

G14

REFUSAL of CARE

The non-transport of patients because of refusal of care is a common occurrence in prehospital care. The EMS personnel must attempt to obtain as thorough a history and patient assessment as possible so that the patient who refuses medical evaluation and treatment has an opportunity to make an informed decision on refusing care. Careful documentation is required whenever care is refused.

GENERAL

- while patients have the right to refuse medical evaluation and treatment, it is incumbent on the EMS personnel to first attempt to ensure the following
 - the patient must be oriented to person, place, and time
 - there are no signs of significant impairment due to alcohol, drugs, or mental or organic illness
 - vital signs are normal
 - patient must have a reasonable understanding of the provisional diagnosis and the risks of refusing treatment
 - EMS personnel must take care to ensure that the instructions given to the patient and the family member or friend present who is willing to assume responsibility for the patient's care are clearly understood.
 - this information must include
 - a reasonable plan of action should the patient's condition deteriorate and
 - how to activate the EMS system if the patient wishes to seek medical evaluation and transport
 - the patient should be encouraged to seek medical follow-up
- the following information must be documented on the patient care report
- date, time, and location where patient found
 - presenting complaint
 - history and physical examination, including vital signs
 - mental status examination
 - alert and orientated to person, place, time and events
 - patient not under influence of alcohol, drugs, other substances, or injuries that may impair ability to make decisions
 - patient is clearly not a risk to self or others
 - reason(s) for refusal
 - consequences of refusal of care reviewed with the patient
 - information on how to contact EMS if patient changes mind about seeking medical care and transport
 - other advice given to the patient
 - identification of police on scene (if applicable)
 - name of family member or other adult present as witnesses
 - record name of person(s) present with patient at disposition
- a copy of the refusal of care form must be completed and attached to the patient care report

- if the patient does not meet the above criteria and subsequent to the EMS personnel's evaluation and assessment of the patient that, in the EMS personnel's judgement, the patient should receive medical assessment, then the following actions should be considered
 - responsible family members or friends who are present should be enlisted to encourage the patient to accept transportation
 - if this fails, the Regional EMS Medical Director or physician designate should be contacted to discuss the situation
 - if required, direct communication between the physician and the patient could be conducted to ensure the patient clearly understands the consequences of their decision to refuse care and to assist in convincing the patient to accept transport for medical assessment
 - if these measures fail and the EMS personnel have concerns about the patient's capacity to decide and ability to make an informed decision to refuse care and transport, the police should be contacted for assistance
 - if a decision is made that a patient requires medical assessment and is unable to make an informed decision, and the patient must be transported against their wishes
 - police must make this decision based on consultation with the on scene EMS personnel and the Regional EMS Medical Director or their physician designate
 - if a patient is identified as requiring transport to a health care facility and all attempts to persuade the patient are unsuccessful, then a decision must be made whether to restrain the patient during transport
 - EMS personnel should request that the police restrain the patient
 - restraining a patient is not an EMS function
- **procedure for managing a restrained patient**
- explain restraining actions to the patient, family, and others at the scene
 - use all reasonable precautions to safeguard the welfare of the patient and others
 - ensure the patient is not injured in the restraining process or by the restraints
 - ensure the airway is maintained
 - position the patient in the recovery position, if possible
 - document the indication(s) for restraint and action(s) taken
 - record examinations at regular, frequent intervals while the patient is restrained
 - police assisting in patient restraint must accompany the patient in the ambulance in case the restraints need to be removed
- a number of patients **must be** transported even if they meet all the criteria for discharge in the field, including:
- patients who are a danger to themselves or others
 - the decision to transport is done in consultation with the police
 - victims of child abuse if there is the potential for further abuse
 - patients who are critically ill or injured
 - an exception to this may be a critically ill patient who has a Health Care Directive
 - EMS personnel should refer to the Appendices – Health Care Directives Act or Medicolegal Guideline for further information.
- in all but the most minor situations, the patient should be encouraged to accept transportation for medical evaluation
 - if there are any doubts regarding transportation, then EMS personnel should err on the side of caution and safety and undertake transport of the patient, if possible
 - patients who are not transported should always be advised to seek further medical attention as indicated by their circumstances or to call for EMS if they wish transportation at a later time

- if the patient initially refuses transport but later changes their mind and requests transport the EMS personnel cannot refuse to transport the patient
- EMS personnel must not attempt to dissuade the patient from transport
- whenever possible, EMS personnel should attempt to obtain a signature from the patient, the patient's care giver, the patient's proxy or responsible family member confirming refusal of care

NOTE

- all patients who refuse care must sign a completed refusal of care form
- EMS personnel must recognize that the form does not absolve them of the EMS system of medicolegal responsibility
 - a person is determined to have the capacity to make health care decisions if he or she is able to understand the information that is relevant to making a decision and is able to appreciate the reasonably foreseeable consequences of a decision or lack of a decision
 - EMS personnel should follow the information laid out in a Health Care Directive or information that is provided by the patient's proxy regarding instructions contained within the patient's Health Care Directive. There is no onus on the EMS personnel to inquire whether a Health Care Directive exists or whether the Directive has been revoked.
 - obtaining the reason for refusal may be useful for the EMS personnel in order to persuade the patient to be transported
 - EMS personnel may be required to use creativity and compromise to persuade patients to cooperate with further evaluation, management, and transportation
 - there may be reluctance on the part of EMS personnel to contact the police to assist in the transport of a patient
 - the risk of legal action against EMS personnel for unlawful confinement or battery must be balanced against the risk of malpractice and the fundamental needs of a patient who is unable to make an informed decision
 - despite all efforts to remain at a safe distance or to avoid becoming involved in a violent situation, there may be times when EMS personnel find themselves confronted by a violent non-competent patient while attending the patient
 - if necessary EMS personnel should leave the scene until the police arrive
 - if they cannot leave the scene then protective actions should be taken
 - to protect themselves, the patient's family, friends, and the patient from harm it may be necessary for the EMS personnel to temporarily physically restrain the patient
 - though restraint of a non-competent patient is normally a police function, the police may be delayed or not immediately available to undertake the immediate restraint of the suddenly violent patient
 - EMS personnel should use only the minimum amount of physical restraint required to prevent injury to all involved

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