

Nothing to fear for 'good Samaritan' doctors who assist medical emergencies

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Experts at this year's Euroanaesthesia congress in Geneva (3-5 June) will look at what can happen when doctors are called on to help with a medical emergency (for example on board an aircraft, a so called 'good Samaritan' act) and says that and says that as long as they do their best, they can be confident it is very unlikely that legal action will be taken against them.

In his talk titled "Good Samaritan laws in Europe and their implications for doctors", Dr Adam Sandell, who works as both a barrister (Matrix Chambers, London, UK) and as a general practitioner across Cumbria and Lancashire in the UK, will say it is practically unheard of for successful <u>legal action</u> to have been taken against doctors who have in good faith come to the aid of someone in distress on an aircraft or other emergency.

Dr Sandell will also discuss the issues around a doctor's duty to help, not just his or her ability to. The law of the country where the plane is registered applies when the plane is airborne. He says: "The law of most (if not all) continental European countries (civil law jurisdictions) would require you to assist in an emergency, if you're reasonably able to do so. The law in common law jurisdictions, including England and Wales and the Republic of Ireland, does not require you to assist."

However he adds: "If you are a doctor, then, wherever you're from, it's likely that your professional code of conduct requires you to offer assistance in an emergency so you may be in trouble with your regulator



(in the UK, the General Medical Council) if you did not assist. Of course, it's reasonable to expect that in almost all circumstances a doctor called on to help would do so."

If in a situation such as this the person who received treatment (or their family) decided to sue the good Samaritan doctor for some reason, Dr Sandell says there would be little prospect of success. He says: "In principle the patient or their family could sue. However, most countries have significant protections for people who offer assistance in good faith in emergencies and who aren't grossly negligent. This is born out in practice: successful claims against doctors who have offered help in good faith in an emergency of this nature are practically unheard of. So any doctor who doesn't do something very stupid indeed can be confident of not being sued."

He adds: "Should such a claim be brought there may be several jurisdictions in which it could be brought and a canny claimant lawyer would consider the jurisdiction that's most claimant-friendly in cases like this. But it's still very unlikely indeed."

Any sensible doctor should, says Dr Sandell, have medical indemnity insurance that covers Good Samaritan acts like this worldwide; and insurers that provide insurance for doctors often make provision for this. But international law may also make the airline liable if the airline has requested the doctor's assistance, so it might be that any claim would be brought against the airline rather than the doctor.

The doctor should also not ask for a fee, and should do all the things he or she would do in a healthcare environment, such as proper assessment of the patient, making written records, and ensuring contact details are exchanged. Dr Sandell adds: "Some of these things are often forgotten in these unusual emergencies. You also ought to ensure that your patient knows who you are and what your qualifications and expertise are. For



example, if you are retired or not qualified to practise in the jurisdiction, you should say so. And in these situations it's important to be clear who is in charge, which often isn't clear when—as often happens —several volunteer <u>doctors</u> appear to help."

Provided by European Society of Anaesthesiology

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