General Principles:

When mentally competent patients refuse or revoke consent, they are exercising their right to terminate the medical relationship with prehospital providers. Patients who are thinking clearly, acting rationally and have minimal illness or injury must be allowed to refuse all or part of the care offered and/or transport. Good documentation of competency and minor nature of the problem are very important in any refusal of care or transport. Incompetent patients cannot refuse care. They must either be transported by EMS or law enforcement. In rare cases an incompetent patient may be at home with family and it may be appropriate for family to observe or transport that patient. These decisions can be more complicated and require consultation with and approval of medical control.

Definition: Competent Patient

Because an oriented patient may not necessarily possess the ability to process information effectively, patient assessment must also include the patient's comprehension abilities if refusing transport. The patient should be able to demonstrate a capability to understand:

1. The nature of the condition.
2. The risks and benefits of the proposed treatment.
3. The risks and benefits of refusing care.

Alcohol, opiates, and mental illness make the decision of competency more difficult and should involve communication with medical control. Patients who are suicidal or self-destructive are not considered competent to refuse care and transport.

If a reasonable person would consent to transport given similar circumstances, the patient should be transported if at all possible. With mentally incompetent patients, use law enforcement assistance when necessary. Both EMS providers and law enforcement are protected by the "good faith" rule in the state of Colorado.

Minors are not considered competent adults unless they meet the criterion under emancipated minor (see #4 in this protocol). If the minor has consented to a medical relationship, it is best to err on the side of transport than allow a minor to refuse transport.

Definition: Medical Relationship

A medical relationship has been established if the patient, family member, bystander or law enforcement has activated EMS and the patient has allowed an exam to be started. A medical relationship also

exists if the incompetent patient is attempting to refuse a necessary exam or treatment.

Procedure:

1) Termination of the Medical Relationship:
   a. Non-licensed medical providers (such as emergency medical technicians of all levels and registered nurses working in the prehospital setting under a physician license) do not have the authority to terminate the medical relationship once established without an agency protocol that allows such termination in certain circumstances without physician contact. Base contact with medical control, however, remains the gold standard for terminating the medical relationship.
   b. The competent patient with a minor problem may refuse transport and terminate the medical relationship without the approval of medical control if the following are met:
      i) The problem or complaint is obviously minor.
      ii) There are no significant chronic diseases that complicate the problem.
      iii) The vital signs fall in normal parameters.
         (1) Adult BP systolic less than 200 and greater than 100.
         (2) Adult HR less than 120 and greater than 50.
         (3) Pediatric BP within the Braslow tape norm.
         (4) Pediatric HR within the Braslow tape norm.
      iv) The medic documents patient mental competency in the narrative.
      v) The patient is given advice about the possible dangers associated with their decision and told to access EMS again should the problem worsen. This information is documented in the narrative.
      vi) The patient signs the refusal of transport form as described in section 6, Refusal Documentation.
2) Refusal of Consent when Treatment/Transport is Prudent:
   a. Mentally competent patients who have significant illness or injury who adamantly refuse treatment and transport are more troubling. Prehospital personnel must make every reasonable effort to inform the patient of their suspected condition and the

implications of their decision. This may include time consuming deliberation, if necessary. Medics should:

i) Allow the provider who has established the best possible rapport with the patient to communicate with the patient.

ii) Explain the nature of the emergency and the risks and benefits of both treatment and refusal; then ask patient to use their own words to explain what they have been told to determine if they understand all three elements.

iii) Enlist the help of family members or friends to convince the patient, or recognize when such intervention is not helpful and manage that aspect.

iv) Utilize the ED or medical control as a resource to help convince the patient to consent.

b. Mentally competent adults who refuse consent for treatment/transport have the right to make their own medical treatment decisions even if such refusal might result in severe deterioration or death. In this event, the following are required:

i) Repeated attempts to convince the patient in front of witnesses.

ii) Consultation with the base station physician.

