

Practicing Medicine Over the Internet: *How Far Should You Go?*

Action

Preventive

The
Quarterly Risk
Management
Newsletter for
Policyholders
of FPIC

Winter
2000

Based upon the increasing frequency with which policyholders are calling risk management with questions, FPIC can see there is a need for information among providers interested in going on-line with some aspect of their practice. Just a desire and a web page builder are not the only tools required to proceed in a risk averse manner over the World Wide Web. The technology offers many opportunities, and, unfortunately, accompanying perils. There is no precedent to define the extent of a provider's exposure.

The Internet provides the potential for developing a doctor-patient relationship. There may be a fine line between medical information and medical advice. The latter falls heavily in the

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arena of doctor-patient relationship, which is a potentially perilous aspect of web relationships. Adding a disclaimer to the web page could be very helpful in limiting liability. The disclaimer offered by former surgeon general C. Everett Koop at his site, drkoop.com, is a good example: "The information contained in drkoop.com is presented for the purpose of educating consumers on wellness and disease management topics. Nothing contained in drkoop.com is intended to be instructional for medical diagnosis or treatment. The information should not be considered complete, nor should it be

relied on to suggest a course of treatment for a particular individual. It should not be used in place of a visit, call, consultation, or the advice of your physician or other qualified health care provider." Use of such a disclaimer and the provision of only generic information can make the success of a claim less likely.

If you decide to give medical advice via the Internet, be aware of issues beyond the doctor-patient relationship. State laws may vary for providers who cross state lines with their information. Confidentiality and integrity of electronically transmitted patient information should be assured. Have a contingency plan should there be equipment or service problems that adversely impact the transmission of information.

You can make the Internet your ally and an extension of your practice. Prepare to be an intermediary between your patients and the health-related information they are obtaining outside the doctor's office. Some guidelines for the web savvy practitioner include:

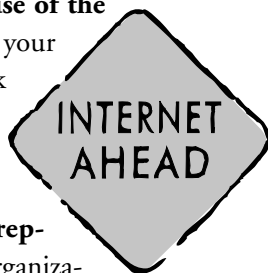


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Ask your patients about their use of the Internet. Include the inquiry in your patient questionnaire and ask patients where they get their medical information.



Support the development of reputable sites. Some professional organizations have begun endorsing web sites as a way of identifying reliable resources. Consider asking medical societies for sites they recommend. Look for sites that identify authors, provide data references, and disclose sponsorships.

Know what is out there. While you cannot stop the proliferation of misinformation, you can provide accurate, accessible sources for information. Steer your patients toward those sites that are of value to clinicians and patients.

Let the buyer beware. The Internet is here to stay. Learn what's out there and what information your patients are gleaning so that you may direct their Net surfing to recommended sites. Both of you will benefit.

Here are some sites recommended by the Harvard Risk Management Foundation:

New England Journal of Medicine
Articles and abstracts on line
www.nehm.org



Emergency Medicine and Primary Care
www.embbs.com

Journal Club of the Web
Interactive general medicine journal club
www.webcom.com/mjlljweb/jrnclcb/index.html

National Library of Medicine
Access to free Medline and over 40 databases
www.nlm.nih.gov/about/welcome.html

Center Watch
Listing of clinical trials throughout the nation
www.centerwatch.com

Physicians Guide to the Internet
www.webcom.com/pgi/welcome.html

CliniWeb
Over 10,000 clinically oriented sites
www.ohsu.edu/clinweb

Mediconsult
Extensive patient education materials
www.mediconsult.com

AMA Health Insight
Designed by the AMA for lay people
www.ama-assn.org/consumer.html

Travel Health on-line
www.tripprep.com/index.html

WellnessWeb
www.wellweb.com
DrugInfoNet
www.DrugInfoNet.com



National Cancer Institute CancerNet
Cancer information for patients and the general public
http://cancer.net.ncl.nih.gov/

Risk Management Guides, Protocols & Surveys – All Are Free!

FPIC's risk management guides are available for the asking, along with copies of all three of the early diagnosis protocols. These include: Breast Abnormalities, Colo-rectal Conditions, and Unstable Angina/Acute MI. They are obtainable by calling 800-741-3742, extension 3052.

The protocols are also available through the FPIC web site—FPIC.com. Select Florida Physicians Insurance Company, Inc., click on Risk Management, and the protocols can be downloaded.

