

**EMERGENCY MEDICAL TECHNICIANS
LAW YOU NEED TO KNOW
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TABLE OF CONTENTS

Definition of Negligence.....	1
Emergency Medical Services Act MCL 333.20965 also known as Good Samaritan Act.....	1
Government Tort Liability Act, MCL 691.1408.....	1
Definition of gross negligence, or willful misconduct and <i>Jennings v Southwood, Boroditsch v Community Emergency Services</i> , 446 Mich 125, 521 NW2d 230 (1994) [Intubation, wrong pipe].....	2,3
<i>Irene Soffin and Lori Northey and Select care v City of Livonia Fire and Rescue Department, Daniel Lee, Lawrence Mosier, Huron Valley Ambulance, Inc., Sherri Bowman and Steven Hill</i> , [Woman just had angioplasty surgery].....	3-5
<i>Richard Costa and Cindy Costa v Community Emergency Medical Services, Inc, Dave Henshaw and Scott Meister and Donald Farenger, and Lisa Schulz and John Doe and Jane Doe</i> [Co-workers in fist fight, EMT left patient].....	5,6
<i>Bethke v Life EMS, Inc.</i> , [Heart attack patient where EMS did not take patient to hospital].....	6,7
<i>Neves v Jackson Emergency Medical Services P.C.</i> [Needle into muscle].....	7
<i>Linda Crouch, Conservator of the Estate of Chad Couch, v Regional Emergency Medical Services, d/b/a Regional EMS and Jeffrey Stevens, and Matthew Gallagher</i> , [Patient jumped out of ambulance].....	7,8
Can EMTs or firefighters detain an individual who has a communicable disease such as severe acute respiratory syndrome or smallpox?.....	8
Will the Emergency Medical Services Act automatically protect an EMT ? <i>Georgia Holmes, Personal Representative of the Estate of Jessie Holmes, v Edward Bauer and LJ Beal & Sons, Inc., and Community Ambulance Service and Michael Macie and Paul Coleman</i> , [Ambulance rear ended by semi-truck-patient killed].....	9
Is an EMT required when off duty to stop and aid at the scene of an accident?.....	9

What happens if your equipment does not work? *McNair v City of Detroit, et. Al*, [Fireman’s oxygen equipment did not work].....10

Incapacitated Persons MCL 333.6501..... 10

Guardians of Incapacitated Individuals Legally Incapacitated Persons by Court Order MCL 700.5314.....11

Durable Medical Power of Attorney and Designation of Patient Advocate also known as Living Will MCL 700.5506.....11-13

Michigan Do Not Resuscitate Procedure Act. MCL 333.1051 et. Seq.....13-14

Review.....14-15

Negligence has four elements. All four of the following must be present:

1. **Duty:** Legal obligation to do something or to refrain from doing something.
2. **Breach of Duty:** Failure to do what you were supposed to do, or of committing an act you were not supposed to do.
3. **Proximate Cause.** The commission or omission of an act lead to someone being hurt.
4. **Injury.** Actual physical injury did in fact occur.

EMT's are covered under Michigan Law by the Emergency Medical Services Act MCL 333.20901 et. seq. Under this Act, EMT's are given protection from committing acts of negligence. This is known as the **Michigan Good Samaritan Act.** MCL 333.20965

(1) Unless an act or omission is the result of gross negligence or willful misconduct, **the acts or omissions of a medical first responder, emergency medical technician specialist, paramedic, medical director of a medical control authority** or his or her designee, or subject to subsection (5) an individual acting as a clinical preceptor of a department-approved education program sponsor while providing services to a patient outside a hospital, in a hospital before transferring patient care to hospital personnel, or in a services to a patient outside a hospital, in a hospital before transferring patient care to hospital personnel, or in a clinical setting that are consistent with the individual's licensure or additional training required by the medical control authority including, but not limited to, services subscribed in subsection (2), or consistent with an approved procedure for that particular education program do not impose liability in the treatment of a patient on those individuals or any of the following....

