

“Quick, Get a Doctor!”

– Aspects to Consider When Medical Professionals Are Summoned to Emergencies

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IN MID-JANUARY this year, the *New Paper* (TNP) highlighted the story of a young lady who purported to have witnessed a traffic accident which occurred outside the gym she was training in.¹ She then rushed to two nearby clinics to seek medical assistance from the doctors there, but none of them went forward to help. An ambulance reportedly arrived at the scene within ten minutes of the incident.

The young lady later sent a complaint letter to the Singapore Medical Council (SMC), and posted it on Facebook.² In it, she wrote that none of the staff at either clinic were trained to react to emergencies, and specifically named a doctor for allegedly refusing to leave one of the two clinics.

This case has raised questions as to the legal, ethical or moral duties of a doctor when asked to attend to such requests. Should there be a system in place for all clinics to better deal with such situations? Which doctors are expected to respond, and under what circumstances should they do so?

Reinforcing the ethical standard

Let us look at the relevant portions of the SMC Ethical Code and Ethical Guidelines, as well as the SMC Physician's Pledge.

SMC Ethical Code:

4.1.7.2 Treatment in emergency situations

*A doctor shall be prepared to treat patients on an emergency or humanitarian basis unless circumstances prevent him from doing so.*³

SMC Physician's Pledge:

I solemnly pledge to: dedicate my life to the service of humanity; ... uphold the honour and noble traditions of the medical profession; ... maintain due respect for human life; ... use my medical knowledge in accordance with the laws of humanity; ...

In other words, society expects doctors to use their clinical knowledge and skills to relieve pain and suffering for any human in need. The statements in both the SMC Ethical Code and SMC Physician's Pledge are aspirational in nature and should be interpreted in the context of the circumstances.

Analysing the legal duty of care

A doctor does not owe a duty of care to strangers, but does owe it to a patient once consultation commences and almost certainly to each patient who is registered, accepted and waiting in the clinic to consult him.

The doctor will have to “abandon” patients to whom he owes a duty of care if he were to attend to the unknown emergency case. Prior to commencing such an engagement, the doctor does not owe a duty of care to an injured stranger lying on the street or, for that matter, a person with chest pain on an airplane. Once the doctor takes on the emergency case in earnest, even though no conventional contractual bargain has taken place, a duty of care would be expected. The absence of official indemnity cover in such situations is a pragmatic concern, even if the underlying expectation is that the legal courts and SMC would view such situations with great sympathy, and it is unlikely that indemnity organisations would totally turn their backs on a doctor who has acted in good faith.

Going by the TNP report, the doctors from neither clinic were not clearly unprepared to help in the emergency, but simply did not rush out immediately. Of course, it is rightly argued that the spirit of the provision expects expedience.

The spokesmen of the two different medical groups that operate the clinics involved were reported to espouse commitment not just to attending to emergencies, but to do so immediately. One spokesman stated that there had been times when their doctors responded to such calls and took the appropriate equipment along with them; while the other admitted that they did not respond as they should have and that they regretted that this incident occurred. The latter also stated that his group had reinforced measures to ensure appropriate response and communication by front-line staff, and his group reaffirmed its commitment to attend to all medical emergencies that were presented to its clinics.

Let us consider the reality of medical practice.

Enhancing a GP clinic's emergency preparedness

Picture the scenario of a lone GP with a single clinic assistant. It is a crowded Monday morning, and the doctor already has a patient inside his consultation room with bad chest pain and nausea. A child who consulted him

with a high fever the previous night is waiting outside. Is it necessarily correct to abandon all his patients to rush to the scene of an emergency without knowing what material difference can be made? Due consideration must be given before rendering help to the emergency situation, whether it is in terms of the duty of care owed, the respect each waiting patient might reasonably or otherwise expect to be accorded, or the economic reality of either chasing all the patients out or leaving them unattended with the risk of pilfering.

The doctor attending to such situations would be doing so from varying degrees of unpreparedness. It is likely a once-in-a-lifetime occurrence for both the staff and doctor of the clinic. The doctor could be anything from young and inexperienced to a veteran with creaking joints, a bad back and only a distant memory of treating a real emergency. The clinic staff accompanying this doctor might not be familiar with handling emergencies at all, and could even be more of a hindrance than a help. Similarly, doctor who feels coerced into such a situation is more likely to feel pressured to do more than what is necessary or even appropriate.

Is the onus on the doctor to do the “right thing” commensurate with societal support provided to him to do so?

Defining expectations of doctors off duty

What about the doctor who is “off duty”? Suppose a doctor is at a dinner party and has a bottle of wine too many. Would this fall under a circumstance that would exempt him from attending to the collapse of a fellow dinner guest? Does publicity that has been sparked by recent online discussion and newspaper articles, coupled with the quoted statements by the spokesmen of the two medical groups only heighten the expectation for doctors to inevitably avail ourselves with immediacy the moment anyone approaches us with an unverified “emergency”?

Possessing expertise or competence to attend to emergencies

How about specialists who are no longer familiar with conventional clinical practice? Is it necessarily fair to expect a psychiatrist in private practice for the last 40 years or a forensic pathologist who happens to be at the scene of an emergency to be able to competently deal with a victim of trauma? Where and how do we draw the line of who is expected to rush to an emergency, and who is not? Just as important is how we convey this to the public at large.

Upholding the profession's reputation

Here, I must state my personal viewpoint, which is: the doctor must always look to do the morally right thing. Regardless of the costs and issues I have pointed out, being of service to society should be a part of our innermost calling, never mind what the law, ethical codes or guidelines might say. We must want to do anything we can to make a

difference, whether in the face of an apparent emergency or any other situation. It should be a fundamental part of our individual inbuilt moral compass, but should equally not be an indignant expectation of society or others.

The duty to attend can be reasonably expected of a doctor in emergency situations. Otherwise, it can negatively impact the profession's reputation and the public's confidence in us.

Suggesting a plan of action

Each medical clinic, be it private or restructured, aesthetic, psychiatric or Family Medicine, should have a simple protocol for all staff so that they will know how to react immediately in the event of such calls for assistance. They should ask questions to quickly establish what has actually been witnessed and if serious injury is evident, and whether an ambulance has been called for. If necessary, they should immediately call emergency services, and be prepared to render first aid. An emergency bag must always be at the ready, along with a written protocol for the staff to follow so that the doctor and the best-trained assistant can leave the clinic immediately to attend to the emergency.

All registered doctors should be encouraged to keep their Basic Cardiac Life Support and Advanced Trauma Life Support skills up to date through attending courses that could be fully subsidised. All doctors and nurses can also consider going for first aid courses.

A Good Samaritan Act that exonerates professionals from liability for acts done in good faith would be helpful. This sends an essential message of encouragement for all to come forward during emergencies.

In summary, doctors should indeed step forward to attend to emergencies, but we need to be properly equipped to do so. Rules and societal expectations should be balanced with adequate support for professionals to enhance the quality service that is reasonably expected of us. ■

References

1. Tan J. *Why didn't doctors come out to help?* *The New Paper* 20 January 2014.
2. *YourHealth*. *Good Samaritan slams AMK clinics for not helping elderly accident victim*. Available at: <http://yourhealth.asiaone.com/content/good-samaritan-slams-amk-clinics-not-helping-elderly-accident-victim>. Accessed 10 March 2014.
3. *Singapore Medical Council*. *Ethical Code and Ethical Guidelines*. Available at: <http://goo.gl/wwyahE>. Accessed 10 March 2014.



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