Ethics Column

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Practice Coverage

Inquiries often arise as to what constitutes adequate coverage of a private psychiatric practice when the psychiatrist is away or unavailable. For instance, is it ever acceptable to tell one's patients to call the local emergency room when one is unavailable? What does one do for coverage if practicing in isolation in a remote community where there may be no other psychiatrists? And who should cover for the child psychiatrist if there are no other child psychiatrists in her area? If you use an answering machine and not a service should patients be informed of how to reach you in the middle of the night in an emergency?

I recently wrote to The ADPA Ethics Committee for clarification on these matters and received the following response: "Psychiatrists who only see analytic patients who are not highly disturbed and labile, might need minimal or no coverage, although one might question the wisdom of failing to provide it. Psychiatrists with more labile patients are obligated to check their answering machines or services and/or to make appropriate coverage arrangements. We believe that clinical judgment must determine who among available professionals should cover. Clearly, it would be optimal to have a psychiatrist with similar professional expertise e.g., child psychiatry, pharmacotherapy, etc. Failing the availability of such, however, even in a nearby community, one's judgment must determine whether another psychiatrist, a non-psychiatrist physician, or even a mental health professional in another discipline offers adequate coverage for a particular patient. Under some circumstances individualized provisions for specific patients may need to be made."

The Ethics committee further agreed that routine use of emergency services for back-up care was inappropriate and does not constitute good patient care. I would add that routine use of emergency services exploits the emergency on call staff and is not in the patient's best interests if the patient is not known to the staff. If there is need for such coverage one would hope that this would be done by prior mutual agreement between the psychiatrist and the hospital.

Answering machines offer many advantages including privacy, accuracy of messages, and the ability to promptly return calls. However, it may also be necessary to inform patients as to how you may be reached at home in an emergency. Like many physicians in my area, I list my home number in the phone book and patients do not abuse it. If a patient abuses the home number this is an issue that needs to be dealt with in therapy. New ethical problems arise with the advent of high tech communication. Cellular phones may assure patient access but they do not necessarily assure privacy of conversations, as Prince Charles learned the hard way. Pagers provide another way of being readily accessible to one's patients. Unfortunately, they require touch tone phone which is not yet available in many rural areas. One way around this problem is to use an answering service as an intermediary.

If signing out to an adult psychiatrist (which is my only option), I inform my patients or their parents that he is not trained in child psychiatry, but that he is adept at handling medication problems which are the usual reason for after hours calls. I find that educating parents about the medication their children are taking and helping them differentiate side effects from toxicity cuts down on a lot of after hours calls. Another useful practice is to have brief scheduled telephone contact with parents around regulating medication between scheduled visits. A useful maxim, to which it is not always possible to adhere, is not to take on new patients or make medications changes right before leaving town.

Compendium on Violence: Intentional Injury and Abuse

The AMA's National Coalition on Adolescent Health recently produced a "Policy Compendium on Violence: Intentional Injury and Abuse." The Academy is a member of this coalition, which is comprised of 30 national organizations directly concerned with the health of adolescents. Members of the Coalition include specialty societies in medicine, psychiatry, allied health professions, public health associations, private foundations, and federal agencies who are active in adolescent health.

The compendium is a collection of coalition organizations' policy statements. It offers actions that health professionals can take as part of their routine practice, changes required in the delivery of health services to those who have been victims of violence and abuse, and recommended changes in broader social policy. The policies examine: violence as a public health problem, physical abuse and neglect, sexual abuse and sexual assault, suicide and attempted suicide, weapons and firearms, multidisciplinary approaches, education and training, role of the health professional, confidentiality and disclosure, prevention and research, violence and the media, legal considerations, and special populations.

For more information, please contact the American Medical Association, Department of Adolescent Health, (312) 464-5842.