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Beyond the code: reconstructing meaning for EMS providers in the aftermath of collective trauma

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1. To the editor-in-chief

The hallmarks of a mass casualty incident are visceral: the triage tags, the strategic allocation of resources, the controlled chaos of the response. For Emergency medical services (EMS) providers, these events represent the ultimate test of training and fortitude. These systemic and operational pressures on prehospital care were starkly illuminated and amplified during the SARS-CoV-2 virus disease (COVID-19) pandemic, which introduced a unique set of challenges ranging from resource scarcity to unprecedented infection risks, further compounding the stress experienced by frontline providers (1). In the wake of such crises, the clinical focus has rightly been on mitigating the psychological sequelae—post-traumatic stress disorder (PTSD), anxiety, depression—through critical incident stress debriefing (CISD) and other psychological first-aid protocols. However, a more profound, yet often unaddressed, challenge lingers long after the acute response of stress has faded: the crisis of meaning.

The traditional model of post-crisis care, while well-intentioned, often operates on a deficit framework (2). It seeks to identify and treat pathology, to reduce symptoms, and to restore providers to a pre-crisis baseline of functionality. This is necessary but insufficient, particularly as large-scale crises like the COVID-19 pandemic have been shown to cause a staggering prevalence of psychological distress in affected communities, underscoring the limitations of a purely reactive clinical approach (1). For many paramedics and emergency medicine technician (EMT)s who have endured an event of unprecedented scale, the very foundations of their professional purpose can be fractured. The questions that arise are not merely clinical but existential: "What was the point of all that effort when the outcomes were so devastating?" "Does my work truly matter in the face of such chaos and loss?" This is the silent aftermath, a spiritual attrition that standard debriefings are ill-equipped to handle.

We must, therefore, pivot from a model of purely psychological recovery to one of meaning reconstruction (3). This is especially crucial in the wake of global crises like the COVID-19 pandemic. While studies have documented the high burden of psychological problems like anxiety and depression in such contexts (1), the existential crisis of meaning—the 'why' behind the suffering—remains a largely unaddressed dimension of recovery for frontline personnel. This involves creating structured pathways that help providers integrate the horrific experience into their professional narrative, not as a standalone trauma, but as a reaffirmation of their core mission. The first step is to reframe the concept of success. In a field driven by measurable outcomes—return of spontaneous circulation (ROSC), saved lives, successful transports—a mass casualty event, by its nature, defies these metrics (4). Success must be recalibrated from the outcome to the act itself. It is found in the unwavering application of skill amidst terror, in the human touch offered in the midst of inhumanity, and in the steadfast commitment to duty when duty demanded everything. This is not a consolation prize but a fundamental truth of emergency care that crises magnify.

Furthermore, healthcare systems must facilitate post-trauma growth by enabling agency (5). The powerlessness inherent in a disaster can be corrosive. Channeling a provider's hard-won experience into tangible action—mentoring peers, contributing to protocol revisions, engaging in disaster planning committees—transforms them from passive victims of an event into active architects of a more resilient future. This process of translating experience into expertise is a powerful antidote to meaninglessness.

Finally, we must legitimize the search for meaning as a core

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component of occupational health. Peer support programs need to evolve to include facilitated dialogues that explore these deeper questions, led by professionals trained in existential and narrative techniques. Leadership must openly acknowledge that questioning one's purpose is a normal, even healthy, response to an abnormal event, and not a sign of weakness or incompetence.

The goal is not to help EMS personnel simply forget the crisis, but to allow them to remember it with a sense of purpose that transcends the pain. Their value is not contingent on the number of lives saved on a single catastrophic day, but on the profound human commitment they displayed by being there, doing their job, when the world seemed to fracture. As evidenced by the staggering prevalence of psychological distress during crises like the COVID-19 pandemic (1), the need for meaning-oriented interventions is not a luxury, but a necessity for sustaining the well-being and resilience of frontline providers. Honoring that commitment requires that we help them find the meaning within the rubble, ensuring that the light of their purpose is not extinguished by the shadows of the trauma they endured.

2. Declarations

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2.2. Authors' contribution

SN: Conceptualization, Methodology, Formal analysis, Data management, Writing - original draft, Writing - Review & Editing. SM: Conceptualization, Methodology, Validation, Resources, Supervision, Project administration, Writing - Review & Editing. AT: Conceptualization, Methodology, Validation, Resources, Supervision, Writing - Review & Editing. HS: Conceptualization, Methodology, Validation, Resources, Supervision, Project administration, Writing - Review & Editing.

2.3. Conflict of interest

None.

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