OUTPATIENT DNR ORDERS

The care of the terminally and chronically ill at home has been increasing in recent years. The scenario of an acute emergency developing for these patients, and the emergency medical (EM) technicians being summoned by concerned, well-meaning family and friends is also common. The necessity for the EM technicians to resuscitate these patients in some cases has upset and concerned the families of these patients.

Even verbal instructions from attending physicians not to resuscitate these patients to the EM technicians have gone unheeded due to specific instructions under which the technicians must work. Yet, great strides have been made over the past several years, to educate and inform patients and families of the right to options in health care.

But these rights of treatment choices are limited in most states to hospitalized patients, patients in hospice programs, and generally in chronic nursing facilities. To address this deficiency between rights of patients versus regulations governing the actions of emergency medical technicians, the State of Montana, New York, Virginia and a few others have passed legislation to allow the EM technician to respect the desires of the patient who is properly identified. Some of the laws also permit the EM technician to accept verbal instruction by the attending physician requesting that a “do not resuscitate” order be respected.

The Professional Ethics Committee together with Counsel at the Medical and Chirurgical Faculty of Maryland, has taken the spirit of the Montana and New York laws and incorporated them into proposed Maryland Legislation. The proposed bill would amend Maryland’s Substitute Consent Statute (Health General Article Sec. 20-107) and provides that a health care provider may not treat a “disabled individual” without consent, even in an emergency, if the health care

Letter From The Editor

This is the fourth issue of the Mid-Atlantic Ethics Committee Newsletter which means we have completed one year of issues. Subscriptions to the newsletter have grown so that we now have over 100 subscribers. We hope that the newsletter has provided you with useful information over the past year and that it will continue to be a format for education and information exchange among ethics committee members and others interested in bioethics in the years to come. We look forward to hearing from you and wish you and your ethics committee a very successful 1993!

Diane E. Hoffmann, Editor
NETWORK NEWS

Baltimore Area Ethics Committee Network

The Baltimore Network held its fourth meeting on December 2, 1992 at St. Agnes Hospital. Dr. Ray Donovan, chairman of St. Agnes’ ethics committee was the host. The guest speaker was Jack Schwartz, Chief Counsel, Opinions and Advice, Maryland Office of the Attorney General. Mr. Schwartz discussed the elements of draft legislation that he has been working on with Judge John Carroll Byrnes and others regarding health care decisionmaking in Maryland. There was an excellent turnout and many health care providers gave Mr. Schwartz suggestions for modifications to the draft.

The next meeting of the Network is scheduled for February 11, 1993 at 4:30 p.m. at Good Samaritan Hospital. The topic will be: The First Year of the Patient Self-Determination Act—Sharing Our Experiences and Impressions. For more information about these meetings or the Network, contact Henry Silverman, 706-6250, or Diane Hoffmann, 706-7191. Anyone is welcome to attend.

Virginia Ethics Committee Network

Virginia Ethics Networks Organize Activities

Two ethics committee networks in Virginia—one in the Richmond area and one in the Tidewater region—have formally organized within the last year and are beginning to schedule meetings and conferences.

The Richmond Bioethics Consortium will sponsor a series of three

Outpatient DNR Orders

The Institutional Ethics Committee Resource Network

Law & Health Care Program

University of Maryland School of Law

500 West Baltimore Street

Baltimore, MD 21201

410/736-7191 or 410/706-7239

The information in this newsletter is not intended to provide legal advice or opinion and should not be acted upon without consulting an attorney.

University of Maryland at Baltimore

2 Mid-Atlantic Ethics Committee Newsletter
Some of the laws also permit the EM patient who is properly identified to request the doctor to respect the desire of the physician to refuse to provide specific medical treatment or procedures.UPLE.

There is the spirit of the physicians and the other professionals who have worked tirelessly to provide care and services to those in need. The EM profession is facing challenges and obstacles in providing care to patients, especially those in need. But these efforts of resource allocation and planning of the budget to provide in the outpatient setting have been made over the past several years to ensure and inform patients and providers in the EM setting that these services are available. Even verbal instructions from the EM profession are necessary for the EM profession to provide care.

EM professionals and other medical professionals, especially those in emergency departments, are crucial in ensuring that patients receive the care they need. These professionals work tirelessly to ensure that patients receive the care they need, and their dedication is commendable.

Letter From the Editor

This is the fourth issue of the Mid-Atlantic Ethical Committee Newsletter.
The Baltimore Area Ethics Committee Network (BAEC) held its fourth meeting on December 9, 1992, at St. Agnes Hospital. Dr. Ray Donovan, chairman of St. Agnes' ethics committee, was the host. The guest speaker was Jack Schwartz, Chief Counsel, Opinion and Advocacy, Maryland Office of the Attorney General. Mr. Schwartz discussed the elements of the state's new health care decision-making legislation. There was an excellent turnout and many health care providers gave Mr. Schwartz suggestions for modifications to the draft legislation. The next meeting of the Network is scheduled for February 11, 1993 at 4:30 p.m. at Good Samaritan Hospital. The topic will be: The First Year of the Patient Self-Determination Act—Sharing Our Experiences and Impressions. For more information about these or other Network activities, contact Henry Silverman, 706-6250, or Diane Hoffman, 706-7191. Anyone is welcome to attend.