EMTs and Firefighters are also covered as employees or volunteers of a governmental agency under **Government Tort Liability Act** MCL 691.1408 which states:

(1) Whenever a claim is made or a **civil action is commenced against an officer, employee or volunteer of a governmental agency for injuries to persons or property caused by negligence** of the officer, employee, or volunteer while in the course of employment with or actions on behalf of the governmental agency and while acting within the scope of his or her authority, the governmental agency may pay for, engage, or furnish the services of an attorney to advise the officer, employee, as to the claim and to appear for and represent the officer, employee, or volunteer in the action. The governmental agency may compromise, settle, and pay the claim before or after the commencement of a civil action. Whenever a

judgment for damages is awarded against an officer, employee, or volunteer of a governmental agency as a result of a civil action for personal injuries or property damage cause by the officer, employee, or volunteer while in the course of employment and while acting within the scope of his or her authority, the governmental agency may indemnify the officer, employee, or volunteer or may, settle, or compromise the judgment.

Medical personnel cannot transport a patient without their consent. MCL 333.20969 states:

This part and the rules promulgated under this part **do not authorize** medical treatment for or transportation to a hospital of **an individual who objects** to the treatment or transportation, However, if emergency medical services personnel, exercising professional judgment, determine that the individual's condition makes the **individual incapable of competently objecting to treatment or transportation, emergency medical services may provide treatment or transportation despite the individual's objection unless the objection is expressly based on the individual's religious beliefs.**

The EMT should not transport a competent patient who objects to transport. If, the EMT believes the patient is not able to give consent, [clear example, is an unconscious patient], The EMT may transport the patient. The EMT has to use his/her professional judgment on whether to take a patient who refuses. The exception is someone who does not believe in medical intervention based on religious beliefs.

The statute on treatment and transporting a person incapable of competently objecting to treatment or transport uses the term MAY. This term in contrast to the term SHALL. An EMT may intervene but is not required to do so.

Unless the acts or omissions are the result of **gross negligence or willful misconduct**, the EMT is not liable for the injury. The Michigan Supreme Court in *Jennings v Southwood*, *Boroditsch v Community Emergency Services*, 446 Mich 125, 521 NW2d 230 (1994) defined willful and Wanton.

Willful: An actual intent to harm.

Wanton: An intent from reckless conduct.

Gross Negligence: reckless conduct which demonstrates a substantial lack of concern for whether an injury results.

Boroditsch v Community EMS [Intubation, wrong pipe]

Man was having a heart attack. The man's wife, a registered nurse called EMS. The dispatcher sent both fire department ambulance and ambulance from the hospital. Fire department ambulance arrived first, and found man not breathing and he did not have heartbeat. A heartbeat monitor detected only irregular fibrillation. When the hospital EMS arrived, the fire department left because the hospital EMS had higher level of medical training. EMT Hopp attempted intubation. Once positioned a cuff on the end of the tube is inflated to secure the positioning of the tube. After positioning the tube and inflating the cuff, EMS Hopp secured its position by taping it down. On the way to the hospital, Mrs. Boroditsch noticed her husband's stomach was distended. The patient was DOA upon arrival to the hospital. A lawsuit was filed claiming that the endotracheal tube was placed into the patient's esophagus instead of his trachea. As a result of this error, oxygen was pushed into the stomach as opposed to the lungs. In addition, the erroneous positioning of the tube prevented any possibility of normal breathing. The Supreme Court held that this was not willful, or wanton misconduct by the EMT.

Irene Soffin and Lori Northey and Select care v City of Livonia Fire and Rescue Department, Daniel Lee, Lawrence Mosier, Huron Valley Ambulance, Inc., Sherri Bowman and Steven Hill, [Woman just had angioplasty surgery]

