

Documentation of Unidentified Patient's Information

KİMLİĞİ BELİRLENEMEMİŞ HASTA BİLGİSİNİN BELGELENMESİ

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Abstract

Many patients come to medical care centers every day. Hospitals act upon their responsibility and after recording patient's identification information in admission and discharge summary forms admit, treat and discharge them. A group of these unidentified patients creates interference in mentioned processes that call for greater attention.

If patient's identity would not be determined until time of discharge, it would cause problems for judicial and forensics systems. Therefore it seem, if there are directives and hospitals authorities apply them uniformly, it can assist further patient identification and also protects health care authorities and caretakers from legal claims and other consequences.

In Iran, there is no comprehensive directive on practice of admission, offering health care and discharge of unidentified patients and it is not determined that how health care centers should confront these patients and to take what measures to avoid future legal problems for both hospital and patient. In this article some aspects of this issue would be discussed.

Key Words: Unidentified patient, identification system, information system, admitting department

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Özet

Tıbbi bakım merkezlerine hergün birçok hasta gelir. Hastaneler sorumlulukları doğrultusunda hareket ederler ve girişte hasta kimlik bilgilerini kaydettikten sonra, hastaları kabul, tedavi ve taburcu ederler. Kimliği belirlenememiş hasta grubu, büyük dikkat isteyen, bahsedilen süreçte engel yaratır. Hasta kimliğinin taburcu edilme zamanına kadar saptanamaması, hukuki ve adli sistem sorunlarına neden olacaktır. Bu nedenle, talimatların olması ve hastane yetkililerinin bunları aynen uygulaması daha fazla hasta kimliğinin belirlenmesine yardımcı eder ve aynı zamanda sağlık bakım yetkililerini ve hizmet verenleri hukuki iddia ve diğer sonuçlardan korur.

İran'da, hasta kabulü, sağlık bakımı sunumu ve kimliği belirlenememiş hastaların taburcu edilmesi ile ilgili ayrıntılı bir yönetmelik yoktur. Sağlık bakım merkezlerinin bu hastalara nasıl karşı koyacakları ve hem hastane, hem de hasta için gelecekteki yasal sorunlardan kaçınmada hangi ölçütlerin alınacağı belirlenmemiştir. Bu makalede, bu konunun bazı yönleri tartışılacaktır.

Anahtar Kelimeler: Kimliği belirlenememiş hasta, kimlik saptaması sistemi, bilgi sistemi, giriş departmanı

Admission of patients that turn to hospital in an unusual way have always created many problems for health care centers. If these patients suffer from calamities like car accidents, natural disasters, assault & battery, in a way that their identification and taking personal information become impossible. It might become necessary to take other measures in addition to routine

procedures in order to assist future patient identification. In this article the various aspects of unidentified patients presence in there contexts including admission, providing health care services and discharge would be mentioned.

Case Description

The first studied aspect is patient admission. In the time of admission reliable information on identification, social and economic status of patient for further references should be recorded, and if patient has been in a critical condition or is a child, this information should drawn from his/her parents or accompanies.¹ If patients identity is not clear then what are the responsibilities of admission staff?

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Other aspect of unidentified patients presence in hospital, are legal issues resulted from hospitalization and surgical operation consent, in which legislator has given a free hand to health care providers and clearly states "without patient or his/her legal representative no medical doctor has the right to perform medical intervention, except in cases of medical emergencies that acquiring a consent is out of question."²

Also ethically speaking, the rule is that providing social services and medical requirements must be devoid of any prejudices and must not be based on color, race age and etc.³ Because declining from admission and provision of essential medical care to emergency patients are against section 44 of government punishment law on health care and medical services dated 26/12/1376 of the merit reorganization consul that regulated penalties for accused organization.⁴

On the other hand, doctors and emergency nurses, since the nature of their occupation which demands diagnosis and treatment of these patients, might not be able to assist in identification of such patients in such critical conditions. For instance, when a patient with multiple body parts fracture came to hospital, his/her clothes should be removed in a way that prevent further injury. Therefore it is possible that during this, clothes were cut in order to remove them. The important point is that during this procedure clothes might be thrown away and no on care to keep them.

If patients identity is clear throwing away his/her personal belongings might not be important and throwing away his/her clothes might be thrown away have no particular consequences, but otherwise, even these thorn clothes might be a clue to his/her identity. Throwing away unidentified patients personal belongings should be considered a mistake. Of course proving that whether a mistake is difficult, because standard and clear preconditions must be present beforehand to enable us to determine whether a mistake took place according to existing standards.

His/her in hospital is their hospitalization expenses. Obviously hospitals should consider pro-

cedures about this issue in advance and - it as a directive in order to complete red tape for all of such patients.

Vegetative life of unidentified patients is another aspect that should be studied. If patient has certain family and relatives they should complete the consent about his/her vegetative life continuation or organ donation. But if patient guardian is not determined, could their organs used for organ transplantation? Could we participate them in medical research or clinical trials? Could we deprive these patients during trial of a new beneficial medicine, only because they have no one to back up his/her willingness? Could we publish patient's photo through scientific media? Publishing of how much of this information considered a violation of their rights?⁵

In regard to informative issues that are one of most important aspects of unidentified patients presence in hospitals according to our research there is no comprehensive information center in the country for unidentified patients. Also there is no directive has been issued concerning guidelines on information recording. Hospitals might not know which kind of information are important for these patients and how should they be recorded?

