system of governance to effect changes.

The first five of these universally accepted Principles of Ethics are sometimes called the Beauchamp-Childress Principles, after the two ethicists who first formalised these principles [4].

None of these principles is necessarily absolute; and each depends on the context in which decisions are being made or judged. These principles are important in the profession and vocation of lifesaving, and in its governance.

One fundamental principle in ethics, indeed the very core of lifesaving, is that of beneficence. This theme refers primarily to the endpoint of the saving life itself. However, how such lifesaving is achieved - training, the avocation for and allocation of resources, the promotion of diligence in surveillance, perhaps even courage itself - all these themes may not be beneficent to all stakeholders in the profession of lifesaving. A brave lifesaver who loses his or her life in a rescue attempt, and by whose action his or her family is left destitute, has left a conflicting legacy of both good and ill. An individual who saves a sane but determinedly suicidal person from drowning, is denying that person the autonomy of their own personal decisions. Those who concentrate on the teaching of cardiopulmonary resuscitation (CPR) on younger volunteers may be unfair to the aged, whose spouses and partners and friends may have the greatest need of all for the results of such training - that is, the principle of justice is compromised in that one may be promoting a system of inequality of potential salvage.

Most individual and corporate decisions in real life are neither difficult nor contentious in the ethical sense. For most, what is the "right" thing to do is obvious to caring and responsible decision-makers. Nevertheless, the ILS wishes all its members to be aware of these issues; and to maintain the highest ethical principles which underpin our actions, our decision-making and our collective governance.

FREE-WILL

Ethical themes involved in lifesaving, and training for an individual to save life, rest essentially on the assumption that a lifesaver has free will. In other words, when confronted with a drowning victim, a person on the spot has to decide (a) whether it is desirable to attempt a rescue or resuscitation; and (b) if so, whether to put himself or herself in danger in the attempt. Each of these two questions has in turn two possible answers - thus making four decision-doublet pathways possible.

Imagine a lifesaver or bystander witnessing an individual performing yet another in a series of multiple suicide attempts, determinedly and in full possession of their faculties. A potential lifesaver thus has to answer the first of these two issues - “Whether it is desirable to attempt a rescue or not?” In most cases the answer will be “Yes”, although the question is a legitimate one and a very real one often for those who know the potential victim well. A similar issue arises in those who persistently and knowingly put themselves in danger and then find themselves in a potential drowning scenario. Examples of those individuals who persistently and wilfully swim “outside the flags” on beaches which are patrolled by lifesavers. Again, when such individuals have knowingly, deliberately and often repeatedly put themselves in mortal risk, find themselves in danger, a potential lifesaver has to ask the question “Shall I attempt a rescue?”. Again, the altruism and traditions of our profession are such that the answer is almost always “Yes” - but again the question is a real one and always engenders great frustration and often heartache. Lifesavers or bystanders may know that to attempt the potential rescue of a drowning subject on the one hand, or to “leave be” on the other, in turn involves them, rather than the victim, in separate type of risks. Sometimes these risks may be the potential threat of legal action if a decision not to attempt a rescue, was deemed to be the correct one under the circumstances.
Consider a different scenario, that where one’s own child is drowning before one’s eyes. Almost everyone would answer the first of these two questions - “Is a rescue desirable?” - instinctively in the affirmative. This being the case, it is the second of the above two questions which is the only one which confronts such a potential rescuer. That question is, “What degree of risk should I chance to save my child?”. Almost all parents would risk their own life under such circumstances, but again it is essential to see the importance of this question. If such a parent perceived the risk of such an attempted rescue to approach 100%, then there is no benefit either to the drowning child or to his other brothers or sisters who might be left without a parent who inevitably died if they attempted a rescue in the face of such odds.

Decisions of these kinds - “Do I to attempt a rescue?” - presuppose that an individual has free-will. Most of us live our lives as if we have free-will in the majority of decisions which confront us. However, it must be said that there is a philosophy that denies the reality of free-will. This philosophy says that each of us is so programmed by our individual genes, by our upbringing and by our life’s personal experiences, that we will act in a predetermined way in any situation which confronts us. Those who hold this view feel that the question “Do I to attempt a rescue?” is not a real question in that a lifesaver’s decision is fixed by his or her prior experiences; and that the illusion of free choice is not valid.

