Legal Medicine

Legal medicine, now often called health care law, has grown to become a legal specialty. In the United States, legal medicine encompasses statute and common law, administrative regulation, and ethical constraints which regulate the practice of medicine.

Residents will understand the following concepts and know how they affect medical practice:

- Patient rights: informed consent, confidentiality
- Advance directives and DNR Orders
- Standards of practice, local and national, including practice guidelines
- Reporting requirements regarding domestic violence, elder abuse, neglect
- When to seek legal counsel
- Elements of a lawsuit: pre-suit notification; complaint or summons; discovery; depositions; trial; settlement
- Specific state law
- Malpractice: insurance coverage, what it is, actions to take if sued
- Risk management: importance of documentation; communication with patient and family
- Managed care: liability, appeal process, disclosure to patients
- National Practitioner Data Base

Residents acquire much of their understanding of legal medicine from discussions during Morning Report, on rounds, during procedures, and while caring for ambulatory patients. Formal teaching conferences are regularly presented by physicians and hospital attorneys. Traditional case-based teaching methods can then expand on this core material.


2. (Prosser is THE legal guru of Torts) 1993 OHIO case Moskovitz, et al., -v-Mt. Sinai Medical Center et al (69 Ohio St.3d 638, 635 N.E. 2d 331).

3. Medical Institute’s recent report “To Err is Human: Working Toward a Safer Health System” and the rebuttle by AHA.


Books

Grand Rounds on Medical Malpractice, Campion FX, 1990; AMA Publications.
### Competencies for Legal Medicine

<table>
<thead>
<tr>
<th>Competency</th>
<th>Learn in a seminar or conference</th>
<th>Learn as part of a clinical rotation</th>
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<tbody>
<tr>
<td>Know the legal definition of privacy and its implications for medical care</td>
<td>X</td>
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<tr>
<td>Discriminate correctly among requests to breach the confidentiality of patient records</td>
<td>X</td>
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<td>Identify patients who are incompetent to direct their own care, and which of their surrogates are legally empowered to direct the patient’s care</td>
<td>X</td>
<td>Geriatrics</td>
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<td>Implement advance directives for end-of-life medical care</td>
<td>X</td>
<td>All rotations</td>
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<td>Know the ethical and statutory constraints on the withdrawal or withholding of treatment</td>
<td>X</td>
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<td>Practice the methods of personal risk management (documentation, communication and instruction, informed consent, and follow-up) to avoid frivolous claims of malpractice</td>
<td>X</td>
<td>Continuity and general internist offices</td>
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<tr>
<td>Know statutory requirements to report events (for example, death, reportable diseases, abuse, and neglect) to civil authorities and know how to respond in order to ensure compliance with these regulations</td>
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<td>Know the administrative regulations that govern medical practice and know how to respond in order to be in compliance</td>
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<tr>
<td>Know the principles of business law that affect the practice of medicine*</td>
<td>X</td>
<td>Certain private</td>
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<td>Know how bioethics and legal medicine relate to one another</td>
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Illustrative Clinical Settings: Any clinical setting, but particularly those that involve conflicts that require the application of legal medicine principles for resolution.

*Elective

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