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The legal and medical aspect of aid provided to patients under the influence of alcohol

Aspekt prawny i medyczny udzielania pomocy pacjentom pod wpływem alkoholu

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Summary

Emergency medical services (EMS) teams and hospital emergency wards (HEW) are responsible for health care in terms of preliminary diagnosis and treatment that is necessary to establish vital functions of patients in medical emergency. According to available statistics, rescue team interventions regarding unsober individuals constitute a significant percentage of all interventions. The diagnosis and treatment of a patient under the influence of alcohol is a specific case, not only from the medical point of view but also legally. Proper diagnosis may be hindered by alcohol which often masks signs of life-threatening disorders. Therefore, it is vital to implement extensive and very profound diagnosis towards patients under the influence of alcohol, especially in craniocerebral injuries. This procedure is also highly difficult to implement from the legal point of view since contact with the patient is hindered or even impossible. The patient may be aggressive or reluctant to cooperate. It is significant that there are still no sufficient procedures or algorithms for medical staff to be applied in such instances. Nevertheless, the common use of alcohol in Poland and the scale of services provided to unsober patients by paramedics in emergency medical services and hospital emergency wards demonstrates that explicit legal regulations must need to be introduced in this area.

Streszczenie

Zespoły ratownictwa medycznego (ZRM) oraz szpitalne oddziały ratunkowe (SOR) udzielają świadczeń opieki zdrowotnej polegających na wstępnej diagnostyce oraz podjęciu leczenia w zakresie niezbędnym dla stabilizacji funkcji życiowych osób, które znalazły się w stanie nagłego zagrożenia zdrowotnego. Zgodnie z dostępnymi danymi statystycznymi istotna część interwencji zespołów ratownictwa medycznego to interwencje do osób nietrzeźwych.

Diagnostyka i terapia pacjenta znajdującego się pod wpływem alkoholu jest szczególnym zagadnieniem, tak w ujęciu medycznym, jak również w ujęciu prawnym. Alkohol stanowi czynnik utrudniający postępowanie diagnostyczne, a niejednokrotnie również maskujący objawy schorzeń zagrażających życiu, dlatego też w przypadku pacjentów pod wpływem alkoholu, szczególnie z urazami czaszkowo-mózgowymi, konieczne jest wdrożenie szerokiej i bardzo wnikliwej diagnostyki. Również w aspekcie prawnym postępowanie to przysparza szczególnych trudności, przede wszystkim ze względu na utrudniony, a czasem wręcz uniemożliwiony kontakt z pacjentem, agresję pacjenta oraz jego niechęć do współpracy. Nie bez znaczenia w tym kontekście jest również fakt, że wciąż brak jest jednoznacznych wytycznych czy algorytmów postępowania personelu medycznego w kontakcie z pacjentem pod wpływem alkoholu. Niemniej jednak powszechność alkoholu w Polsce oraz skala zjawiska udzielania pomocy nietrzeźwym przez zespoły ratownictwa medycznego oraz w ramach szpitalnych oddziałów ratunkowych wskazuje na konieczność wypracowania jednoznacznych uregulowań prawnych w tym zakresie.

INTRODUCTION

According to data presented by the World Health Organization (WHO), the misuse of alcohol leads to even 2.5 million deaths around the world annually. WHO specialists emphasize that 9% of this group (around 320 thousand people) are young people between 15 and 29 years of age (1). It is estimated that over 4% of deaths in the world are strictly associated with alcohol, mostly in men (1). The consumption of alcohol is commonly tolerated in the Polish culture and often forms an integral part of social gatherings, festivals and other feasts. Moreover, the use of high-percentage alcohol is a Polish tradition. As a result, the excessive alcohol consumption is a vital social and health concern in Poland (2).

Alcohol is a casual factor of around sixty diseases and an evoking component of two hundred other disorders and injuries (3). Most frequently, patients with alcohol poisoning are assisted by emergency medical services teams, hospital emergency wards and admission room staff (3, 4).

Emergency medical services (zespoły ratownictwa medycznego) teams belong to state emergency medical services (Państwowe Ratownictwo Medyczne) and provide exclusively emergency health care to individuals in non-hospital conditions. In comparison, health care provided by hospital emergency wards (HEW) includes preliminary diagnosis and necessary treatment to establish vital functions of individuals in medical emergency. The basic objective of hospital emergency wards is to assist patients that require immediate admission in order to establish their vital functions, prepare preliminary diagnosis and treat sudden disease outbreaks, poisonings, bleedings and injuries (5).