Irene Soffin was hospitalized for an angioplasty procedure at Providence Hospital. That procedure involved an incision in Soffin's upper right leg, near the groin area. On October 2, 1999, Soffin's physicians discharged her from Providence. Soffin's daughter Lori Northey picked up Soffin from the hospital, arriving home some time between 2 and 3:30 p.m. As Soffin attempted to exit Northey's vehicle, she experience a popping sensation in her right groin area. Northey inspected the incision site in Soffin's groin area and discovered a large black and blue swelling that she estimated to be the size of a grapefruit, Northey testified that she called 911 for medical assistance. Within five or ten minutes after discovering the swelling. She informed the 911 operator that Soffin had recently undergone angioplasty, that there was a black and blue swelling in Soffin's groin area, and that Soffin was pale, sweating and in pain. Northey called 911 at 3:34 p.m. City of Livonia Fire and Rescue Department (LF&R) dispatched an ambulance staffed by Daniel Lee and Lawrence Mosier, firefighters and emergency medical technicians, Lee was the senior EMTR on the call responsible for making final decisions regarding patient care and for completing the ambulance report. Mosier was responsible for monitoring the patient's vital signs. Under LF&R policy, Lee and Mosier were authorized to transport patients to one of three hospitals: Botsford, St. Mary's and Garden City. LF&R had a policy in order to permit the Livonia fire fighters /EMTs to remain close to their service area in case of a fire emergency.

Lee and Mosier arrived at Soffin's home at 3:35 p.m. When they arrived, they were told of the angioplasty procedure, painful swelling near the incision in Soffin's right groin area, and a feeling of general weakness. At 3:37 p.m., Mosier took Soffin's vital signs and discovered that her pulse rate was 120, her blood pressure was 182/90 and her skin felt warm to the touch. Mosier said that Soffin was flush (not pale) and that she was diaphoretic (very sweaty) when they arrived at the scene. Neither Lee nor Mosier believed that Soffin was displaying signs of shock when they assessed her condition. Lee offered to transport Soffin to the nearest hospital, Botsford. Soffin refused that and wanted to return to Providence. Lee told Soffin that they were not authorized to transport patients to Providence. Soffin and her daughter refused transport to Botsford, St. Mary's or Garden City insisting on Providence. Northely stated if they would not take Soffin to Providence herself. Lee called Livonia dispatcher to request a private ambulance to transport Soffin to Providence. When Lee called the dispatcher, he classified Soffin as a priority three patient, meaning that she was in stable condition and that she was not in shock. While waiting for the second ambulance, Mosier took Soffin's vital signs a second time and discovered that they remained unchanged. Huron Valley Ambulance (HVA) received its call at 3:43 p.m., eight minutes after the LF&S firefighters first arrived at Soffin's house. HVA paramedics Sherri Bowman and Steven Hill arrived at the scene at 3:56 p.m. thirteen minutes after receiving the call from the Livonia dispatcher and twenty one minutes after the LF&S firefighters arrived at the scene.

Upon their arrival, Bowman and Hill assessed Soffin's condition and observed the following symptoms: pale and sweaty skin, hematoma (collection of blood under the skin), and oriented but groggy. Soffin also complained that she was cold and dizzy. Bowman took Soffin's vital signs and discovered a pulse rate of 140, but was unable to obtain a blood pressure reading. Bowman recorded that the swelling in Soffin's groin area was eight inches wide, eight inches long, two inches high off the skin, and purple in color. Northely was determined to have Soffin transported to Providence. Bowman and Hill elevated Soffin's legs and applied pressure to the hematoma, in an attempt to move some of the collected blood back toward the heart and other organs. They also attempted to establish an intravenous line in order to replace some of the fluids in Soffin's system, but were unsuccessful. Bowman tried twice more to place an intravenous line but was unsuccessful.

At 4:14 pm. After approximately eighteen minutes on the scene, Bowman and Hill left Soffin's residence arriving at Providence at 4:25 p.m. Upon arrival at the hospital, it was discovered that Soffin had suffered a hemorrhage in her groin area that caused permanent injuries. Soffin filed a lawsuit claiming that Lee and Mosier failed to treat Soffin's condition, failed to transport Soffin to Providence as requested, and failed to transport Soffin to any hospital and failed to inform HVA of Soffin's life-threatening condition. Also claimed that Bowman and Hill spent too much time treating Soffin on the scene instead of immediately transporting Soffin to a hospital. The claim is that Bowman

and Hill should not have attempted to insert an intravenous line while on the scene instead Bowman and Hill should have made those attempts while en route to the hospital.

