# 1 Chapter 3 Medical, Legal, and Ethical Issues 2 Introduction • A basic principle of emergency care is to do no further \_\_\_\_\_ • A health care provider usually avoids legal exposure if he or she acts: • In good faith According to an appropriate \_\_\_\_\_\_ of care Litigation against EMS will increase due to wider availability and more complex care 3 Consent (1 of 2) • Every \_\_\_\_\_adult is able to give consent •\_\_\_\_(Informed) Consent -Pt must understand nature and risks -Usually in \_\_\_\_\_at hospitals-Can be verbal -Most \_\_\_\_\_type of consent in EMS 4 🔲 Consent (2 of 2) \_\_\_\_Consent Where there is a risk of death, worsening of condition, or \_\_\_\_\_, the law assumes that the person would give his/ her consent • Applies to: -Unconscious, Delusional -Physically incapable of consenting -\_\_\_\_\_ 5 Forcible Treatment • In some cases, a patient can be forcibly treated • -Pt is a danger to \_\_\_\_\_\_or others • -Court order • -Mentally incompetent to consent Law enforcement should be used • -should \_\_\_\_\_EMS -If restrained, restraints should NOT be \_\_\_\_\_\_ 6 Consent From Minors (1 of 2) • Minors--Under the age of \_\_\_\_\_ • Can consent for themselves if: • -emancipated from parents -\_\_\_\_\_ -pregnant -on \_\_\_\_\_duty with armed forces -pregnant

7 🔲 Consent From Minors (2 of 2)

	• Who can consent for minors?						
	• 1(only 1 is required)						
	<ul> <li>2. Grandparent</li> </ul>						
	<ul> <li>3. Adult uncle or aunt</li> </ul>						
	•4. Legal						
	• 5brother or sister						
8 🔲	Refusal of Treatment (1 of 2)						
	Mentallyadults have the right to refuse care.						
	<ul> <li>Patients must be informed of risks, benefits, treatments, and alternatives.</li> </ul>						
	• EMT-B should obtain aand have a witness present,						
	if possible.						
9 🔲	Refusal of Treatment (2 of 2)						
	Pt Refusals is most common type of call for						
	<ul> <li>A well written report is best defense against lawsuits</li> </ul>						
	<ul> <li>You must show that the pt iscompetent</li> </ul>						
	• You must documentyou determined mental						
	capacity						
	Confidentiality						
	<ul> <li>Information received from or about a patient is considered</li> </ul>						
	 Disclosing information without permission is considered a breach of						
	<ul> <li>Disclosing information without permission is considered a breach of confidentiality.</li> </ul>						
	Generally,can only be disclosed if the patient signs						
	a written release.						
11 🔲	Advance Directives						
	<ul> <li>Specifies medical treatments desired if patient is unable to make decisions</li> </ul>						
	• Do not resuscitate () orders:						
	<ul> <li>Patients have the right to refuse resuscitative efforts.</li> </ul>						
	-Require a written order from one or more physicians						
	-When in doubt,resuscitation and contact						
	medical control.						
12 🔲	Physical Signs of Death						
	Death is theof circulatory and respiratory function.						
	<ul> <li>If the body is still, initiate care.</li> </ul>						
	Ifis present, initiate care.						
13 🔲	Presumptive Signs of Death						
	Unresponsive tostimuli						
	Lack of pulse or heartbeat						
	Absence of breath sounds						
	<ul> <li>No deep tendon or corneal reflexes</li> </ul>						
	Absence ofmovement						

<ul> <li>No systolic blood pressure</li> </ul>					
Profound					
<ul> <li>Decreased body temperature</li> </ul>					
14 🔲 Definitive Signs of Death					
<ul> <li>Obvious mortal injury</li> </ul>					
Dependent					
• Rigor					
<ul> <li>Putrefaction (decomposition of</li> </ul>	body)				
15 亘 Medical Examiner Cases					
DOA or DOS					
•c	ause of death				
Suicide					
<ul> <li>Violent death</li> </ul>					
•					
<ul> <li>Accidents</li> </ul>					
Suspicion of	action				
16 🔲 Special Situations					
•c	onors				
Medical identification					
17 🔲 Scope of Practice					
<ul> <li>Defined by state law or by</li> </ul>	in local response area				
<ul> <li>Outlines care you can provide</li> </ul>					
<ul> <li>Further defined in protocols and</li> </ul>	d standing orders				
Authorized through	and off-line medical direction				
18 Delegation of Practice (1 of 2)					
	licensed to practice medicine in that state are				
authorized to delegate in the pr					
	allowed to delegate to				
EMS personnel					
19 Delegation of Practice (2 of 2)					
- · · ·	n the form of protocols, standing orders, written				
	over a radio or telephone				
• • •	ugh an RN, via radio or phone, so long as the and communicating directly with the RN				
EMS personnel					
20 Standard of Care (1 of 4)					
	t act or behave when giving care				
<ul> <li>Standard in which an EMT must act or behave when giving care</li> <li>Based on "How a reasonably prudent person with</li> </ul>					
	raining and experience would act under similar				
circumstances, with similar equ	•				
•	lace."				