THE MEDICAL ASPECT OF PROVIDING HEALTH CARE TO PATIENTS UNDER THE INFLUENCE OF ALCOHOL

Not only does alcohol often discourage the patient from cooperation with emergency medical services team or physicians at the hospital emergency ward, but above all it hinders communication and distorts the chronology of events that led to medical intervention. Another significant fact is that in many instances alcohol masks the signs of actual diseases and pathologies that may threaten the patient's health or life. Slurred speech is characteristic of the state of alcohol intoxication, but it could also indicate brain damage. A number of other signs that are normally associated with excessive alcohol consumption may in fact signal serious disorders. It is remarkable that alcohol consumption and intoxication can contribute to complete masking of signs (4).

Because of these, diagnostic-therapeutic procedures should be particularly in-depth and cautious in relation to patients under the influence of alcohol, especially when the patient was injured. According to specialists, EMS and HEW staff who are the first to assist patients in life-threatening conditions encounter most difficulties. The situation is aggravated by the fact that no clear and explicit standards of conduct or procedures to be followed by the medical staff while dealing with a patient under the influence of alcohol have been formulated so far. Medical staff ought to perform in-depth physical examination and take medical history for each patient under the influence of alcohol. If medical staff members have direct contact with the patient, they are also supposed to collect accurate data regarding previous disorders and assess the patient's clinical state, as long as it is possible (6).

Patients under the influence of alcohol and diagnosed with head injury require computed tomography scanning that exposes potential changes in the skeletal system as well as in the brain structure. If computed tomography scanning cannot be performed, x-ray imaging should be performed immediately in three projections: anterior-posterior, lateral and Towne projection that presents the whole occipital bone (4, 6).

Alcohol may mask the clinical signs of the central nervous system damage. A patient under its influence should remain under 24-hour observation to confirm or exclude traumatic lesions in skull structure or brain, resulting from an accident or injury (6).

A significant aspect of medical aid for a patient under the influence of alcohol is blood collection to determine the blood alcohol content. There are situations where patients with head injuries present signs of consuming large amounts of alcohol despite data obtained from the examination. This discrepancy may indicate brain lesions. In many cases, neurological and neurosurgical consultation is also necessary (3).

It is commonly known that consuming large amounts of alcohol impedes the clarity of thought and situational

awareness. Therefore, medical staff dealing directly with an individual under the influence of alcohol ought to encourage the patient to remain on observation or undergo further examination, using any available means. Due to alcohol intoxication, the patient may behave inadequately to his or her medical condition, be reluctant to cooperate or disagree on any health services (3, 6).

The assessment of a patient under the influence of alcohol belongs to the most demanding tasks of EMS. The standard examination of the patient, i.e. ABCDE approach (airway, breathing, circulation, disability, exposure) or examination for injuries is not satisfactory at this stage. The evaluation of consciousness and awareness forms one of initial steps in the patient's assessment. Awareness is a physical condition of the central nervous system, where the individual is awake (consciousness) and aware of the internal and external processes (content of awareness). The common scale of patient's consciousness evaluation – Glasgow Coma Scale – cannot be applied as a proper diagnosis tool in relation to an individual under the influence of alcohol. Relevant contemporary sources state that the five-grade Matthew-Lawson scale can be applied to assess the patient promptly (tab. 1).

Tab. 1. Matthew-Lawson scale

Level	Description
0	No disorders
I	Falling asleep but responding to voices
II	Unconscious, responding to weak pain stimuli – slight pressing on sternum, pinching of deltoid muscle
III	Unconscious, responding to firm and pain stimuli – firm pressing on sternum
IV	Unconscious, not responding to pain stimuli and/or with disorders of the respiratory and circulatory system

It should be emphasized that the assessment of patient's awareness after alcohol consumption determines further treatment. The decisions regarding patient's own or others' health condition can be taken only by a fully aware person, which may concern e.g. legal guardians of juveniles.

THE LEGAL ASPECT OF AID PROVIDED TO A PATIENT UNDER THE INFLUENCE OF ALCOHOL

Relevant sources demonstrate that no explicit legal regulations have been introduced in the field of health care provision to a patient under the influence of alcohol. As it was mentioned above, there are no codified rules of diagnostic and therapeutic procedures for patients under the influence of alcohol. Neither the Act on Medical Activity (7) nor the Act on Publicly Funded Health Care Benefits (8) discuss the subject. The Act on Upbringing in Sobriety and Prevention of Alcoholism was assumed to comprehensively regulate the issue presented in this paper (9). Unfortunately, by no means does it concern patients under the influence of alcohol. Although specialists emphasize that each case must be examined individually, it is possible to define certain general rules. Above all, medical staff should perform diagnostic-therapeutic procedures for unsober patients with due exactitude. Regardless of whether health care workers provide services based on a contract with the patient, health insurance or as a reliability, Art. 355 § 1 of the Civil Code (10) applies as a regulation on due exactitude. Paramedics and physicians in EMS or HEW teams are obliged to perform their duties with diligence required in specified relationships, i.e. to demonstrate due exactitude. The scope of criminal responsibility also encompasses acts committed unintentionally. In the current context, these include failure to provide sufficient care and assistance as well as caution necessary in specified circumstances.

