

This ringbound book presents a reproduction of an important U.S. Army Correspondence Course reference, Introduction Health Care Ethics (Volume Two) - Army Medical Department Course Student Self-Study Guide. These medical courses were developed by the U.S. Army Medical Department Center and School at Fort Sam Houston, Texas. Contents include: LESSON 1 Patient Consent. LESSON OBJECTIVES Upon completion of this lesson, you should be able to: 1-1. Identify types of consent: implied, express, and informed. 1-2. Identify advantages of written express consent over oral express consent. 1-3. Identify situations in which written consent to medical treatment is required. 1-4. Identify situations in which consent is not required to treat a service member on active duty. 1-5. Identify other exceptions to the consent requirement. 1-6. Identify situations in which substitute consent must be obtained from persons other than the patient. 1-7. Identify five elements of informed consent. 1-8. Identify elements of disclosure and exceptions to disclosure 1-9. Identify conditions for applying therapeutic privilege. 1-10. Identify the definitions of a mature minor and an emancipated minor. 1-11. Identify consent for mature and emancipated minors. 1-12. Identify situations in which the extension doctrine of consent may be appropriately applied. The Patients Right to Know the Potential Risks and Benefits. Principle 13 of the Patients Bill of Rights covers the concept of patient consent: The patient has a legal right to refuse any particular drug, test, procedure, or treatment. Today, more than ever, with the many new, complex, and relatively untried diagnostic and therapeutic procedures available, it is important to make certain that patients give their consent to procedures with an understanding of the risks and benefits. It is not just the complex procedures that pose risks. Even simple procedures can present problems. Infection may be introduced by a needle; sudden death may follow the intravenous administration of such relatively inert substances as dehydrochloric acid. No agent that can modify the internal environment of the body can be used without hazard. Entry by needles or other instruments into tissues, vessels, or cavities of the body involves risk of infection. Medical Malpractice Lawsuits. Patient consent is an area in which the potential for legal liability is great. Acquainting yourself with consent requirements will minimize the Armys risk of liability. Lesson Scope. This lesson covers the various types of consent, the requirements for informed consent, standards of disclosure, exceptions to disclosure, and the decision-making role of patients and their representatives. MEDICAL MALPRACTICE - The frequency of medical malpractice claims in the United States (US) (number of claims per 100 physicians) rose at an average of ten percent a year between 1975 and 1985, reaching a level of 0.163 percent by 1986. Frequency varied widely by specialty and state. Claims against obstetricians and other high-risk surgical specialties were two to three times the average for all specialties. Among six states surveyed by the General Accounting Office, claim frequency per 100 physicians ranged from 8.6 in Arkansas to 35.7 in New York. By 1986, the typical payment was about \$20,000. But, 50 percent of the dollars paid were on five percent of all claims, reflecting the minority of cases involving permanent disability or death for which the awards are larger. Malpractice insurance costs have risen commensurately. Costs in Canada and the U.K. where legal systems tend to favor potential plaintiffs less than our system have increased just as dramatically.

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