iii) Have, or attempt to have patient or surrogate speak directly with the base station physician.

iv) A reasonable attempt to have the patient sign the refusal of care document after it has been explained to them in front of at least one witness. This must also be signed by a witness, preferably not another medical provider.

v) When the patient refuses to sign the document, the refusal form should be filled out and "refused to sign" written on it, then again witnessed.

vi) Make a reasonable attempt to have a family member or friend take responsibility for the patient.

vii) Patients in the custody of law enforcement can refuse treatment and transport.

c. Incompetent patients cannot refuse care and transport. However, if the problem or complaint is minor and law enforcement is available and willing to transport, it may be used in place of EMS, and without consult with medical control, if:

Refusal of Care

i) The problem is obviously minor.

ii) There are no significant chronic diseases that complicate the problem.

iii) The vital signs are within the normal ranges (described above).

iv) Law enforcement agrees to take responsibility for the patient.

d. When the incompetent patient refuses transport, law enforcement will be contacted and used to ensure a successful transport. The use of physical or pharmacologic restraint should be considered. (See protocol: Violent Patients).

3) Patient consents to transport but refuses specific treatments.

Mentally competent adults who refuse consent for treatments (i.e. IV access, medications, spinal precautions, etc) but agree to transport usually present less of an issue to EMS providers because at the very least they are being transported to the hospital. In this event the following are recommended:

a. Explain the treatment or procedure and its benefits thoroughly.

b. Explain the risks associated with refusing the treatment or procedure.

c. Use tactics to convince the patient, such as enlisting family or friends and base station consultation, if necessary.

d. Communicate the treatment refusal during the initial patient report from the field and during the bedside report.

e. Thoroughly document all of the above in the patient report.

4) Minors.

EMS calls for minor injuries or illnesses with children also create challenges related to consent. Patients under the age of 18 years, or over 18 but still attending high school and living at home--unless emancipated--must have a legally responsible representative make the decisions regarding termination of their medical care, such as:

a. A parent.

b. A grandparent.

c. A sibling 18 years or older.

d. A legal guardian.

e. A legal proxy, such as an adult leader or counselor, preferably with a "consent for medical treatment" form signed by a parent, if possible.

Minors who do not require parent or surrogate consent:

a. Emancipated by court decree.

b. Married, separated, or divorced.

c. 15 years or older and living separately from parents and managing their own affairs

d. 12 years or older and suffering from a reportable illness or substance abuse.

e. Pregnant and in need of pregnancy related care.

f. Victim of sexual assault.

g. Active military duty.

h. A medical emergency and contact with a parent or surrogate is not feasible.

With minor injuries/ illnesses requiring no medical care, a parent may be contacted by phone for consent to terminate the medical relationship. Minors requiring medical care should be transported to the ED when no parent or representative is available.

All refusal of care issues with minors, unless emancipated, must be communicated to the base station physician prior to terminating the medical relationship.

5) EMS Generated Refusals:

a. In the absence of a medic safety issue, EMS personnel are expressly NOT allowed to refuse to transport a patient who is requesting to go to the hospital.

b. EMS personnel may assist in the decision making process with a patient, but must be clear that transport is always an option.

c. EMS personnel may refuse to treat and transport patients for reasons of personal safety. Any unsecured scene, such as, hazardous materials or potentially violent patient may result in the acceptable delay of medical care until which point EMS personnel are no longer at risk of personal injury.

6) Refusal Documentation:

a. Patient name, address, date of birth and SSN

b. Specific information regarding the nature of the incident, assessment of the patient, explanation of the risks of refusal.

c. Documentation that the patient was able to comprehend the nature of the emergency as well as the benefit of transport vs. risks of non-transport.

d. Documentation of base contact and the advice given by the physician.

e. Attached “Declination of Services” signed by patient, if possible.

f. Attached “Consent for Treatment” form when treatment has been rendered, signed by patient, if possible.

g. Patient refusals to sign documents must be noted on the form and in the PCR narrative.