According to Article 8 of the Medical Code of Ethics (11), physicians should conduct all diagnostic, therapeutic and preventive procedures with due exactitude, devoting the necessary time. Furthermore, Art. 1 of the Paramedic Code of Ethics states that a paramedic should perform rescue procedures based on the latest knowledge and with the utmost exactitude for every individual in life and health emergency, regardless their age, race, religion, nationality, beliefs, financial status and other differences (12).

The society has established a view that paramedics, nurses and physicians ought to act with increased diligence. These expectations derive from the professional character of their activities and the object of their work.

Due to the assumption that medical staff should treat an intoxicated patient equally to other patients and approach them with due exactitude, HEW paramedics and physicians are required to establish whether the patient is capable of deciding about oneself (13).

There are two possible scenarios concerning unsober patients. In the first one, the health care employee may find the patient under the influence of alcohol capable of making decisions. Any decision of the patient must be respected by the medical staff even if they refuse consent to health care, diagnostic examination or observation. In practice, if the patient refuses hospital treatment, stay at HEW or ESW services, the health care employee is obliged to describe the situation, provide any necessary treatment and record the following information in the medical report (13):

- the fact that the patient is under the influence of alcohol,
- failure to measure blood alcohol content due to the refusal of the patient,
- continuous verbal and logical contact with the patient while providing medical aid,
- patient's refusal to services, stay at HEW or hospital ward,
- the fact that the patient has been informed about the risk related to leaving HEW or refusal of hospital treatment,
- an attempt to convince the patient to change their decision.

Contact with the patient may lead the physician or paramedic to the conclusion that the individual con-

sumed such an amount of alcohol that he or she is unable to decide about oneself. Therefore, the patient can be approached as a person with decreased awareness and unable to agree or refuse treatment. When the patient is under the influence of alcohol and demonstrates decreased awareness, a paramedic, nurse and physician are obliged to provide all necessary health services to rescue life. Further services, if possible, may be postponed until the patient sobers up (13).

It should be emphasized that according to Art. 31 Sect. 6 of the Act on the Medical and Dentist Profession (14), the physician is obliged to provide the patient with intelligible information about health condition, diagnosis, recommended and possible diagnostic and curative measures, predictable consequences of their application or abandonment unless the patient is under 16 years of age, unconscious or unable to understand the meaning of provided information. Although the interpretation of the phrase 'unable to understand the meaning of provided information' is not explained by the legislator neither in the quoted act or any other legal acts, it can be assumed that the patient under the influence of alcohol and incapable of deciding about oneself is also unable to understand information about one's health condition.

According to the doctrine, incapability to understand the meaning of information is the health condition which prevents the reception of external stimuli and adequate response.

If a patient under the influence of alcohol attempts to escape or is aggressive, it might be necessary to call the police. At the same time, the patient must not be detained by force at HEW or any hospital ward unless their behaviour justifies the use of direct coercion.

However, it is substantial that direct coercion is legally permissible to be applied by physicians in particular circumstances, especially in hospitals, at psychiatric wards and detoxification detention centres. Therefore, every time direct coercion is used by another hospital ward, HEW or paramedic staff, it should be justified by exceptional situation, motivated and described in detail (13, 14).

In practice, when the patient under the influence of alcohol refuses hospital treatment or escapes from HEW, the incident must be described with information about provided health services and annotations concerning (13):

- health condition of the patient, the influence of alcohol and his or her behaviour – slurred speech, staggering, difficult/impossible contact with the patient,
- attempts to convince the patient to remain at HEW,
- informing the patient about the necessity of further examinations,
- the fact that the patient left HEW voluntarily, without notifying anyone,
- the fact that the police was informed that the unsober patient left HEW voluntarily and that diagnostic and therapeutic proceedings need to be continued.

CONCLUSIONS

The diagnosis and treatment of a patient under the influence of alcohol is a specific case, not only from the medical point of view but also legally. Proper diagnosis may be hindered by alcohol which often masks signs of life-threatening disorders. Therefore, it is vital to implement extensive and very profound diagnosis towards patients under the influence of alcohol, especially in craniocerebral injuries. This procedure is also highly difficult to implement from the legal point of view since contact with the patient is hindered or even impossible. The patient may be aggressive or reluctant to cooperate. It is significant that there are still no sufficient procedures or algorithms for medical staff to be applied in such instances. Nevertheless, the common use of alcohol in Poland and the scale of services provided to unsober patients by paramedics in emergency medical services and hospital emergency wards demonstrates that explicit legal regulations need to be introduced in this area.

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