Richard Costa and Cindy Costa v Community Emergency Medical Services, Inc, Dave Henshaw and Scott Meister and Donald Farenger, and Lisa Schulz and John Doe and Jane Doe [Co-workers in fist fight, EMT left patient]

On August 2, 1999, Costa and his co-worker, Joe Baker, flew from Colorado to Detroit for a business meeting. Sometime late on August 2 or early on August 3, Baker and Costa became involved in a fight and Baker struck Costa causing him to fall backwards and strike his head on the pavement. At 1:18 a.m. on August 3, a woman called the Taylor Police Department and reported that a man was down-and-out moving and that she did not know whether he was alive. Within approximately five minutes, Donald Farenger and Lisa Schultz arrived at the hotel parking lot in response to the report but by this time Costa had been moved from his prone position on the pavement to the front passenger seat of his vehicle but was still unconscious. Baker advised the EMTs that Costa who did not respond initially to painful or verbal stimuli had two to four drinks earlier that evening. According to Costa, Baker also informed EMTs that he had punched Costa once and that Costa had been knocked unconscious either by the punch or when he stuck his head on the concrete pavement as he fell. Costa regained consciousness and recalled his name, location and reason for going to Detroit but could not recall the altercation and had difficulty walking unassisted. Costa signed a form refusing medical treatment. Costa returned, assisted by Baker to his hotel room. Baker was unable to awaken Costa the next morning, and Costa later required an emergency craniotomy and sustained allegedly permanent damage Costa claims that Farenger and Schultz failed to : 1. To assess Costa's vital signs, 2. To conduct a physical examination of Costa while he remained unconscious, 3. On Costa's regaining of consciousness, to properly assess his competence to refuse treatment, 4. To explain to Costa the potential consequences of his refusal of treatment and 5. To transport Costa to a hospital. Farenger and Schultz arrived on the scene after receiving dispatch information about a man lying unconscious in a parking lot. When they arrived, within four minutes of the dispatch, they found Costa reclined in the passenger seat of a vehicle.

Costa's co-worker, Baker, adamantly denied that Costa ever laid on the ground, but admitted that Costa became unconscious after Baker punched him in the face. Baker believed that Costa had ingested four scotch and waters, but Farenger did not smell alcohol emanating from Costa did not immediately respond to Farenger's voice or to a painful stimulus, he became coherent after an ammonia inhalant was placed under his nose and correctly answered a series of questions to gauge his level of consciousness and mental capacity. Costa appeared competent to refuse treatment, signed a form refusing further treatment, and walked into the hotel where he was staying.

The Court reviewed the statute of governmental immunity which provides that governmental employees are immune from tort liability if all of the following are met.

(a) The officer, employee, member or volunteer is acting or reasonably believes he or she is acting within the scope of his or her authority.

(b) The governmental agency is engaged in the exercise or discharge of a governmental function.

© The officer or employee's conduct does not amount to gross negligence that is the proximate cause of the injury or damage. As used in this subdivision, gross negligence means conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results.

There was no dispute that Farenger and Schultz's treatment of Costa was an act within the scope of their authority as EMS personnel with the Taylor Fire Department and that the Taylor Fire Department's response to the distress call involving Costa to provide medical treatment constituted the engagement in the discharge of a governmental function. The only remaining issue was whether or not there was a valid claim against Farenger and Schultz to say that their actions was the direct cause of the injury or damage to Costa.

The Michigan Court of Appeals stated that no reasonable juror could have found that Farenger and Schultz behaved so recklessly as to demonstrate a substantial lack of concern for whether an injury resulted.

***Bethke v Life EMS, Inc.*, [Heart attack patient where EMS did not take patient to hospital]**

On January 3, 1999 the decedent, 51 year old Michael Galbraih, spent a fair amount of this day shoveling snow from his driveway in Walker [Kent County]. At approximately 4:30 that afternoon, the decedent complained to his wife that he was having chest pains, At 4:37 she called 911, stating, "My husband was out shoveling and he's having chest pain." The 911 operator contacted the Walker Police Department and defendant, Life EMS, Inc.

