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# Emergency medicine outside the hospital setting – who is responsible for the patient?

PERSPECTIVES

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**In situations where the ambulance service responds to incidents and consults with a doctor at an emergency clinic or other doctors, it is unclear who is responsible for ensuring that the patient receives appropriate and compassionate medical and care.**

Illustration: Journal of the Norwegian Medical Association

An ambulance is dispatched to a private address where a patient is waiting. The patient's medical history is taken and examinations are carried out. An overall assessment indicates that it may not be necessary for the patient to go to hospital, but is there enough information and do the paramedics have the competence to make this decision? The doctor on duty is called for advice, and perhaps this is a requirement in the ambulance service's procedures. The doctor in question is probably already attending to a patient but has to interrupt their work to get a report, offer advice and guidance, or agree on a plan.

This is a commonplace situation, but where does responsibility lie following the conversation between the paramedics and the doctor? Do the paramedics still bear full responsibility for ensuring that the patient receives appropriate medical care? Is the doctor only responsible for the advice, guidance and agreed plans that were based on the information they were given? Or is the doctor also responsible for ensuring that the medical assistance subsequently provided by the ambulance service is appropriate?

> ***«When the law is open to interpretation, conflicts and uncertainties can arise both in establishing when responsibility needs to be taken and deciding where it lies»***

When the law is open to interpretation, conflicts and uncertainties can arise both in establishing when responsibility needs to be taken and deciding where it lies. We argue that responsibility in these situations lies with the health personnel who are physically present with the patient, and that doctors who are consulted via telephone are only responsible for the advice and guidance they provide, as well as the plans agreed upon.

## Time-critical decisions, overlapping tasks

Medical emergencies are characterised by their time-critical nature. Many decisions have to be made quickly, and the information available for clinical decision-making is limited. The patient's outcome depends on timely implementation of the appropriate measures. It is crucial to strike the right balance between the time spent on diagnostics and the necessity for swift treatment. The person responsible for providing medical care to a patient with an acute medical condition must assess whether the patient is sufficiently stabilised and whether there is time for further examination, and decide on the necessary treatment. Outside the hospital setting, consideration also needs to be given to whether the treatment should commence before or during transport and where to take the patient. The tasks of primary care services and hospital trusts also partially overlap outside the hospital setting. For example, both share the responsibility for attending to patients in their home and providing treatment when necessary: health trusts due to their responsibility for the ambulance service, and primary care services because of their responsibility for emergency clinics (1). For patients, the combined efforts of health trusts and primary care services are vital. It is therefore important that the two emergency services are coordinated and work well together.

This is a system responsibility. In our area, which consists of Nordland and Troms, the University Hospital of North Norway operates 29 ambulance stations, and the 24 municipalities have emergency clinics at 14 locations. The ambulance service is thus better equipped in many areas to visit patients at home than the emergency clinic service. It also therefore makes sense that paramedics on call-outs can consult a doctor at an emergency clinic.

## Patient responsibility

Even though the tasks overlap, the responsibilities must not overlap. If the lines of responsibility are unclear, it can dilute accountability and pose a risk to patient safety. Clearly defined responsibilities are also pivotal for effectively conducting quality improvement work and ensuring proper supervisory practices. These responsibilities are described in laws (2, 3, 4) and regulations (1, 5), and the Norwegian Directorate of Health has further clarified these responsibilities in correspondence to the health trusts (6).

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Despite this, the understanding of responsibilities is not clear-cut. In our experience, the supervisory authorities consider the understanding of responsibilities to be a critical and challenging area. Incident-based supervision by the Norwegian Board of Health Supervision (NBHS) could serve as a valuable resource for clarifying responsibilities. Only a selection of the NBHS's decisions in comparable incidents are made public, and these appear to be inconsistent. Sometimes the responsibility is placed on the ambulance service and health trusts (7), while on other occasions it lies with the doctor at the emergency clinic and primary care services (8).

According to the Health Personnel Act, all health personnel have a duty to provide appropriate and compassionate medical care. It further states that 'upon co-operation with other health personnel, the medical practitioner and the dentist shall make decisions in matters concerning medicine or dentistry respectively in relation to examinations or treatment of the individual patient' (2).

We believe that the duty to provide appropriate and compassionate medical care arises when health personnel are present and in direct contact with the patient (as opposed to video or telephone consultations between the patient and service provider). The allocation of responsibility does not therefore change even if paramedics consult a doctor via telephone or the emergency radio network. Put simply, if paramedics (or other health personnel) are with the patient, and a doctor is on the phone, the health personnel with the patient are responsible for the patient. If paramedics and a doctor are with the patient, the doctor has overall responsibility. If paramedics and a doctor are with the patient and the ambulance starts transporting the patient without a doctor, the paramedics are responsible for the patient. And just to be clear: if the doctor from the emergency clinic is with the patient and consults a hospital specialist, the emergency doctor is still responsible for the patient.

## Mutual duty to provide guidance

Even though the allocation of responsibilities does not change when consulting a doctor over the phone, paramedics should still maintain close contact with a doctor for advice and guidance during call-outs. The Health Personnel Act states that 'assistance shall be obtained and patients shall be referred on to others if this is necessary and possible' (2). There is also a mutual duty between the primary care services and specialist health service to provide guidance, advice and the necessary information about health-related issues (3, 4).

## Duty to provide urgent medical care

The levels of care that may be relevant for further follow-up include no follow-up, an agreement for further contact, follow-up at the emergency clinic, or follow-up at the hospital. Where it is uncertain whether the patient should be taken to the emergency clinic or the hospital, the main principle should be to transport the patient to the highest level of care, which is the hospital, for assessment by a doctor there. If, after seeking advice and guidance, there is disagreement about whether the health care at the relevant level is adequate, the health personnel who are with the patient must make the decision about which level of medical care they should receive.

In our experience, clearly defined responsibilities and roles make the work easier for both the person with the patient and the person providing advice and guidance. The person with the patient knows that the advice and guidance received will only be as good as the information they convey and the expertise of the person being consulted. Although advice and guidance from a doctor should carry significant weight, there is always the possibility to deviate from this or seek advice and guidance from others. This serves as a safety mechanism. It is reassuring for the person giving advice and guidance that the recipient has to convey all the necessary information in order to receive the best possible advice and guidance. If the person being consulted is busy with a patient in a critical condition, or there is little information, poor quality of communication, or simply insufficient knowledge, advice and guidance can be subject to reservations. Perhaps someone else would be in a better position to offer advice?

## Patient safety and good working conditions for health personnel

When mistakes happen, it affects both the patient and those who have been involved in their treatment. Unfortunate incidents are opportunities to identify the cause of errors and to improve. It is frustrating for someone to be held

responsible for an error if they were unaware that it was within their area of responsibility. It is also difficult to carry out systematic improvement work without clearly defined responsibilities.

Our understanding of responsibilities is well-grounded in laws and regulations, and as such promotes safer and more effective collaboration among the parties involved in emergency medical incidents outside hospital settings. It is crucial for health personnel working at the intersections of primary care, pre-hospital specialist health services and hospital settings to remain abreast of relevant laws and regulations while familiarising themselves with both their own and others' responsibilities. By doing so, they can better assist each other in making sound decisions and avoiding misunderstandings. This issue is probably also a topic of discussion in other local collaboration forums between the primary care services and specialist health services in Norway. We urge health authorities to address this issue and provide clear advice and clarification.

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