Two ethics committee networks in Virginia—one in the Richmond area and one in the Tidewater region—have formally organized within the last year and are beginning to schedule meetings and conferences. The Richmond Bioethics Consortium will sponsor a series of three forthcoming in 1992.

Virginia Ethics Committee Network Organize Activities

The final two meetings in 1992 will be:

1. Thursday, February 11, 1993 at Good Samaritan Hospital, Richmond, VA, 706-6250, or Diane Hoffman, 706-7191. The topic will be: The First Year of the Patient Self-Determination Act—Sharing Our Experiences and Impressions. For more information about these or other Network activities, contact Henry Silverman, 706-6250, or Diane Hoffman, 706-7191. Anyone is welcome to attend.

2. Thursday, March 18, 1993 at Tidewater Community College, Norfolk, VA, 804-627-0191. The topic will be: The First Year of the Patient Self-Determination Act—Sharing Our Experiences and Impressions. For more information about these or other Network activities, contact Henry Silverman, 706-6250, or Diane Hoffman, 706-7191. Anyone is welcome to attend.

Outpatient DNR Orders

Cont. from page 1

The information in this newsletter is not intended to provide legal advice or opinion and should not be acted upon without consulting an attorney. Lewis Breschi, M.D.

The Institutional Ethics Committee Newsletter

The Institutional Ethics Committee Newsletter is published quarterly by the Mid-Atlantic Ethics Committee Newsletter. It is distributed free of charge to all members of the Ethics Committee Network. The newsletter is also available for a nominal fee to non-members. For further information, contact Diane E. Hoffman, M.D., L.S., Editor, 410-706-7291 or 410-706-7239.
On November 18, 1992, the Maryland General Assembly passed Senate Bill 297, a new law in the Commonwealth

that was codified as § 17-601 of the Emergency Medical Services Act of 1975, as amended.

The law, referred to as the "EMS Law," provides for the establishment of an EMS system in each county and for the provision of emergency medical services by volunteer or paid personnel. The law also establishes the Maryland Emergency Medical Services Commission, which oversees the EMS system.

The law authorizes the Governor to designate an official emergency medical services provider for each county. The provider is responsible for establishing and maintaining an EMS system that meets the needs of the county.

The law also establishes a system for the certification of emergency medical technicians and paramedics, as well as the licensing of emergency medical services providers.

The law requires that all emergency medical services providers be registered with the Maryland Emergency Medical Services Commission.

The law also establishes the Maryland Emergency Medical Services Board, which is responsible for the administration and enforcement of the EMS Act.

The law also establishes the Maryland EMS Academy, which is responsible for training and certifying emergency medical technicians and paramedics.

The law also establishes a system for the reimbursement of emergency medical services providers.

The law also establishes a system for thecollection of data on emergency medical services incidents.

The law also establishes a system for the coordination of emergency medical services with other emergency response systems.

The law also establishes a system for the training of emergency medical services providers in the use of personal protective equipment.

The law also establishes a system for the development of a statewide emergency medical services plan.

The law also establishes a system for the development of a statewide emergency medical services plan.
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Factors that would legitimate
whether in this case there was any
remedial self-helping measures, and
whether a person’s competence to
uncover and / or be the subject of
information or evidence is not to
identify the situation.

The case involves a request for
information of opinions and
comments from the Financial
Committee on the case concerned.

Follow-up
Case Consultation

17386

Following the City Hall’s decision to drop the
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WASHINGTON, D.C.

The京津冀
Joint Council

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Presentation

Case

on page 6

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Case
Case Consultation—Follow Up

A 58-year-old woman, with a history of chronic alcohol abuse, was admitted to the hospital on August 20 with upper gastrointestinal bleeding and liver failure. She died severely ill and was taken to surgery on August 22. A total gastrectomy and pyloroplasty was performed.

The ethics committee was notified and requested a response to the case. The committee discussed the case and decided that the patient's treatment was stopped. The family was notified of the decision and the patient was taken off life support.

Dr. John Smith, the attending physician, was quoted as saying, "The patient's quality of life was not improving, and the family was in agreement with the decision to stop treatment."

The patient's family was supportive of the decision and thanked the healthcare team for their care.

The patient's case was presented at a hospital ethics committee meeting. The committee discussed the case and agreed that the decision to stop treatment was appropriate.

The patient's case was also presented at a national ethics conference. The presentation was well received, and the audience was impressed with the committee's decision-making process.

The patient's case was published in a medical journal. The article was well-received by the medical community, and the patient's case was used as an example of effective end-of-life care.

Submitted by:

Dr. Jane Doe, MD

Maryland Hospital
Concerns regarding the quality and appropriateness of care in the hospital setting are not new. However, recent events have heightened awareness of the need for improvement. The focus has shifted from individual patient outcomes to the broader issues of patient safety and quality improvement. This has led to increased scrutiny of hospital systems and procedures. The role of the hospital administrator, the medical director, and the quality improvement team is crucial in addressing these concerns.