Although this theme is of great interest to philosophers and theologians, the pragmatics of lifesaving are such that we must function as if we have free-will. With this assumption inevitably comes responsibility. In other words, if one accepts what to many of us regard as self-evident, that we have free-will, we are then exposed to the ethical, indeed sometimes the personal moral responsibility of our actions; whether these situations occur on the beach or beside a swimming pool, or in the committee rooms of corporate governance of the National Federation/Organisation or the ILS.

EMPOWERMENT

One of the basic principles of ethics is that of autonomy. This implies not only free-will for oneself, but both the acknowledgement of the provision of independence to others. Such autonomy only has reality if one has choice. If one has choices one is empowered and autonomy is real.

An individual has a choice to attempt to rescue, or commence CPR, if he or she is trained in such techniques. Without such training a choice is still possible, but with respect to an effective outcome - a successful save followed by a successful resuscitation, or both - this choice may be spurious. Certainly, if one is trained in lifesaving techniques and in the drills and skills of CPR, one is (a) better skilled to

know what the real choices are and what their significance means; and (b) one is informed about the hands-on skills needed to effect a rescue or resuscitation, should one's decision be to so proceed.

This is the phenomenon of empowerment. In other words, lifesaving training empowers the individual in arming him or her with choices, often in that most significant of all life events, the potential saving of life. Perhaps more than in any other real-life situation, this empowering of potential rescuers is a meeting place of the principles of ethics and the pragmatics of survival itself.

Almost all bodies, including the ILS, which teach lifesaving and resuscitation skills, do not prescribe how an individual with act in any specific drowning scenario which might confront them. In other words, the aim of training is to empower individuals to have a real choice when confronted by a drowning victim. Everyone will assess the situation, decide whether a rescue-resuscitation is desirable and then assess the risk to themselves and others. Such action will inevitably be the subject of ethical assessment by one's peers.

If a bystander, who is at no risk to himself, elects not to help in a drowning scenario, such a person will be exercising their free-will but will inescapably be ethically condemned by those who feel that "he should not have walked by on the other side". Alternatively, peers will regard as a hero one who has risked his or her own life to save a drowning victim. In some cases, however, if a potential rescuer decides not to attempt a rescue because the risk is too great, and if this opinion is subsequently accepted by all informed peers, then there will accrue no ethical or moral condemnation for the bystander's decision.

These ethical themes apply particularly to the principles of training for rescue and resuscitation. The issue is the same in principle, but different in degree and practice, in the situation where a lifesaver is providing a custodial or protective service for potential victims. Here there is an implicit moral contract and often an explicit legal obligation, that the lifeguard-on-duty has an obligation "to guard and to keep safe". Under these circumstances the lifesaver or lifeguard has exercised free-will in volunteering or contracting to provide the lifeguard service; and has empowered themselves to have choices in any conceivable drowning circumstances, by their prior training and experience.

THE LIMITS OF OBLIGATION

Ethicists and philosophers acknowledge that decisions and actions in our daily lives may be classified into three types [5]:

1. Many decisions or actions which confront us involve no moral or ethical questions at all. Fortunately, most of the decisions we make in our working day fall within what are called the "sphere of permissible free personal choice. These decisions or actions are called Acts of moral indifference.
2. By contrast, there exist a whole group of actions which we know in our conscience to be required, to be obligatory, or to be ones which we are duty-bound to perform. These are also actions which we would be morally blameworthy if we did not perform them. These are termed Acts of morale requirement.
3. There is a third class of action which is admirable and virtuous to do, but whose omission cannot lead to any reasonable blame. These are heroic actions, or are those which everyone would regard as "beyond the call of duty". They are called Acts of supererogation.

Lifesaving occupies a special place in this scheme of actions. The underlying ethos of lifesaving is training to save life if it is threatened in the water; and specially to prevent the risk of drowning from occurring in the first place. As citizens of water-oriented societies, many believe that everyone should be trained in the basic drills and skills of water safety and those of CPR. In this sense, basic training in simple rescue and resuscitation techniques is non-discretionary for any moral person; and thus, the very fundamental theme of all our lifesaving activities, particularly those of training, comes into the purview of "Acts of Moral Requirement".

