Altered Standards of Care: Is that Really the Issue?

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Overview

• What is the standard of care?
• What are altered standards of care?
• Why does it need to be altered?
  • What are you trying to achieve?
• What are the consequences?
• What do we really need?
**Standard of Care**

- **What is the standard of care?**
  - **Definition:**
    - The level at which the average, prudent provider in a given community would practice. It is how similarly qualified practitioners would have managed the patient's care under the same or similar circumstances.
  - Assumes unlimited resources/normal conditions
  - Somewhat vague
  - May require interpretation
Standard of Care

- Why do we need a standard of care?
  - Utility
    - Establish what is acceptable level of care
    - Provide standard for liability
    - Was there a breach in the standard of care?
Altered Standard of Care

- What are altered standards of care?
  - Change in the expectations of resource commitment and skill of providers
  - Can be higher
    - Everyone gets an organ transplant with no restrictions
  - Can be lower
    - Victim receives treatment by any physician with a license regardless of specialty
Goals of Altered Standards

- Why does it need to be altered?
  - Insufficient resources to meet demand after mass casualty disaster
  - Inability to meet the standard of care
  - Need to change the standard to justify actions

- What are you trying to achieve?
  - Allocation of scarce resources
  - Ethical distribution of care
  - Protection from liability

- But does this really work?
Goals of Altered Standards

• How does changing the standard improve outcome?
  • It doesn’t

• Changing what you do improves outcome
  • Modification of liability during disasters
  • Creation of strategies for allocation of resources
  • Ethical evaluation of processes and public support
Consequences

- What are the consequences of altered standards of care?
  - Why don’t disaster victims deserve the same standard of care? Are the less worthy?
  - Can you have multiple standards?
    - If so, which ones apply?
    - IOM: local, state, regional
  - How low can you go?
  - If you violate these standards, still suffer liability
Consequences

- With lower standards, no need to strive for improving disaster protocols.
  - You have “met the standard of care”.
  - Example: ESAR-VHP and hospital-based credentialing model
What is really needed

- One standard of care
  - Disaster victims are no less deserving
  - Acknowledge can’t reach standard
  - Emphasis on all disaster guidelines to get as close to the standard as possible

- Guarantees continuous effort to address issues
  - Liability
  - Allocation of scarce resources
  - Rights of individuals/ethical approaches
References

