

Emergency

Care and Transportation of the Sick and Injured



Section 1: Preparing to be an EMT-B

3: Medical, Legal, and Ethical Issues

Cognitive Objectives (1 of 3)

- 1-3.1 Define the EMT-B's scope of practice.
- 1-3.2 Discuss the importance of DNR orders (advance directives) and local and state provisions regarding EMS application.
- 1-3.3 Define consent and discuss the methods of obtaining consent.
- 1-3.4 Differentiate between expressed and implied consent.

Cognitive Objectives (2 of 3)

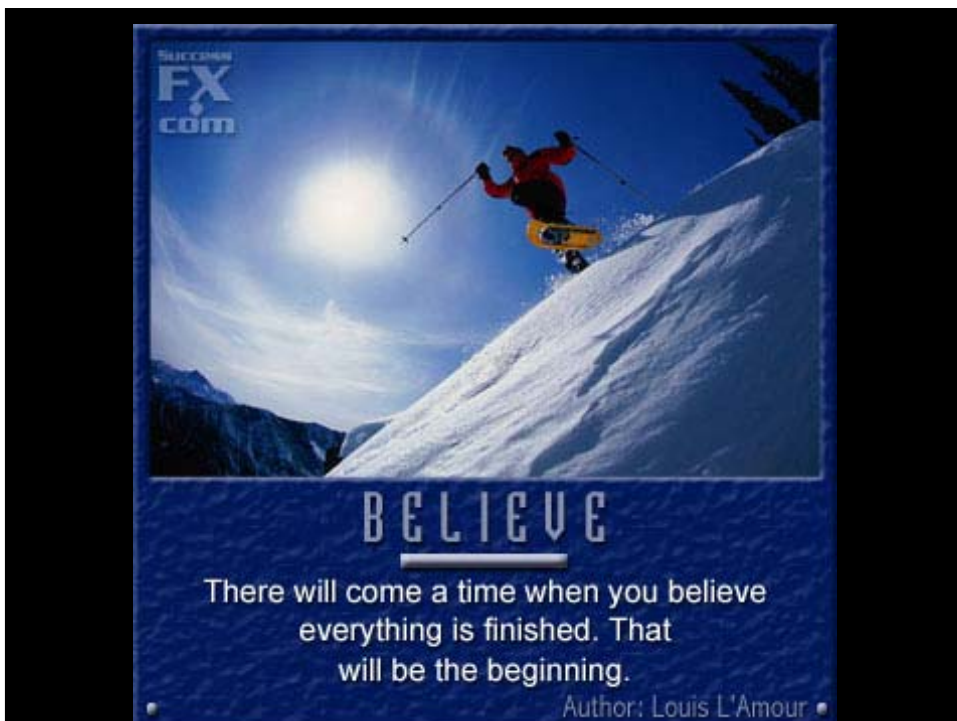
- 1-3.5 Explain the role of consent of minors in providing care.
- 1-3.6 Discuss the implications for the EMT-B in patient refusal of transport.
- 1-3.7 Discuss the issues of abandonment, negligence, and battery and their implications for the EMT-B.
- 1-3.8 State conditions necessary for the EMT-B to have a duty to act.

Cognitive Objectives (3 of 3)

- 1-3.9 Explain the importance, necessity, and legality of patient confidentiality.
- 1-3.10 Discuss the considerations of the EMT-B in issues of organ retrieval.
- 1-3.11 Differentiate the actions that an EMT-B should take in the preservation of a crime scene.
- 1-3.12 State the conditions that require an EMT-B to notify law enforcement officials.

Affective Objectives

- 1-3.13 Explain the role of EMS and the EMT-B regarding patients with DNR orders.
 - 1-3.14 Explain the rationale for the needs, benefits, and usage of advance directives.
 - 1-3.15 Explain the rationale for the concept of varying degrees of DNR.
- There are no psychomotor objectives for this chapter.



Medical, Legal, and Ethical Issues

- **Scope of practice**

Scope of practice

- Defined by state law
- Outlines care you can provide
- Further defined in protocols and standing orders
- Authorized through online and off-line medical direction

Standard of Care (1 of 2)

- Standard imposed by local custom
 - Often based on locally accepted protocols
- Standard imposed by the law
 - May be imposed by statutes, ordinances, administrative guidelines, or case law

Standard of Care (2 of 2)

- Professional or institutional standards
 - Recommendations published by organizations and societies
 - Specific rules and procedures of your service or organization



Standards Imposed by States

- Medical Practices Act
 - Exempts EMT-Bs from licensure requirements
- Certification
 - Process of evaluating and recognizing that EMT-B has met certain predetermined standards

Duty to Act

- Individual's responsibility to provide patient care.
- Responsibility to provide care comes from either statute or function.
- Legal duty to act begins once an ambulance responds to a call or treatment is initiated.
- No legal duty to act when off duty

Negligence

Failure to provide the same care that a person with similar training would provide

Negligence Determination (1 of 2)

- Duty
 - Responsibility to act reasonably based on standard of care
- Breach of duty
 - Failure to act within expected and reasonable standard of care

Negligence Determination (2 of 2)

- Damages
 - Physical or psychological harm created in a noticeable way
- Cause
 - Existence of reasonable cause and effect.
- All four must exist for negligence to apply.

