

Medical Legal Forum:

Caring for Adults in a Pandemic or Other Emergency Conditions

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Introduction/Background: Most pediatricians have not cared for an adult patient in years, and for the authors of this article, it's been decades. Fortunately, it currently appears that most children with COVID-19 have a relatively mild course. In areas with a high incidence of severe infections (such as New York City), some pediatricians have been asked to provide medical care for adult patients. If asked to do so, should a pediatrician agree to manage the medical care of a geriatric patient with multiple comorbidities? What specific preparation should one consider prior to providing medical care in such a clinical situation?

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Precedent:

Many physicians in the U.S. military are asked to serve as general medical officers regardless of their respective specialty or subspecialty. A high level of care is generally provided because all of the physicians have received adequate training, and infrastructure exists to support the physicians. Additionally, many U.S. physicians have performed international aid work that involved caring for patients that were outside of their routine, daily practice in the U.S. In both of these situations (military and international aid work), physicians may find themselves providing medical care outside of their usual patient population

General Principles:

As in all potential liability situations, the best defense is to provide good care

Since liability laws are generally State-specific, pediatricians are encouraged to review recent statements by their respective State's Governor and Attorney General. Many States, such as New York, are changing liability standards (e.g., requiring gross negligence to sustain a claim of malpractice).

Good Samaritan Laws generally do NOT apply in situations like

the current pandemic. Good Samaritan Laws are intended to provide protection for those providing emergency care. If a pediatrician agrees to care for an adult, there may be substantial liability protection because of rapid changes in State law. However, the pediatrician will likely not be able to rely upon Good Samaritan Laws for liability protection.

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Considerations/Preparations:

Pediatricians may want to review Harrison's (or other) internal medicine textbook and ensure access to reliable online sources. One can ask their adult colleagues for advice on the best online content.

As is generally the case, the best clinical practice requires the support and partnership of strong nurses and other practitioners that are experienced in that clinical setting.

If at all possible, insist on immediate telemedicine support from appropriate medical staff (adult ICU, ED, endocrinologist, etc...)

Take Home Points:

The best defense in any clinical situation is to provide competent care.

Contact your medical malpractice carrier (insurer) to ensure coverage prior to agreeing to treat adult patients

During medical school, all pediatricians completed the required background science and core clinical rotations (internal medicine, surgery, OB/Gyn, psychiatry, and pediatrics). Pediatricians that agree to treat adult patients are doing so for the good of the patient and assisting colleagues that care for adults.

References:

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Disclaimer:

This column does not give specific legal advice, but rather is intended to provide general information on medicolegal issues. As always, it is important to recognize that laws vary state-to-state and legal decisions are dependent on the particular facts at hand. It is important to consult a qualified attorney for legal issues affecting your practice.

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