

Rules and Regulations, LSFR 135
REFUSAL OF TREATMENT

Effective: June 15, 2008

I. Purpose:

To establish guidelines for the proper procedure and paperwork involved in a Refusal of Treatment call.

II. Policy:

Refusal of Treatment calls are one of the biggest causes for abandonment claims if they are not handled properly and the patient suffers as a result. Some of the things that first responders may do incorrectly are:

1. Failure to document the **advisement of risks** given to patients who refused treatment.
2. Failure to use **refusal forms and receive signature(s)**.
3. Failure to **provide a copy of the form** to the patient.

ADULTS:

Age of consent is 18. People have the right to refuse treatment, but first responders have a **DUTY** to inform the patient that there are possible risks in not seeking treatment. Those risks should be carefully explained to the patient and recorded in the refusal form. If a patient has an emergency condition and is not capable of making a rational decision, the first responder may treat under the **Doctrine of Implied Consent** in spite of the patient's lack of consent. In cases where the patient is, in a first responder's judgment, in need of medical intervention and consent cannot be obtained, law enforcement shall be contacted. Proper documentation of the refusal is **Very Important**. The patient must receive a signed copy of the refusal. The accompanying run report must also document the patient's condition and advisement of the risks associated with not seeking treatment.

MINORS:

In Wisconsin, 17 and younger is statutorily defined as a minor. In cases where the patient is a minor, parental permission shall be obtained whenever possible. In cases where parental permission is not obtainable, for whatever reason, the minor patient shall be treated under Doctrine of Implied Consent. This in no way relieves the first responder from continuing their efforts to make contact with a parent or guardian and informing the receiving hospital of the status.