

Health Law

Quality & Liability

Recap - Treatment
Relationship Formation

If...then conditionals

Treatment relationship → Consent

Consent → Treatment relationship

Treatment relationship → Duty of Care

Duty of Care → Treatment relationship

Rare exceptions

When does physician have duty to **third parties** (with whom physician is **not** in a treatment relationship)?

Generally, **no** such duties

But *Tarasoff* duties when

- (1) Threat to identifiable party
- (2) Serious
- (3) Imminent





Termination



Not yet formed
No duty

Treatment relationship
Duty owed

Ended
No duty

Questions on the
reading or videos?

Paradigm:

Fire patient
Who has ongoing
medical needs

Also includes taking a
vacation without
lining up replacement
coverage

Ethics v. Law

Professional ethics codes rarely **directly** enforceable

Often **incorporated** by reference into other duties

License duties

Grounds for discipline

“Engaging in unethical or unprofessional conduct . . . or a violation of the standards and principles of medical ethics”

“The Code of Medical Ethics . . . prepared and approved by the American Medical Association . . . shall be utilized by the board as guiding principles in the practice of medicine”

Violate AMA CME →
violate duty in license
code

Contracts

Case 1

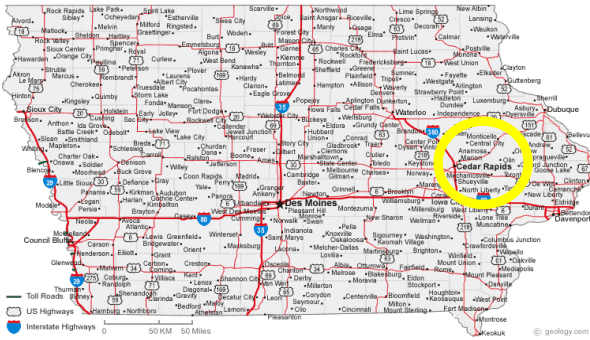


Cardiologists leave
Renown to start
competing practice

Renown will **not** send
patient records b/c
concerned about
patient recruitment

Departing cardiologists
say we **need** the lists,
otherwise
abandonment

Case 2



Oncologists making less and less money at clinic

Give 60 days notice
per employment
contract

Clinic refuses to pay
severance because
violate ethics rules
(abandonment)

Break into
teams

Attorneys for clinic –
how can **you**
construct argument
for abandonment?

Attorneys for oncologists
– how can **you** construct
argument against
abandonment?