The defendant paramedics arrived at the decedent's residence at about 5 p.m. The officers told the paramedics that the decedent denied chest pain, but that he had labored breathing and was experiencing a burning sensation upon taking deep breaths. The paramedics took the decedent's pulse, which was noted to be "strong". However, they did not take his blood pressure, use a heart monitor, or listen to his heart and lungs.

Based on the decedent's denial of chest pain and the burning sensation he complained of they concluded that he was not suffering a heart attack, but was likely experiencing a "bronchospasm." The paramedics recommended that the decedent inhale warm, moist air through a humidifier or hot shower.

The paramedics left the decedent's residence at 5:15. At 5:19, the decedent's wife, called 911 to report that her husband was "not conscious". The paramedics returned at 5:21. After extensive CPR failed, they took the decedent to the hospital where he was pronounced dead on arrival.

An autopsy revealed a large blood clot in the left anterior descending coronary artery. When a cardiologist hired by the decedent's wife's attorney concluded that the decedent would likely have survived if he were given the standard emergency treatment for a cardiac patient they filed suit for wrongful death.

The trial judge reviewed the Emergency Medical Services Act stating that it does not define the term; "gross negligence". **The court ruled that gross negligence is conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results. The paramedics' actions did not constitute gross negligence and therefore they could not be held liable.**

Neves v Jackson Emergency Medical Services P.C. [**Needle into muscle**]

Plaintiff had a reaction to some food she ate. Two EMTs responded to an emergency call. One of the EMTs gave plaintiff epinephrine, which returned her blood pressure and breathing to nearly normal levels. The EMT then administered benadryl by needle into her arm. Plaintiff screamed and told the EMT that he had hit a nerve, but the EMT continued to administer the shot. Plaintiff claims the shot "caused wrist drop, an inability to flex dorsally her right wrist, permanent damage to her right arm muscles and radial nerve damage." Plaintiff sued EMTs alleging gross negligence. Plaintiff also alleged willful misconduct because the benadryl was administered after her symptoms had subsided. Defendants were granted dismissal under the Emergency Medical Services Act.

Plaintiff appealed to the Court of Appeals. The appeals court stated that the EMTs did not show a reckless lack of concern of whether plaintiff would be injured by their conduct. Plaintiff claims the EMT ignored her complaint. However, the record shows that the EMT told her that pain was normal and that he had aspirated the needle. This response shows that the EMT had genuine concern for the patient. The evidence showed that the EMTs did not intend to hurt the plaintiff. Therefore, there was no willful misconduct.

Linda Crouch, Conservator of the Estate of Chad Crouch, v Regional Emergency Medical Services, d/b/a Regional EMS and Jeffrey Stevens, and Matthew Gallagher, [**Patient jumped out of ambulance**]

A sheriff's deputy was dispatched to the Crouch home following a phone call to 911 by plaintiff concerning her husband, Chad Crouch. Following defendant's arrival,

plaintiff and a family friend expressed their concerns about Crouch's irrational behavior and his statements suggesting that he was contemplating suicide. Plaintiff wanted him transported to Hurley Hospital. Defendant talked to Crouch, and he calmed down and cooperated with defendant. Defendant handcuffed Crouch and escorted him from the house to the back of the patrol car. Defendant arranged for ambulance to transport Crouch to the hospital because he was being "totally cooperative" When the ambulance arrived, defendant informed the attendants that Crouch had a history of depression, was talking about suicide, and had been drinking, but was being cooperative. One of the attendants, a licensed paramedic, and defendant helped Crouch into the back of the ambulance. Defendant removed the handcuffs. Crouch was quiet and cooperative and agreed to be transported for evaluation. On the way to the hospital Crouch opened the door, stepped on the bumper and then fell or stepped off of the moving ambulance, sustaining injuries.

