

The Redheaded Stepchild: Does EMS Belong in the Fire Service?



Guest Editorial



By David W. Powers, NREMT-P, BCETS, BCECR

Welcome to my third installment in a series of guest editorials. My goal for these articles is to shake up and change the EMS establishment for the better. To do this, I need your help. Here's one way you can participate: Drop me a line and let me know how you would change EMS as a career field. No area is sacred and all your ideas and opinions count. You can reach me at Docbeaker@aol.com. Put "Solutions for the Future" in the subject line.

The topic of fire-based EMS may very well be the civil war of the EMS industry. Those with opinions on the matter are usually highly charged in one direction or the other. To avoid any misunderstandings, I'll state mine right off the bat: I don't believe EMS belongs in the fire service. Now that you're either mad or happy, depending on your point of view, read on to see why you'll love me or hate me.

EMS Is a Healthcare Career, Not a Fire Department Career

In case someone forgot the "M" in EMS, it stands for medical. EMTs and paramedics are technically classified as allied health professionals, which is a whole different field of endeavor than firefighting. Our true brethren are respiratory therapists, nurses, physicians' assistants and the like. This means we operate in conjunction with other healthcare agencies, be they doctors' offices, clinics, hospitals or health departments.

The fire department is not a healthcare agency. It is a protection agency, no more dedicated to actual healthcare than a police department. Just because we work with fire departments on a daily basis in no way establishes ownership of EMS by fire or changes their job to healthcare.

Since we are part of the healthcare team, and patient care and transportation are our primary objectives, why be stationed at firehouses? Ambulances should be stationed near hospitals or medical offices in order to maximize downtime and resources. Why not go one step further and station some ambulances at wellness centers or health departments in order to help provide public healthcare programs such as immunizations?

The end result of taking EMS away from the healthcare team is that patient care suffers.

EMS Is the Medical Leg of Public Safety

No matter what unions, national groups or fire service lobbyists say, public safety is made up of three legs, not two. The triad of public safety consists of police, fire and guess what: EMS. In recent years, mergers, takeovers

and acquisitions of EMS services by fire departments have blurred the lines. Many areas only have police and fire. Some only have a single public safety department.

Usually when EMS agencies are absorbed, they simply disappear. Police are left untouched. Fire is untouched. But suddenly paramedics must become firefighter-paramedics and EMS is relegated to a necessary evil by many career firefighters. Many agencies no longer employ strictly full-time paramedics.

In many agencies, paramedicine is often seen only as a notch in the advancement of a career firefighter. Think about it, readers: How many administrative or white-collar personnel do you know who made it in a fire-EMS system without requisite fire training? I don't know of any, but I can tell you that a paramedic patch sure looks good on the chief's uniform. If any readers know of fire personnel who manage the EMS sections, but aren't paramedics, please write in and let me know.

When EMS disappears from the public safety triad, the job role of a career paramedic disappears. In a fire system, there is simply no room for a veteran paramedic to advance in pay or promotion, unless he chooses to be a firefighter as well. How does that help patients?

By removing EMS from the public safety triad, patient care suffers.

EMS Is a Science and an Art

Ever heard the old saying, "jack of all trades and master of none"? Back when I was in paramedic school, a preceptor once advised me that I should concentrate on my primary job, prehospital medicine, and never more than one or two specialties. At that time I was interested in everything—rope rescue, search and rescue, hazmat—you name it, I wanted to join the team. While there are some da Vincis out there who are masters at everything, most people can never master one job, let alone several.

Very few people ever truly master the sciences of fire or EMS in the course of an entire career. Being a master firefighter takes years of experience and also years of education. It's the same with being a paramedic. Both services need to develop their masters. I believe that even in joint fire-EMS agencies, we can and should still have a separation of jobs. We should allow the best firefighters to become master firefighters and not force them into EMT school if they don't want that. By the same token, we should allow the best medics to achieve mastery as medics, rather than forcing them into firefighting.

When EMS becomes an added duty instead of its own art and science, patient care suffers.

EMS Is Not the Exclusive Property of the Fire Department

It's not hard to see why all this is happening. Due to the resounding success of their fire-prevention efforts, fire departments are handling fewer and fewer fire calls. Fewer calls means the normal budget will shrink, because the money isn't needed. Meanwhile, EMS calls are increasing and so are their budgets. In order to grow their budgets, fire departments have started running medical calls with an engine, a ladder and two quick response vehicles. This justifies a little more money, but the FD has an even larger goal in mind.

On top of the standing budget of EMS, ambulances are somewhat self-supporting. We bill for transport and therefore provide some of our own money in addition to our outside funding. More money for the fire department.

Fire departments then portray EMS as a system in poor straits, with no leadership, poor response times and shoddy care. Then, the fire department can step in to save the day and absorb EMS, budget and all.

In order to support their idea that only fire can save EMS, many fire agencies claim natural ownership. The truth is that while some EMS services were born from fire agencies, the fire service was not the originator of prehospital medicine. We can credit the military with that. Tradition holds that the first ambulance belonged to Napoleon's army.

In modern history, most of the first units were operated out of funeral homes or hospitals, while the military was operating field ambulances, medevac choppers and field medics—all without the help of the fire department. While I'm not suggesting that EMS should belong to the military, it's important to establish that it does not belong to fire either. Present-day EMS has clearly evolved from both systems, but we are at a point now where we need to be on our own to continue that evolution.

As long as EMS is treated as second-class, patient care will suffer.

The Fire Department Needs a Medical Component

Don't get me wrong, firefighters do a great job fulfilling their primary missions: preventing and extinguishing fires. They already help protect lives and property. They do not need to own EMS to do this job.

Fire departments do need medical support, however, to enable them to do their jobs more effectively. Besides their own risk for injury, they frequently encounter sick or injured people prior to EMS arrival. It behooves them, then, to have some of their personnel trained to the basic EMT level. By carrying a first responder bag and an AED, an EMT can hold down the fort until ambulances arrive with advanced life support.

By fire departments providing basic medical care until EMS can take over, patient care will get better.

Conclusion

Firefighters have a job to do. So do paramedics. The jobs are not the same and efforts to force them together will not only affect patient care but also deepen the acrimony between the two career fields.

For patient care and public safety to be a success, the best system is a public safety triad in which police, fire and EMS work and even train together, but have careers specific to their professions. I'm sure there are a few fire-based EMS systems that work well, but we need to consider the bigger picture. From a paramedic's perspective, that means increasing the professionalism of EMS, increasing career options within EMS, and most of all, increasing the chances my patients will live another day. Helping firefighters get promoted or pad their department budgets is not part of it. For EMS to advance and progress, we need to step away from the shadow of groups or agencies that would freeloader off our budgets and impede our progress.

If you're an EMT or paramedic in a fire-based system that respects EMS, I'd love to hear about it. Drop me a line or better yet, invite me on a ride-along where I can speak with other medics. Maybe you'll change my mind about the fire service.

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