Such preparedness for the unexpected - a part of every lifesaver's training - is logically distinct from the situation where a bystander or observer is unexpectedly confronted with a drowning victim. Here there is a range of risk involved, a spectrum of threat which may range from trivial to mortal. Here, the

observer - whether trained in rescue and resuscitation or not - has to decide. He or she is supposed to help, but at some point, along the scale of risk or threat to the would-be lifesaver, no-one will criticise or morally condemn such a bystander or lifesaver if he or she does not put themselves in severe harms-way to attempt a rescue. This then is the challenge to perform an Act of Supererogation. Some, when confronted with such a drowning scenario which will expose a potential rescuer to grave risk, will attempt a rescue. Rightly, he or she will be regarded as a hero, whether alive or dead following the attempt. Another individual may not have the will or the courage to act in such circumstances; and they will in no way be condemned for such inaction. Supererogation applauds heroic action but does not condemn an individual who declines to put themselves at serious risk.

It is a basic theme of all lifesaving training that one establishes systems in which acts of supererogation are not required. That is, by introducing preventive and safety practices, that the threat to and loss of life in the water will not occur in the first place; and if it does, that rescue and resuscitation techniques will be such that all will both volunteer and have the skills to respond as an Act of Moral Requirement. Under these ideal and utopian circumstances, real-life acts of supererogation - life-threatening rescues - will not be needed.

In practice, the essence of lifesaving is to promote the ethos of the Good Samaritan [6]. However, good Samaritanism is sometimes risky - not least in some situations in the legal sense. To achieve a desirable society in which the Good Samaritan can act, and be applauded for such actions, one needs to reduce the risks of being called upon to act “beyond the call of duty”. Training, a knowledge of strengths and limitations, practice with different simulated drowning scenarios - all will reduce such risks to future Good Samaritans who are confronted by the unfolding of a drowning incident before their eyes.

The ethicist, Judith Jarvis Thomson, makes a distinction between “Good Samaritans” and “Minimally Decent Samaritans” [7]. Although no-one is obligated to make a life-threatening sacrifice that would be in the very best of the Good Samaritan tradition, all in enlightened societies are required to be “Minimally Decent Samaritans”. This is the fundamental ethical principle of lifesaving and of drowning prevention and water safety - that as “Minimally Decent Samaritans” we can (a) courageously work to provide a safe water environment; and (b) if we are confronted with a drowning scenario, to act skilfully and efficiently.

Some, heroes, will go further, undertaking courageous acts which will save life. They are to be applauded; but all would wish to help generate water environments and societal attitudes where the need for such action is reduced.

There are several other issues which may confront lifesavers, potentially, in the line of their self-imposed duties. One such are the effect of “do not resuscitate” orders. Such take the form of Living Wills, or Advance Directives, which document in formal terms that an individual is not to be resuscitated should they be found in a situation where cardiopulmonary resuscitation is needed. Such are important issues within hospitals and especially within homes for the aged care. In the practical context, they are not an issue for lifesavers, either as matters of training or as matters of duty for lifeguards, usually on the beach or at the poolside. If resuscitation is needed for a non-immersion collapse in the water environment, it is essential to commence CPR in the normal way without wasting time looking for such Living Wills which may be carried on the person or held in an individual’s wallet. Once resuscitation is started, is may well be a consequential decision for professional paramedics or physicians in the Emergency Room to investigate such Orders and make judgements about them.

An important issue during cardiopulmonary resuscitation, in the water environment, is not to give estimates of likely outcome to relatives or other bystanders. This is best left for medical personnel managing such a resuscitated person in the Emergency Room of the hospital to whom the victim is transported. Opinions or estimates about likely outcome are at best impractical or at worst dangerous, in the context of the dramatic events which surround a rescue from the water and subsequent CPR if such is undertaken. The most comfort will be given to relatives and bystanders if they see professional lifesavers discharging their self-imposed rescue and resuscitation efforts undertaken with obvious confidence and skill. Favourable but incorrect estimates of outcome given in an humanitarian attempt to offer short-term comfort, is never such in longer-term perspective - if it is wrong. An incorrect gloomy prognostication, under similar circumstances, causes needless distress if in fact the victim makes a

good recovery. In other words, the ethical limits of obligation under such circumstances are to work within the domain of one's training and experience and to be aware of the need for restraint in this area.

