I. **POLICY**

Medical control of an emergency scene should be the responsibility of the individual in attendance who is most appropriately trained and knowledgeable in providing prehospital emergency stabilization and transportation. When an Advanced Life Support (ALS) vehicle under medical direction from an EMS System physician is requested and dispatched to the scene of an emergency, a surrogate doctor/patient relationship has been established between the patient and the physician providing medical direction. EMS personnel are responsible for out-of-hospital patient assessment and management, and act as agents of the EMS Medical Director (EMS MD) or his designee unless the patient's personal physician is present (ACEP, 2001).

II. **PROCEDURE**

A. If a professed, duly licensed, medical professional (physician/dentist/nurse - hereinafter collectively referred to as physician) wishes to participate in out-of-hospital patient care to which an EMS agency has responded, and the physician is not the patient's personal physician, EMS personnel may allow such a person to perform specific required medical interventions to aid the patient, i.e., start an I.V.; perform CPR, intubate, etc. under their direct supervision. EMS personnel shall communicate with the nearest system Resource or Associate hospital and inform the base-station physician or ECRN about the assistance of an on-scene physician or nurse.

B. If the on-scene physician has properly identified him or herself, is not the patient's personal physician, and wishes to direct patient care, he/she must agree in advance to assume legal responsibility for the patient and must accompany the patient to the hospital in the ambulance.

C. Even under these circumstances, if such physician gives orders while on scene or enroute for procedures or interventions that the EMS personnel believe to be unreasonable, medically inaccurate and/or not within their scope of practice, they should refuse to follow such orders. They should immediately communicate with the appropriate system hospital and transfer medical control for the patient's care to the system-approved emergency physician at that facility.

D. EMS personnel must never comply with any order or assist in performing any procedure initiated by an on-scene physician that would pose a foreseeable hazard to the patient.

E. If an on-scene physician has identified him or herself as not being the patient's personal physician and obstructs efforts of EMS personnel to aid a patient for whom they are called; or insists on rendering patient care that EMS personnel believe to be inappropriate for the circumstances or in violation of system standards to the point of obstructing good and reasonable patient care; EMS personnel should:

1. communicate the situation to the appropriate system hospital via UHF radio/cellular phone.
2. have one EMS team member divert the interfering on-scene physician while the other EMS members attend to the patient.
3. request police assistance to restrain the involved physician so EMS personnel can continue to provide patient care according to system protocol.
4. document the behavior of the on-scene physician on the EMS patient care report.

F. Because responsibility for the patient rests with the EMS MD or his designee, System MICP orders should predominate in case of conflict (subject to override provisions as per usual and customary procedure).

G. An on-scene physician, not the patient's personal physician, does not automatically supersede the authority of EMS personnel. Once a system-patient relationship is established, the system physician-patient relationship and written system protocols and standing orders provide the legal basis for prehospital care.

III. **PERSONAL PHYSICIANS**

A. The above guidelines **DO NOT** apply if the patient's personal physician is present on the scene. EMS personnel should comply with all medical orders issued by the personal physician as long as they are reasonable, medically accurate, and within their scope of practice.

B. If the personal physician gives orders that EMS personnel believe to be unreasonable, medically inaccurate, unethical, and/or not within their scope of practice, they **DO NOT HAVE TO DO THAT WHICH THEY KNOW BY THEIR TRAINING, SKILL AND EXPERIENCE WOULD BE DETRIMENTAL OR HARMFUL TO THE PATIENT AND MAY REFUSE TO IMPLEMENT SUCH AN ORDER**.

C. EMS personnel should attempt to remove the patient to the ambulance as soon as possible. They should **NOT** join in a confrontation with the personal physician unless all attempts at initiating reasonable care have failed. Rather, they should quickly assess the patient in the ambulance, establish radio telemetry communication with the designated system hospital, and explain the situation to base-station personnel. Place the base-station physician in direct communication with the personal physician to discuss the patient's management.

D. If the patient's condition changes while enroute to the hospital, immediately provide necessary care per SOPs. On-line medical control shall be assumed by the physician with whom voice contact is established.

E. Any treatment rendered by the personal physician or changes in the patient's condition must be documented on the EMS patient care report.

IV. **BOTTOM LINE:** EMS personnel have a responsibility to patients for whom they are called to render care and have a professional duty to function to the level of their training, skill and licensure. This duty cannot be delegated or discharged to another person except to one with comparable or higher level of professional preparation and licensure and appropriate prehospital practice privileges.

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