FPIC offers risk management surveys free of charge to policyholders. An individual office takes two to four hours, depending upon the size and complexity of your practice. The review consists of an interview with the practice manager to discuss day-to-day procedures and office structure, a tour of the office, and a review of a sample of patient records. A written report noting strengths and opportunities to improve is provided following the survey. Call 800-741-3742, extension 3009 for Margaret Douglass, or extension 3263 for Sandra Strickland to schedule a survey or for more information.

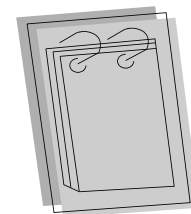


SOURCES OF CLAIMS

Three More Specialties

FEPIC's in-house team continues to identify causes of loss and risk for insureds. Our overall goal is to improve identification of risk issues and to offer strategies to reduce the likelihood of recurrence. This is an ongoing effort.

This quarter, the analysis occurred in the specialties of Otorhinolaryngology, plastic and facial plastic surgery, and Gastroenterology.



OTORHINOLARYNGOLOGY

RISK	ACTION PLAN
Poor surgical technique or confusing anatomy secondary to scarring/adhesions leading to nerve injury, especially laryngeal.	Care in dissecting. If anatomy very difficult to discern due to adhesions/scarring, document that finding. During informed consent, notify patients of this risk.
Failure to diagnose cancer. Treating chronic problems without improvement that turned out to be CA.	Do not continue to treat a seemingly benign condition that is not responding. Evaluate further.

PLASTIC AND FACIAL PLASTIC SURGERY

RISK	ACTION PLAN
Inadequate informed consent, especially for elective procedures.	Thoroughly discuss risks, benefits, and alternatives with patients. Document the discussion. Have the patient sign the consent.
Operating on patients with unrealistic expectations for outcomes.	Assess patient motivation in seeking elective plastic procedures. Assess their outcome expectations. Cancel procedure if what you can deliver and the patient's goals do not coincide.
Wound infections not treated early enough or inadequately managed.	Inform patients of signs of infection to watch for. See them at regular intervals until all wounds are healed. Take a temperature reading at the post-op visits until healed and document. Aggressively manage any infection. Refer to infectious disease specialist if not responding to treatment.

GASTROENTEROLOGY

RISK	ACTION PLAN
Perforations of bile duct or damage to sphincter of Oddi during ERCP.	Assure adequate training to perform ERCP. If on hospital credentialing committee, establish training and experience requirements before granting privileges. Develop a specific ERCP consent form noting risks, benefits, and alternatives.
Esophageal perforation during dilatation.	Consider size of scope. Measure lesion before dilatation and proceed in single-digit increments. Evaluate carefully for perforation.
Delay in response to request for consultation.	Respond to request for a consultation on a hospitalized patient on the same day it is received. Consult may be needed sooner if patient unstable. Inquire regarding the urgency of need when the request is received.
Failure to diagnose cancer.	Ask: Is the GI lesion at all suspicious? If so, perform a biopsy and a thorough study.

According to the American Society for Gastroenterology (ASGE), analysis of claims to date identifies several areas of concern for the individual endoscopist:

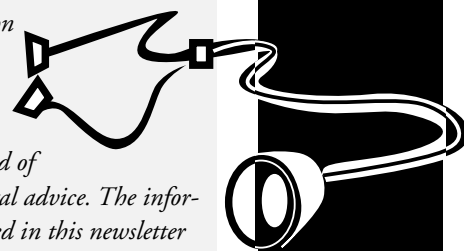
- Improper performance is the primary allegation in the majority of endoscopic claims and suits.
- Diagnostic error is the primary allegation in over 25% of endoscopic cases.
- EGD and flexible sigmoidoscopy trigger over 80% of the claims against endoscopists.
- Perforation is the only endoscopic iatrogenic injury leading to significant numbers of claims against endoscopists.
- Informed consent is the predominant associated issue in endoscopy claims.



FPIC publishes Preventive Action on a quarterly basis as a service to its policyholders.

Information in this publication does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained in this newsletter are generalized and may not apply to all practice situations. FPIC recommends you obtain legal advice from a qualified attorney for a specific application to your practice. This information should be used as a reference guide only.

Editor: Margaret Douglass



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Insurance Solutions for Healthcare Providers

P.O. Box 44033

Jacksonville, Florida 32231-4033

1-800-741-3742 (FPIC)

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