The court ruled that governmental immunity statute defines "gross negligence" as "conduct so reckless as to demonstrate a substantial lack of concern for whether an injury results" MCL 691.1407(2)©. Evidence of ordinary negligence does not create a question of fact regarding gross negligence. Reasonable minds could not differ in concluding that defendant's conduct in turning Crouch over to the care of the ambulance attendants was not "gross negligence" as defined in the statute. Defendant released Crouch to the care of a paramedic for transportation to the hospital in an ambulance. This conduct did not demonstrate "a substantial lack of concern for whether an injury results"

OTHER:

Can EMTs or firefighters detain an individual who has a communicable disease such as severe acute respiratory syndrome or smallpox?

Only a local health department and the Michigan Department of Community Health are authorized to seek an order of the circuit court to detain individuals suspected of carrying communicable diseases and except in the case of an emergency, such an order is subject to notice and opportunity for a hearing. Neither the Public Health Code nor the Fire Prevention Code authorize the commanding officer of the fire department of a city, village, township or county, or a firefighter in uniform acting under the orders and directions of the commanding officer, to detain an individual suspected of carrying a communicable disease, such as severe acute respiratory syndrome or smallpox., Michigan Attorney General Opinion 7141 (2003).

Will the Emergency Medical Services Act automatically protect an EMT ?

Georgia Holmes, Personal Representative of the Estate of Jessie Holmes, v Edward Bauer and LJ Beal & Sons, Inc., and Community Ambulance Service and Michael Macie and Paul Coleman, [Ambulance rear ended by semi-truck-patient killed]

At approximately 5:00 a.m. on September 10, 1998, a semi-truck driven by Bauer crashed into the rear of an ambulance engaged in a non-emergency transport. Mackie was driving the CEMS ambulance, and Coleman, an emergency medical technician was attending Holmes. Mackie and Bauer agreed to pay plaintiff a sum certain of \$500,000. The issue for trial was who was most at fault between Mackie and Bauer.

Mackie did not argue when he was sued that the EMSA was an affirmative defense protecting him as an EMT. **The court ruled that if the EMSA is not raised as an affirmative defense in the first responsive pleading, it is waived and cannot protect the EMT.**

Is an EMT required when off duty to stop and aid at the scene of an accident?

There is no state law that requires an EMT to stop at the scene. That is, there is no legal duty requiring an EMT to stop if off duty. However, your medical control may require an EMT to stop under their protocol. If an EMT does stop off duty, volunteering services, the EMT is protected under the EMSA because there is no requirement that the EMT be on duty for its protection but an EMT cannot exceed the training level when on duty. However, any person who performs CPR in good faith is protected. MCL 691.1504 states:

Subject to subsection (2), an individual who having no duty to do so **in good faith voluntarily renders cardiopulmonary resuscitation to another individual is not liable** in a civil action for damages resulting from an act or omission in rendering the cardiopulmonary resuscitation, except an act or omission that constitutes gross negligence or willful and wanton misconduct.

Subject to subsection (5) an individual who having **no duty to do so in good faith voluntarily renders emergency services to another individual using an automated external defibrillator is not liable** in a civil action of damages resulting from an act or omission in rendering the emergency services using the automated external defibrillator, except an act or omission that constitutes gross negligence or willful and wanton misconduct.

What happens if your equipment does not work?

McNair v City of Detroit, et. Al, [Fireman's oxygen equipment did not work]

Plaintiff's son went into cardiac arrest as a result of an asthma attack. A fire fighter who was summoned to the scene told plaintiff to cease inhalation therapy on her son because the fire fighter would administer pure oxygen. The oxygen equipment did not work and the son suffered permanent brain damage. Plaintiff sued City of Detroit.

Plaintiff argued that the City was grossly negligent. The court held that the firefighter was protected by the governmental immunity and there is no gross negligent exception which can be brought against the City. All claims dismissed.

INCAPACITATED PERSONS:

MCL 333.6501 states:

An individual who **appears to be incapacitated in a public place** shall be taken into protective custody by a law enforcement officer and taken to an approved service program, **or to an emergency medical service** or to a transfer facility pursuant to subsection (4) for subsequent transportation to an approved service program or emergency medical service. **When requested by a law enforcement officer, an emergency service unit or staff shall provide transportation for the individual to an approved service program or an emergency medical service** This subsection shall not apply to an individual who the law enforcement officer reasonably believes will attempt escape or will be unreasonably difficult for staff to control.

