

Should I provide care to patients when off duty?

Abi Rimmer asks three experts about whether it's safe to offer treatment outside of a medical environment



"Help in an emergency"

Sissy Frank, medico-legal adviser at the Medical Defence Union

"Doctors often come forward to help in off duty emergencies. In 2015, the MDU conducted a survey about Good Samaritan acts and found that 88% of doctors had experienced at least one incident where they had been called upon to help a person in distress.

"While there isn't a legal obligation to do so, the GMC states that 'you must offer help if emergencies arise in clinical settings or in the community.' Before giving medical support, doctors must take into account their own safety, their competence, and the availability of other options, for example if there are more qualified people on the scene.

"Where possible, a doctor helping in an emergency should also make a detailed record of the incident and their involvement, get consent from the patient, and explain their actions and treatment to the patient. The doctor should also, if possible, have a witness present—with the patient's consent where appropriate—particularly if they intend to conduct a physical examination.

"Retired doctors or medical students can also offer assistance in an emergency and the GMC advises that not having a licence shouldn't stop doctors from helping. Non-licensed doctors must, however, be clear about their GMC status. It is a criminal offence to inaccurately present yourself as being registered."



"Reassure friends and family"

Julie-Ann Maney, the Royal College of Paediatrics and Child Health

"I'm easy going when it comes to giving advice to friends and family. I want to help everybody, particularly when it comes to children.

"I get asked all the time for medical advice. I get sent pictures with a message asking, 'Would you be worried about this?' You can't just ignore it, especially if you want to continue to have a relationship with the person who sent it. You're also giving reassurance, which as a friend or relative you want to do. I always try and help when I can.

"Things can change so quickly with children. One minute they have a cold and next they could be in intensive care. There's a fine line to tread. Most of the time they come to you with straightforward problems, but there can be times where it's tough. I've had my niece arrive at the emergency department where I work for example. It can cause great anxiety and you worry whether you made the right call. In these circumstances I ask a colleague to treat them instead.

"When I had my second child I attended a postnatal support group. Everyone asks what you do for a living. I would always try to change the subject or say I work in a hospital. On this occasion, there was another doctor in the room who knew what I did and broadcast it. Within 20 minutes someone openly asked me what I thought was wrong with their son's penis."



"Volunteering overseas"

Ewen Ross, medicolegal adviser at Medical Protection

"If you want to volunteer for a humanitarian disaster relief programme or give clinical care to a party travelling overseas, do your research. Look into the health matters specific to that region and whether the Foreign and Commonwealth Office has issued any travel warnings.

"Working in remote areas without immediate support may push you to make challenging decisions in isolation, compared with working for a larger charity with a central base. This may mean having to find a way to contact telemedicine clinics in other parts of the country.

"It's crucial to check that you have the necessary level of knowledge, training, experience, supervision, and appropriate indemnity in place before travelling. Try and clarify the extent to which the non-governmental organisation or charity will provide indemnity for you. Bear in mind that while their indemnity may meet a claim arising from the work, it may not extend to assistance in relation to other matters, such as a complaint to the regulator.

"Being involved in humanitarian work abroad as a doctor can be hugely rewarding. There are, however, different levels of medicolegal risk associated with these types of work and it's recommended that you contact your medical defence organisation in advance to ensure you have adequate indemnity."

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Esther Choo, 45, is associate professor of emergency medicine at Oregon Health and Science University in Portland, Oregon. An Asian-American who grew up in Cleveland and qualified at Yale, Choo is a prominent champion of race and gender equality in medicine. She is active on Twitter and has started several popular campaigns including #thatsbias, highlighting women's experiences in medicine, and #DoctorsSpeakOut, opposing Republican plans to dismantle the Affordable Care Act. She is also a founder of Equity Quotient, a company that measures detailed equity metrics in the healthcare workplace.

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Esther Choo

Equality is good medicine

What was your earliest ambition?

To be a writer. As young as 7, I remember wanting to capture my feelings on paper. And each patient's narrative is still my favourite part of medicine.

What was your best career move?

Completing a research fellowship and a masters in public health degree. Having a bit of extra knowledge in research methods, biostatistics, and epidemiology has allowed me to be more effective in my scholarly, clinical, and advocacy work.

What was the worst mistake of your career?

I hesitated to pursue a research career, largely because one influential person told me that I wasn't likely to succeed.

How is your work-life balance?

I have four young children, I'm starting a business while pursuing a research career and clinical practice, and I'm doing volunteer gender equity work on the side. I'm fortunate to get to do a lot of things I love and that energise me.

What single change would you like to see made to US healthcare?

We need universal healthcare. The deep socioeconomic disparities created and reinforced by a lack of access to affordable healthcare are terrible.

What do you wish that you had known when you were younger?

That gender and racial biases have profound influences on one's career.

What is the worst job you have done?

I was a lifeguard for a quiet apartment complex one summer. I vowed to never again have a boring job. And now I'm an emergency care physician.

What unheralded change has made the most difference in your field?

The scope of emergency care has widened: patients come in for a broader range of reasons and more is now expected to happen before they're admitted or sent home. I'm proud of how the specialty has adapted and evolved in response.

What new technology or development are you most looking forward to?

I'm eager for healthcare organisations to realise that establishing a culture of safety, respect, inclusion, and equity is more than just fair and modern—it's good medicine and good business.

What book should every doctor read?

Dreamland by Sam Quinones, which traces the origins of the US opioid crisis.

Where are or when were you happiest?

Sitting down with the cleaned data at the end of a research project, before the moment of discovery. And coming home to a flurry of my children's hugs is heaven.

What personal ambition do you still have?

I'd like to write a fiction book for children and a non-fiction book for adults, both with a central theme of empowering girls/women.

What poem, song, or passage of prose would you like at your funeral?

[i carry your heart with me (i carry it in)] by e cummings, and Romans 8:38-9.

Is the thought of retirement a dream or a nightmare?

I think of retirement as shifting the focus of my work to writing for the general public and doing advocacy. So—a little bittersweet, but also a dream.

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