

Patient Refusals

Aliases

Against medical advice, refusal of treatment, refusal of transport

Patient Care Goals/Patient Presentation (Overview)

If an individual (or the parent or legal guardian of the individual) refuses care and/or ambulance transport after prehospital providers have been called to the scene, providers should determine the patient's capacity to make decisions.

Patient Management

Assessment

Decision-Making Capacity

- An individual who is alert, oriented, and can understand the circumstances surrounding his/her illness or impairment, as well as the possible risks associated with refusing treatment and/or transport, typically is considered to have decision-making capacity.
- The individual's judgment must also not be significantly impaired by illness, injury, or drugs/alcohol intoxication.

Treatment and Interventions

1. Obtain a complete set of vital signs and complete an initial assessment, paying particular attention to the individual's neurologic and mental status.
2. Determine the individual's capacity to make a valid judgment concerning the extent of his/her illness or injury; if the EMS clinician has doubts about whether the individual has the mental capacity to refuse or if the patient lacks capacity, the EMS clinician should contact medical direction.
3. If patient has capacity, clearly explain to the individual and all responsible parties the possible risks and overall concerns with regards to refusing care and that they may reengage the EMS system if needed.
4. Perform appropriate medical care with the consent of the individual.
5. Complete the patient care report clearly documenting the initial assessment findings and the discussions with all involved individuals regarding the possible consequences of refusing additional prehospital care and/or transportation.

Notes and Educational Pearls Key Considerations

- An adult or emancipated minor who has demonstrated possession of sufficient mental capacity for making decisions has the right to determine the course of his or her medical care, including the refusal of care. Emancipated minors can make decisions regarding their health care.
 - An "emancipated minor" means a minor who is or has been married; a minor who has previously given birth; or a minor who has been legally freed from the care, custody and control of her parents, with little likelihood of returning to the care, custody and control prior to marriage or prior to reaching the age of majority.
- Individuals must be advised of the risks and consequences resulting from refusal of medical care to enable an informed decision regarding consent or refusal of treatment
- . An individual determined to lack decision-making capacity by EMS clinicians should not be allowed to refuse care against medical advice or to be released at the scene. Mental illness, drugs, alcohol intoxication, or physical/mental impairment may significantly impair an individual's decision-making capacity. Individuals who have attempted suicide, verbalized suicidal intent, or had other factors that lead EMS clinicians to suspect suicidal intent, should not be regarded as having demonstrated sufficient decision-making capacity; contact medical control or law enforcement for assistance.

- The determination of decision-making capacity may be challenged by communication barriers or cultural differences.
- EMS providers should not put themselves in danger by attempting to treat and/or transport an individual who refuses care. Law enforcement personnel should be requested if needed
- Always act in the best interest of the patient. EMS clinicians, with the support of direct medical oversight, must strike a balance between abandoning the patient and forcing care.

Special Considerations—Minors

- It is preferable for minors to have a parent or legal guardian who can provide consent for treatment on behalf of the child.
- Wisconsin allows health care clinicians to provide emergency treatment of life-threatening conditions when a parent is not available to provide consent. This is known as the emergency exception rule or the doctrine of implied consent. For minors, this doctrine means that the EMS clinician can presume consent and proceed with appropriate treatment and transport if the following six conditions are met:
 - The child is suffering from an emergent condition that places their life or health in danger.
 - The child's legal guardian is unavailable or unable to provide consent for treatment or transport.
 - Treatment or transport cannot be safely delayed until consent can be obtained.
 - The EMS clinician administers only treatment for emergency conditions that pose an immediate threat to the child.
 - As a rule, when the EMS clinician's authority to act is in doubt, EMS clinicians should always do what they believe to be in the best interest of the minor.
 - If a minor is injured or ill and no parent contact is possible, the EMS clinician may contact medical direction for additional instructions.

Quality Improvement

Associated NEMSIS Protocol(s) (eProtocol.01)

9914189—General-Refusal of Care

Key Documentation Elements

- Document patient capacity with:
 - Any and all barriers to patient care in the NEMSIS element "eHistory.01 - Barriers to Patient Care" (a Required National Element of NEMSIS).
 - Exam fields for "eExam.19 - Mental Status" and "eExam.20 - Neurological Assessment."
 - Vitals for level of responsiveness and Glasgow Coma Scale.
 - Alcohol and drug use indicators.
 - Blood glucose level (as appropriate to situation and patient history).
- Patient age
- Guardian name, contact, and relationship (for minors who are not emancipated and adults with a legal guardian)
- Any efforts made to contact guardians if contact could not be made
- What the patient's plan is after refusal of care and/or transport
- Who will be with the patient after EMS departs
- Notes that patient was advised that they can change their mind and EMS can be contacted again at any time
- Notes that patient was advised of possible risks to their health resulting from refusing care and/or transport
- Notes that patient voices understanding of risks. A quotation of the patient's actual words, stating they understand, is best
- Reason for patient refusing care. A quotation of the patient's actual words, stating they understand,

is best

- On-line medical control contact
- Any assessments and treatments performed

Performance Measures

- Patient decision-making capacity was determined and documented
- On-line medical control was contacted as indicated by EMS agency protocol
- Guardians contacted or efforts to contact the guardians for minor patients who are not or cannot be confirmed to be emancipated

References

1. Refusal of Medical Aid (RMA). Acep.org. [https://www.acep.org/Clinical---Practice-Management/Refusal-of-Medical-Aid-\(RMA\)/](https://www.acep.org/Clinical---Practice-Management/Refusal-of-Medical-Aid-(RMA)/). Revised October 2015. Accessed August 21, 2017.