A law enforcement officer may take an individual into protective custody with that kind and degree of force which would be lawful were the officer effecting an arrest for a misdemeanor without a warrant. In taking the individual, a law enforcement officer may take reasonable steps to protect himself or herself. The protective steps may include a "pat down" search of the individual in his or her immediate surroundings, but only to the extent necessary to discover and seize any dangerous weapon which may on that occasion be used against the officer or other individuals present. **These protective steps shall be taken by the law enforcement officer before an emergency service unit or staff provides transportation of an individual to an approved service program or emergency medical service.**

The key phrases of the statute require the police officer to apprehend and disarm the patient before presenting the patient to the EMT. The "pat down" is what police officers are allowed to do to determine whether someone is armed. This only consists for patting down the outer clothing of the person to feel for anything which may feel like a weapon.

The EMT is also protected under the Incapacitated Persons Act at MCL 333.6508:

A law enforcement officer, a member of the emergency service unit, or staff member of an approved service program or an emergency medical service **who acts in compliance with this part is acting in the course of his or her official duty and is not criminally or civilly liable therefore.**

Subsection (1) does not apply to a law enforcement officer, member of the emergency service unit, or staff member of an approved service program or an emergency medical service who while acting in compliance with this part, **engages in behavior involving gross negligence or willful and wanton misconduct.**

The treatment and transporting incapacitated patients will usually involve patients who are drunk, under illegal drugs, or mentally ill persons. Often, first contact is made with the police for criminal activity or a call for protection by a family member.

GUARDIANS OF INCAPACITATED INDIVIDUALS, Legally Incapacitated Persons by Court Order

Minors are considered legally incapacitated and need a parent or guardian to make decisions. Adults can also have a legal guardian. The ward of the guardian has to go to court and prove that the person requiring a guardian is legally incapacitated. **“A guardian may give the consent or approval that is necessary to enable the ward to receive medical or other professional care, counsel, treatment, or service”** MCL 700.5314 ©. A full legal guardian will make medical decisions for their ward.

There is no provision in the Guardianship Act for a guardian to refuse treatment. This can only be done to enforce a patient's previous directive of a do-not-resuscitate, or a durable medical power of attorney.

DURABLE MEDICAL POWER OF ATTORNEY AND DESIGNATION OF PATIENT ADVOCATE also known as Living Will

(1) An individual 18 years of age or older who is of sound mind at the time a patient advocate designation is made may designate in writing another individual who is 18 years of age or older to exercise powers concerning care, custody, and medical treatment decisions for the individual making the patient advocate designation.

Determination of advocate authority to act MCL 700.5508

(1) Except as provided under subsection (3), the authority under a patient advocate designation is exercised by a patient advocate only when the patient is unable to participate in medical treatment decisions. **The patient's attending physician and another physician or licensed psychologist shall determine upon examination of the patient when the patient is unable to participate in medical treatment decisions, shall put the determination in the patient when the patient is unable to participate in medical treatment decisions, shall put the determination in writing, shall make the determination part of the patient's medical record, and shall review the determination not less than annually. If the patient's religious beliefs prohibit an examination and this is stated in the designation, the patient must indicate in the designation how it shall be determined when the patient advocate exercises powers concerning decisions on behalf of the patient.**

MCL 700.5509 Authority and responsibilities of patient advocate:

(d) This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient, **who is pregnant that would result in the pregnant patient's death.**

(e) A patient advocate may make a decision to withhold or withdraw treatment that would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.

MCL 700.5510 Revocation of patient advocate designation.

(d) The patient's revocation of the patient advocate designation. Even if the patient is unable to participate in medical treatment decisions, **a patient may revoke a patient advocate designation at any time and in any manner by which he or she is able to communicate an intent to revoke the patient advocate designation.**

MCL 700.5511 Binding effect; liability of provider, dispute.

(1) Irrespective of a previously expressed or evidenced desire, **current desire by a patient to have provided, and not withheld or withdrawn, a specific life-extending care, custody, or medical treatment is binding on the patient advocate, if known by the patient advocate, regardless of the then ability or**