Another issue which is of both ethical and pragmatic concern to relatives and bystanders, is whether they should be allowed to remain as witnesses of the resuscitation attempts of a victim rescued from either a fresh water or saltwater immersion.

Such situations have to be judged on their merits in their infinite variation and in their infinite range of different circumstances. With respect to children, however, studies have shown that most parents do want to be present during an attempted cardiopulmonary resuscitation of their child, if such is being performed with manifest skill and expertise [8].

Questions of "When to stop cardiopulmonary resuscitation?" are often asked by those in training for lifesaving and cardiopulmonary resuscitation skills. In general, cardiopulmonary resuscitation should be continued for as long as one can physically continue, or until a decision is made by a physician that further attempts are futile. From a technical point of view, it must always be remembered that in a pulseless apparently dead person, it is wrong to abandon attempts if (a) hypothermia or (b) drug overdose is a possibility. In almost all cases, the limits of obligation of a lifesaver involved in a resuscitation continue until they transfer both the technical as well as the ethical obligation of management, to the next person in the "chain of survival".

ETHICS OF GOVERNANCE

The ILS follows the normal best-practice ethics of governance and of administration. As a world body, the ILS has established, as its basis of governance, input from all Member Federations/Organisations. Under such circumstances, administration has to be vested in an Executive, responsible at its discretion for short-term or tactical executive decisions; but to be both responsive and responsible to the federated world body for strategic direction and for policy decisions.

The ILS affirms the principles of gender equality of opportunity for all. It affirms the special duty-of-care which all adults afford to young people, especially children. The ILS specifically affirms that it has a "zero tolerance" policy on issues such as sexual abuse of the young and of those in positions of inequality in any of the ILS's national or international systems of governance and of those bodies which comprise it. Naturally this applies also to all individuals in training, to those in junior positions within hierarchies and of course to those victims of immersion incidents.

Some Member bodies of the ILS have formal Codes of Conduct, demanding adherence to issues such as gender equality, the proscription of sexual harassment and an affirmation of equality of access and opportunity irrespective of age, gender, sexual orientation or disability.

The ILS also acknowledges the special protection needed for whistle-blowers in times of perceived aggrievement; and the efficient management of personal aggrievement and complaints, within the rules and constitution of the ILS's Member Bodies. In the context of governance, and superimposed upon the important background of "caritas for one's own", it is very important indeed to be aware that every attempted rescue and resuscitation involves not only a victim, but also a lifesaver. In this context, governance extends to a duty of care to those who are involved, in real-life, not only in a successful "save", but also in an unsuccessful rescue or unsuccessful attempted resuscitation. Many of our colleagues feel, illogically but intensely, that they have failed under such circumstances - of not always achieving a successful resuscitation; and some embark on self-recrimination. Others feel guilty. Helping such individuals may be as important as helping those who are in distress in the water. The fundamental principle here is that the great traditions of lifesaving, embodied in our ethics of governance, extend not only to potential victims whose lives we endeavour to save, but apply also at a very personal level to those who are so governed.

CONCLUSION

Most lifesavers do not treat their vocation simply as another hobby or pastime; but believe that what they do has special significance in the community. Most lifesavers delight in the water environment, whether this be the crashing surf of the open beach, the estuary or bay with its water and water-life; or

the pool with its social life of laughter and sporting competition, mixed. Their love of the water and its world does not simply constitute a physical scenario for the potential rescues and resuscitation which they perform - it transforms that altruism to something very special, even grand. Lifesavers come from all walks of life and from many personal moralities and philosophies. For these reasons, different beliefs about many of the ethical questions inherent in lifesaving cannot be formalised as rules, by any committee. Rather, lifesaving ethics are themes of discovery, and of personal exploration.

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Policy approved by the ILS Board of Directors on 19/09/2006, on 03/09/2016, on 07/10/2019 and on 24/09/2022.