Abandonment

- Termination of care without patient's consent
- Termination of care without provisions for continued care
- Care cannot stop unless someone of equal or higher training takes over

Consent

- Expressed consent
- Implied consent
- Minors
- Mentally incompetent adults
- Forcible restraints



Assault and Battery

- Assault
 - Unlawfully placing a person in fear of immediate bodily harm without consent
- Battery
 - Unlawfully touching a person
- Some states have grades of assault, no battery

Refusal of Treatment

- Mentally competent adults have the right to refuse care.
- Patients must be informed of risks, benefits, treatments, and alternatives.
- EMT-B should obtain a signature and have a witness present, if possible.

Good Samaritan Laws and Immunity

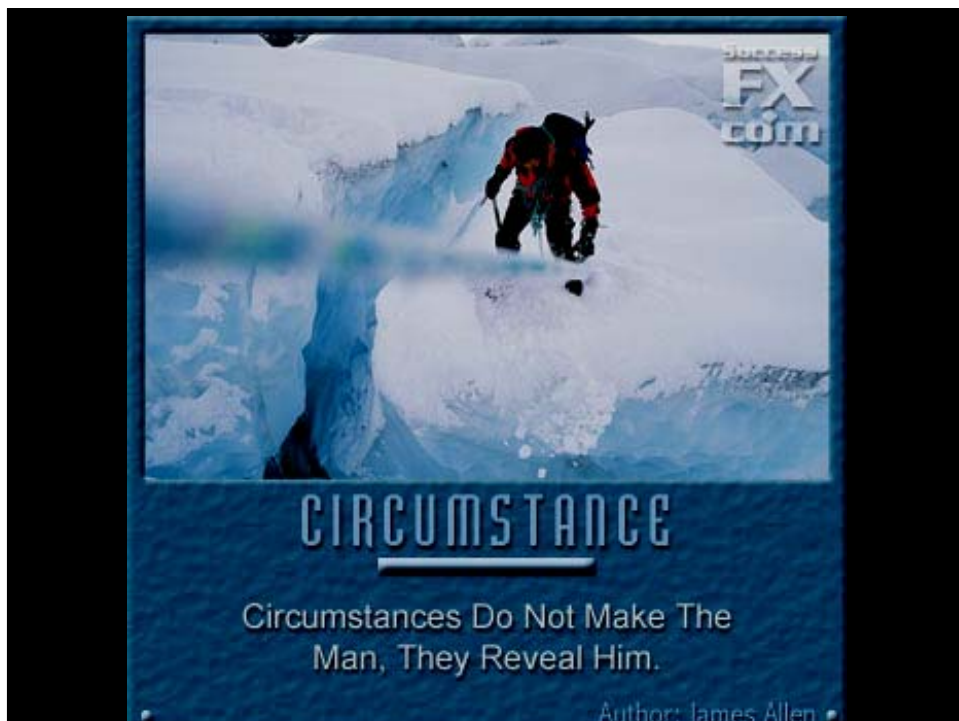
- Good Samaritan
 - Based on the principle that you should not be liable when assisting another in good faith
- Immunity
 - Usually reserved for governments

Advance Directives

- Specifies medical treatments desired if patient is unable to make decisions
- Do not resuscitate (DNR) orders
 - Patients have the right to refuse resuscitative efforts.
 - Require a written order from one or more physicians
 - When in doubt, begin resuscitation.

Ethical Responsibilities

- Make the physical/emotional needs of the patient your primary priority.
- Practice/maintain skills to the point of mastery.
- Critically review performances.
- Attend continuing education/refresher programs.
- Be honest in reporting.



Confidentiality

- Information received from or about a patient is considered confidential.
- Disclosing information without permission is considered a breach of confidentiality.
- Generally, information can only be disclosed if the patient signs a written release.

HIPAA

- Safeguards patient confidentiality.
- Limits EMS providers from obtaining follow-up information.
- Releases health information only with patient's permission.

Records and Reports

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

Special Reporting Requirements (1 of 2)

- Abuse of children, elderly, and spouse
- Injury during the commission of a felony
- Drug-related injury
- Childbirth

Special Reporting Requirements (2 of 2)

- Infectious disease exposure
- Crime scene
- Deceased

Physical Signs of Death

- Death is the absence of circulatory and respiratory function.
- If the body is still warm, initiate care.
- If hypothermia is present, initiate care.

Presumptive Signs of Death

- Unresponsive to painful stimuli
- Lack of pulse or heartbeat
- Absence of breath sounds
- No deep tendon or corneal reflexes
- Absence of eye movement
- No systolic blood pressure
- Profound cyanosis
- Decreased body temperature

Definitive Signs of Death

- Obvious mortal injury
- Dependent lividity
- Rigor mortis
- Putrefaction (decomposition of body)





Medical Examiner Cases

- DOA
- Unknown cause of death
- Suicide
- Violent death
- Poisoning
- Accidents
- Suspicion of criminal action

Special Situations

- Organ donors
- Medical identification insignia