### 21 Standard of Care (2 of 4)

 Standard imposed by local Often based on locally accepted protocols Standard imposed by the \_\_\_\_\_ • May be imposed by statutes, ordinances, administrative guidelines, or case law 22 Standard of Care (3 of 4) • Professional or institutional standards: Protessional or institutional standards:
 Recommendations published by \_\_\_\_\_\_and societies Specific \_\_\_\_\_and procedures of your service or organization 23 Standard of Care (4 of 4) Texas Administrative Code • Texas Department of State Health Services (\_\_\_\_\_) Texas State Board of Medical \_\_\_\_\_\_ 24 Standards Imposed by the State Medical Practices Act: Exempts EMT-Bs from \_\_\_\_\_requirements •\_\_\_\_\_: • Process of evaluating and recognizing that EMT-B has met certain predetermined standards 25 Physician on Scene (1 of 2) • Always ask for \_\_\_\_\_if physician unknown • Physician must be willing to go with patient in order to direct care • If physician orders you to do something that you are not trained to do, respectfully refuse and contact medical control via \_\_\_\_\_or phone 26 Physician on Scene (2 of 2) • If physician wants to perform a procedure that you do not think is \_\_\_\_\_, contact medical control and have physician speak to medical control physician Never \_\_\_\_\_\_follow orders that you feel are inappropriate • DOCUMENT, DOCUMENT, DOCUMENT! 27 🔲 Who is in Charge? • Physicians have \_\_\_\_\_\_authority unless they are willing to go with patient in the ambulance. •\_\_\_\_\_, RT's, CNA's, PA's, Nurse Practitioners have no authority in pre-hospital setting.

#### 28 Transportation Decision

• Texas State Law requires EMS providers to transport the patient to the closest \_\_\_\_\_ facility. • We are not required to take the patient to a hospital of their choice Use common sense and try to obtain patient's \_\_\_\_\_\_ 29 Duty to Act Individual's responsibility to provide patient Responsibility to provide care comes from either \_\_\_\_\_ or function. Legal duty to act begins once an ambulance responds to a call or \_\_\_\_\_is initiated. 30 📃 Duty to Act All governmentally associated services must respond in their area Some volunteer or private services
 be exempt unless care is advertised Only persons on \_\_\_\_\_\_ are obligated to provide care 31 🔲 Negligence Failure to provide the same care that a person with similar training would provide 32 Negligence Determination (1 of 2) •\_\_\_\_\_to Act • Responsibility to act reasonably based on standard of care •\_\_\_\_\_of duty • Failure to act within expected and reasonable standard of care 33 Negligence Determination (2 of 2) Damages/\_\_\_\_\_ • Physical or psychological harm created in a noticeable way •\_\_\_\_\_ • Existence of reasonable cause and effect. All 4 aspects must exist for negligence to apply. 34 🔲 Abandonment Termination of care without patient's \_\_\_\_\_\_ Termination of care without provisions for care • Care cannot stop unless someone of equal or higher training takes over 35 Assault, Battery, and Kidnapping Assault Unlawfully placing a person in \_\_\_\_\_\_of immediate bodily harm without consent • Battery Unlawfully \_\_\_\_\_a person

• Kidnapping: Seizing,	confining	abducting	or carrving	away by force
- Riunapping. Seizing,	comming,	abuucing,	or carrying	away by loice

#### 36 🔲 Defamation

- Communication of \_\_\_\_\_\_information that damages reputation of a person
  - •\_\_\_\_\_if written
  - \_\_\_\_\_if spoken
- Defamation could happen with:
  - False statement on a run report
  - Inappropriate \_\_\_\_\_\_made during conversation
- Run report should be accurate, relevant, and factual.

#### 37 Good Samaritan Laws and Immunity

\_\_\_\_\_

- Good Samaritan Laws:
- Based on the principle that you should not be liable when assisting another in \_\_\_\_\_faith
- Provides an \_\_\_\_\_\_defense if sued
- Does \_\_\_\_\_apply if on duty
- Immunity:
- Usually reserved for \_\_\_\_\_\_
- 38 Ethical Responsibilities
  - Make the physical/emotional needs of the patient a
  - Practice/maintain skills to the point of mastery.
  - Critically \_\_\_\_\_performances.
  - Attend continuing education/refresher programs.
  - Be \_\_\_\_\_\_in reporting.

# 39 Records and Reports

- Complete documentation is a safeguard against legal complications.
- If an action or procedure is not \_\_\_\_\_, courts assume it was not performed.
- An incomplete or \_\_\_\_\_\_report is considered evidence of \_\_\_\_\_\_ incomplete or inexpert care.

# 40 Records and Reports

- Cardinal Rule of Report Writing
- IF IT WASN'T \_\_\_\_\_DOWN, IT WASN'T DONE!

# 41 Special Reporting Requirements (1 of 2)

- Abuse of \_\_\_\_\_, elderly, and spouse
- Injury during the commission of a felony
- •\_\_\_\_\_-related injury
  - Does not include accidental
- 42 Special Reporting Requirements (2 of 2)

#### • Infectious disease exposure

- •\_\_\_\_\_scene •\_\_\_\_\_

#### 43 🔲 The EMT in Court

- You may be called to give \_\_\_\_\_\_
- Trial or depositions
   May be \_\_\_\_\_\_or civil
- You report may be the only thing to refresh your memory
- Your report \_\_\_\_\_be subpoenaed

# 44 🔲 Conclusion

• ALWAYS treat your patient as you would wish a

\_\_\_\_\_one treated, and you will avoid most legal and ethical problems