CHAPTER 3

Medical/Legal and Ethical Issues
Scope of Practice
Key Term

Scope of Practice

A collective set of rules and duties that define your role as an EMT–B
EMT–B Is Responsible to:

- Patient
- Medical Direction
- State Legislation
Ethical Responsibilities

★ Make patient's needs a priority.
★ Maintain skills and knowledge.
★ Critically review performance. (Quality Improvement)
★ Prepare honest reports.
Consent: Expressed

- Patient of legal age and rational
- Must be informed consent
- Must be obtained from conscious, competent adults before treatment
Consent: Implied

* Consent implied for unconscious patient

* Based on the assumption the patient would consent if conscious
Consent: Children and Incompetent Adults

- Consent required from parent/guardian
- Consent implied in life-threatening emergency
- State regulations vary for age and emancipation
Assault/Battery

- Unlawfully touching patient without consent can be considered battery.
- Providing care without consent.
Patient Refusal

* Patients have the right to refuse treatment if they:
  * are legally able to refuse
  * are competent
  * are fully informed of risks
  * sign a release form
Patient Refusal

* When in doubt, err in favor of providing care!
Options for Patient Refusal

Utilize others to help:

- Family members may help convince patient.
- Medical control may assist.
- Law enforcement may have legal options.
Documenting Patient Refusal

Leading cause of lawsuits

Documentation is key to protection.

- Note all assessment findings.
- Attempt to persuade patient to accept care.
- Outline risks & consequences as explained.
Patient Refusal Checklist

EMS PATIENT REFUSAL CHECKLIST

PATIENT NAME: ___________________________________ AGE: ____________
LOCATION OF CALL: __________________________________ DATE: __________
AGENCY INCIDENT #: __________________ AGENCY CODE: __________________
NAME OF PERSON FILLING OUT FORM: ____________________________

I. ASSESSMENT OF PATIENT (Circle appropriate response for each item)

1. Oriented to:  
   - Person? Yes No
   - Place? Yes No
   - Time? Yes No
   - Situation? Yes No

2. Altered level of consciousness? Yes No
3. Head injury? Yes No
4. Alcohol or drug ingestion by exam or history? Yes No

II. PATIENT INFORMED (Circle appropriate response for each item)

- Yes No Medical treatment/evaluation needed
- Yes No Ambulance transport needed
- Yes No Further harm could result without medical treatment/evaluation
- Yes No Transport by means other than ambulance could be hazardous in light of patient's illness/injury
- Yes No Patient provided with Refusal Information Sheet
- Yes No Patient accepted Refusal Information Sheet

III. DISPOSITION

- Refused all EMS services
- Refused field treatment, but accepted transport
- Refused transport, but accepted field treatment
- Refused transport to recommended facility
- Patient transported by private vehicle to ____________________________
- Released in care or custody of self
- Released in care or custody of relative or friend
- Name: __________________ Relationship: __________________________
- Released in custody of law enforcement agency
- Agency: __________________ Officer: __________________________
- Released in custody of other agency
- Agency: __________________ Officer: __________________________

IV. COMMENTS: ________________________________________________________

Limmer et al., Emergency Care Update, 10th Edition
Advance Directives
Advance Directives: DNR Orders

- Patient has the right to refuse resuscitative efforts.
- Usually requires written physician order

Limmer et al., Emergency Care Update, 10th Edition
Advance Directives: DNR Orders

* Become familiar with protocols prior to need.

* When in doubt, resuscitate.
Do Not Resuscitate (DNR) Order

Department of Health

Nonhospital Order Not to Resuscitate (DNR order)

Person’s Name (Print) _________________________________

Date of Birth ___/___/___

Do not resuscitate the person named above.