On the other hand recording information in medical records must be clear and readable. Because these kind of information will protect the patients rights.

It is not far from mind that even small indications of patient's clinical evaluation or even unidentified patients personal belongings would be helpful in their identification or courts of justice. In other words information must recorded in such a way that if even there is a long time lapse between time of incident, health care staff availability and claims in court, the information in the file be helpful in resolving law suites and patients identification.

In case of a group of patients that are injured during natural disasters and have brought to hospital, because we face numerous injured individuals some of which might been unidentified, therefore admission and nursing staff should adopt pre ar-

ranged and uniform measures and be prepared enough.⁶ Pregnant unidentified patient presence and her consequent delivery are also an important aspect in which the identity of two individuals (mother & child) are at stake.

In this article the last aspect we would discuss is discharge of unidentified patient. Sometimes discharge is in the form of transfer to orphanage, retirement home, sanitarium, cemetery and other places. Anyhow, hospital should have a uniform directive for all kinds of discharge, so would not hesitate in such cases.

In Iran a comprehensive, structured research on the process of admission, health care service provision, discharge, identification and care of unidentified patients belongings has not performed yet and its not been determined that what percent of. This type of patients experienced difficulties when refer to hospital and what kind of problems they face. In case of admission of this patients sometimes it has been observed that admission staff use a unstructured and inconsistent proceedings to solve certain problems and they might not know that what sort of information should be collected and how to structure them. How should take part in making the proceedings? On the other side what is their legal bearing against unidentified patient? What measures should be taken to assist this patient for their identification and resolving legal issues? What should be done in case of unidentified patient death?

Discussion

Hospital reports are legal documents that their through and accurate recording are always been insisted. Therefore while recording this reports) especially in case of accidents or calamities) special accuracy and attention should be exerted because patients medical files are their defensive shields that document their claims in courts. Sometimes documentation of patients care reports in some cases bear legal consequences for health care staff in courts, and against all claims of accuracy and paying attention on performing the proper treatment and care for patients, because there is no record or documentation on these, courts will not

confirm them. The major points in documentations for health care authorities include:⁷

- 1- The reports must be readable.
- 2- If you don't record services rendered, you did not do anything.
- 3-Negative results are as important as positive ones.
- 4-Record the Diagnosis thoroughly.
- 5- Cooperate with all patients' health care staff in protecting the information.

In any case admission of emergency patients has -from medical point of view. Because with slightest neglect patient might suffer and if immediate medical intervention not performed he/she may dye. Therefore medical interventions must be pursued anyway and at the same time patient's admission and recording of social documents must be done. Because admission of such patients has certain sensitivity, therefore admission staff should go to patient's bed both observe the patient and complete the informative items on admission form and discharge summery, with the help of emergency doctor.

Some important suggestions include:

- 1- Surname of unidentified patient, should be recorded as "unidentified" and in case that patient remain unidentified until admission, he/she would be identified as such at the hospital.⁸ Other possible titles are anonymous, undefined, micellanous, unknown, we do not reject any of them, but for sake of uniformity, these titles are not considered.
- 2- Patient's gender should be recorded precisely. It's worth mentioning that to emphasize, the patient's sex can be mentioned along patient's name (e.g. unidentified female).⁹
- 3- To estimate average age ask for the emergency doctors help.
- 4- It is better if where patient was found recorded in address item.
- 5- Record the address, identification characteristics, (from a valid identification card) and phone number of person that brought the patient.
- 6- Mention the name of police station, person who informed the station. Date and time of call and name of attending officer.

7- Record precisely any patient's possessions and belongings.

8- After unidentified patients died, inform patient's death to forensic office for any further action.

9- To participate unidentified patients in medical research review legal and ethical regulations.

10- Make directives concerning unidentified patient's available to all staff and if necessary exercise needed instructions.

However, above mentioned points are not always sufficient for patient's identification, therefore we suggest that an additional proceedings for recording of other prominent points be considered. Its worth mentioning that all of mentioned points are instruments for patient's identification and prove his legal claims. Points which worth to mention include:

1- In proceedings form state which individuals were involved in proceedings preparation?

a) Shift's supervisor b) Shift's emergency staff c) Shift's admission staff d) Shift's emergency doctor

2- How is the patient's appearance:

a) Obese, thin, short, long b) Scar, tattoo, marking, port wine stain including their places c) False teeth including tooth's name, beard and mustache, including color and form d) Hair color including its type (Dye- natural, eye, skin) any characteristic sign or amputation including place

3- Patient's belongings including type and number:

a) Clothing including color, traditional, formal etc. b) Jewelry including type and number c) Possible papers d) other belongings should mentioned

4- Person or department responsible for keeping the belongings:

a) Patient's clothing and belonging storage department b) Social worker c) Nursing station admission.

5- The patient's discharge condition (the unidentified patient is not always an accident victim or injured person, but possibly a strayed child, mentally disturbed person with loss of memory):

a) Deceased b) Transferred to orphanage c) Transferred to care center d) Escaped

6- Patient's photo at admission

7- Patient's fingerprint's (right index, right toe in case of hand amputation)

8- If an advertisement is placed in a newspaper for patient's identification these points should be considered:

a) Newspaper's name b) Date and number of advertisements c) The proposed proceedings presented in form.¹

Conclusion

All of mentioned points are presented as a proposal and any proposal is a subject of further discussion and revision. Because until now no action has been taken in this regard, therefore it is essential that ministry's authorities review aspects of and present appropriate measures for this problem.

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