The effectiveness of hospital policies and procedures can be evaluated through various means, such as the implementation of quality improvement initiatives, the use of patient satisfaction surveys, and the analysis of adverse event reports. These measures help to identify areas for improvement and guide the development of strategies to enhance patient care.

In addition to addressing immediate concerns, it is important to consider the long-term implications of these issues. The hospital setting is complex, with multiple stakeholders involved in the delivery of care. Collaboration among these groups is essential for effective problem-solving and the implementation of sustainable solutions.

The challenges faced by hospitals today are multifaceted, requiring a multidisciplinary approach to address. The role of nurses, physicians, administrators, and other professionals is critical in ensuring the delivery of high-quality care. Continued vigilance and proactive measures are necessary to maintain the safety and well-being of patients.
Law School Associate Professor

Dr. John H., M.D.

Submitted By

The patient's right to control his own body and receive medical treatment is a fundamental right that should be protected. The concept of informed consent is key to ensuring that patients are aware of the risks and benefits of medical procedures before making a decision. If a physician fails to obtain informed consent, it can be grounds for malpractice. It is important for patients to understand the risks and benefits of any medical procedure before agreeing to undergo it. This is especially true when it comes to serious or life-altering procedures.

In the case of a patient who is unable to provide informed consent due to incapacity, a proxy decision-maker, such as a family member or legal guardian, should be involved. The proxy should be provided with all relevant medical information and should make a decision that is in the best interest of the patient.

The patient's right to privacy is also important to consider. Patients should be able to expect confidentiality when discussing their medical history and treatment options. This can help build trust between the patient and the physician, which is crucial for effective communication and treatment.

In summary, the patient's rights are paramount in any medical decision, and physicians have a duty to respect those rights. It is essential to ensure that patients are fully informed and have the opportunity to participate in decisions that affect their health. This can help promote healthy outcomes and ensure that patients receive the care they deserve.

Case Consultation

Some Additional

Healthcare

Healthcare

Complaints

From a

Additional
Ethics in Health Services

The principle of personal responsibility for ethical behavior is central to the health care profession. Health care professionals are expected to uphold the highest ethical standards in their practice. This includes being honest, fair, and just in all interactions with patients, colleagues, and the public. The book "Ethics in Health Services" by Richard J. Bertram, M.D., M.P.H., Ph.D., is a valuable resource for understanding and applying ethical principles in health care.

The book covers a wide range of topics, including the ethical foundations of health care, the role of the health care provider, and the responsibilities of the health care system. It also addresses contemporary issues such as end-of-life care, research ethics, and the use of technology in health care.

Overall, "Ethics in Health Services" is a comprehensive and thought-provoking read for anyone interested in the ethical challenges facing the health care profession.
ANNOUNCEMENT

The Center for the Study of Primary Care and Family Practice, Medical College of Wisconsin, 8741 W. Wisconsin Park Road, Milwaukee, WI 53226, invites applications from primary care physicians, assistant professors, associate professors, and full professors. The Center for the Study of Primary Care and Family Practice offers a unique combination of primary care training and research opportunities in the clinical sciences and provides a comprehensive program for primary care physicians. The Center is committed to enhancing the quality and accessibility of primary care services in the Milwaukee area. Interested individuals are encouraged to apply by submitting a completed application form to the Center for the Study of Primary Care and Family Practice, Medical College of Wisconsin, 8741 W. Wisconsin Park Road, Milwaukee, WI 53226. Applications must be received by February 1, 1993. The Center for the Study of Primary Care and Family Practice encourages applications from women and minority candidates. For more information, please contact Dr. John R. King, Department of Medicine, Medical College of Wisconsin, 8741 W. Wisconsin Park Road, Milwaukee, WI 53226.
METROPOLITAN WASHINGTON BIOETHICS NETWORK MEETING: \"Ethics Committee Work Together\";

Topic: \"Ethics Committee Work Together\". Metropolitan Washington Bioethics Network Meeting, Children's Hospital, 4:00-5:00 p.m.

More information call (202) 687-3200.

February 27

February 25

February 11

MARCH

March 19-20

March 6-10

MARCH

March 23

April 2

April 1

April 22

April 17

April 16

April 15

The Baltimore Critical Care Medicine Society.

Lecture by John Al Rus, Ph.D., Associate Professor of Bioethics, Albert Einstein College of Medicine, Baltimore, MD. 4:00-5:00 p.m. Sponsored by the Baltimore Area Ethics Committee Network Meeting, Sinai Hospital, 4-30-6:30 p.m. Topic: Holistic Care, (410) 438-2770.

April 1

April 2

March 3

March 1-6
All correspondence, including articles, cases, events, letters should be sent to:
Diane E. Hoffmann,
Editor
The Mid-Atlantic Ethics Committee Newsletter
University of Maryland School of Law
500 West Baltimore Street
Baltimore, MD 21201