Person’s Signature _________________________________

Date ___/___/___

Physician’s Signature _________________________________

Print Name _________________________________

License Number _________________________________

Date ___/___/___

It is the responsibility of the physician to determine, at least every 90 days, whether this order continues to be appropriate, and to indicate this by a note in the person’s medical chart. The issuance of a new form is NOT required, and under the law this order should be considered valid unless it is known that it has been revoked. This order remains valid and must be followed, even if it has not been reviewed within the 90 day period.
Ethical, Medical, Legal Issues
**Key Term**

**Negligence**

Deviation from accepted standard of care, resulting in injury to a patient

“Something that should have been done but was not, or was done incorrectly”
Negligence: Components

- Duty to act
- Breach of that duty (may include failure to act)
- Injury or damages inflicted (physical or psychological)
Duty to Act

- An obligation to provide emergency care

- Formal Duty:
  Contractual obligation between agency and municipality

- Implied Duty:
  Call to 9-1-1, beginning care for patient
Duty to Act: Ethical/ Moral

* Off duty
* Out of your EMS system, but in an ambulance
* Good Samaritan laws
**Key Term**

**Abandonment**

Termination of care of a patient without assuring continuation of care at the same level or higher
Confidential Information

- Patient history
- Assessment findings
- Treatment rendered
- Written release required to release information
Confidential Information

Exceptions to written release:

- Subpoena
- Other health care personnel treating patient
- Mandatory reporting (rape, abuse)
- Insurance
Health Insurance Portability and Accountability Act mandates increased privacy of patient-specific medical information and their:

- Record keeping
- Storage
- Access
- Discussion
Medical Identification Devices

Alert EMT–B to patient’s medical condition

- Heart conditions
- Diabetes
- Allergies
- Epilepsy
- Other information

Limmer et al., *Emergency Care Update, 10th Edition*
Medical Identification Device (front)
Organ Donation

- Requires signed donor form.
- Driver's license shows intent.
Organ donor patients are treated the same as other patients.

Identify potential donors.

Notify medical direction.

Provide care to maintain vital organs.
Valley General Hospital
Permission For
Organ Donation/Anatomical Gift
By An Individual Prior To Death

PATIENT IDENTIFICATION PLACE

1. ________________________________________________________________________, currently residing at _______________________________________________________________________, being eighteen (18) years of age or older, do hereby make the following organ donation/anatomical gift to take effect upon my death:

1. I give, if medically acceptable:
   - My body;
   - Any needed organs or parts;
   - The following organs or parts:

2. I make this gift to Valley General Hospital or to physicians or institutions designated by them for the following purposes:
   - Any purpose authorized by law;
   - Transplantation;
   - Therapy;
   - Medical Research and/or Education

3. I acknowledge that I have read this document in its entirety and that I fully understand it and that all blank spaces have either been completed or crossed off prior to my signing.

4. I understand that Valley General Hospital and its authorized designees will rely upon this consent.

WITNESS TO SIGNATURE
(PRINT NAME & ADDRESS BELOW) DATE SIGNATURE DATE

PRINT NAME

ADDRESS

TELEPHONE NUMBER

WITNESS TO SIGNATURE
(PRINT NAME & ADDRESS BELOW)
Crime Scenes

- Do not enter the crime scene until it is safe.
- Patient care is the priority.
- Remain alert for evidence and try not to disturb it.
Crime Scenes

- Be observant.
- Minimize your impact on the scene.
- Remember what you touch.
- Plan and communicate with the police.
Special Reporting Situations

- Abuse (child, spouse, elderly)
- Sexual assault
- Gunshot wound
- Infectious disease exposure
Special Reporting Situations

- Restraint
- MCI
- Other unusual situations
- Mandatory reporting laws vary from state to state.

Limmer et al., *Emergency Care Update, 10th Edition*
Review Questions

1. Define scope of practice.

2. List the EMT–B’s ethical responsibilities.

3. Explain the purpose of the DNR order.

4. Differentiate between expressed and implied consent.
5. Why is documentation of patient refusal necessary?

6. Define battery, abandonment, and negligence.

7. Why is patient confidentiality necessary?
8. Explain the EMT–B’s role in caring for an organ donor.

9. Explain the EMT-B’s role at a crime scene.

10. List some special reporting situations.
Was it appropriate not to include the information that the patient had AIDS during the radio report?

What is the obligation of these EMTs concerning the confidentiality of patient information?
Street Scenes

Would you have handled the transfer of information differently?

Would it be appropriate to tell all the hospital staff so they would know to take BSI precautions?
Should the information that this patient has AIDS be shared with other EMS providers in case they get a call from this patient?
What are the principles for confidentiality that EMTs should always maintain?