Ch 9
Physicians’ Public Duties and Responsibilities
Vital Statistics  page 267

• Vital events for which statistics are collected:
  Collected by government officials to assess population trends and needs
  – Live births
  – Deaths
  – Fetal deaths/induced abortions
Use of Vital Statistic Information

- Educational institutions
- Governmental agencies
- Research scientists
- Private industry
- Other organizations and individuals

Allows for tracking population composition and growth, measuring educational standard, and monitoring communicable diseases and other community and environmental health problems. Health care practitioners play an important role in collecting and recording valuable health data required by law; therefore, it is important that they know the correct methods and procedures for reporting public health information.
Recording Births and Deaths p 268

Type or print all entries
• Leave no entries blank
• Avoid corrections and erasures
• Provide signatures where requested
• File only originals with state registrars
• Verify spelling of names
• Avoid abbreviations
• Refer problems to state officials
  – sub1
    • suba
  – sub2
    • suba
All live births must be reported to the state registrar. Page 269 shows a sample birth certificate. In some states separate birth and death certificates must be filed for still births, while in others there are special forms for still births that include both birth and death information. Generally birth and death certificates are not required for fetal deaths in which the fetus has not passed the 20th week of gestation. In hospital the attending physician must verify all medical information. For nonhospital births, the person in attendance is responsible for filing the birth certificate.
Death Certificate Information the attending physician must complete the medical portion of the certificate of death.

- Disease, injury, and/or complication that caused death and how long decedent was treated for this condition before death occurred
- Date and time of death
- Place of death
- Pregnancy in female death
- If autopsy was performed

Certificate of death on page 271
Deaths Subject to Autopsy and in most states it is against the law for an attending physician to sign a death certificate if the death was:

- Possibly due to criminal causes
- Not attended by a physician within a specified length of time before death
- Due to causes undetermined by the physician
- Violent or otherwise suspicious death

If any of these situations exist, a coroner or medical examiner must sign the death certificate. If a death occurs under suspicious circumstances, permission from next of kin is NOT needed for an autopsy to be performed. Some states employ a medical examiner instead of a coroner. A medical examiner is a physician, frequently a pathologist, who investigates suspicious or unexplained deaths in a community. The medical examiner can order and perform autopsies.
Question

Tell whether the following statement is true or false.

A coroner is a public official who investigates and holds inquests over those who die from unknown or violent causes.

True
False
Answer

True
A coroner is a public official who investigates and holds inquests over those who die from unknown or violent causes. He or she may or may not be a physician, depending on state law.
Forensics Medicine p 270

• Division of medicine that incorporates law and medicine and involves medical issues or medical proof at trials having to do with malpractice, crimes, and accidents
  – Forensic scientists
  – Crime scene investigators

Look at page 272 for “routine autopsy overruled” information
The power of the states to initiate public health statutes is inferred from the 10th amendment.

Inferred from 10th amendment US Constitution:
- Federalism: sharing of power among federal, state, and local governments
- Help guarantee the health and well-being of citizens

The amendment states: “the powers not delegated to the United States by the constitution, nor prohibited by it to the states, are reserved to the states respectively, or to the people.”
Provisions of Public Health Statutes p. 273

Public health statutes vary with states, but all provide for:

• Guarding against unsanitary conditions in public facilities
• Inspecting establishments where food and drink are processed and sold
• Exterminating pests and vermin that can spread disease
• Checking water quality
• Setting up measures of control for certain diseases
• Requiring physicians, school nurses, and other health care workers to file certain reports for the protection of citizens
Enforcement Power of the State

- Require investigations be conducted in infectious disease outbreaks.
- Make childhood vaccinations a condition for school entry.
- Ban the distribution of free cigarette samples around schools or in areas where children congregate.
Enforcement Power of the State

look at chart 9.4 on page 274 (and on next slide) for examples of reportable diseases and injuries, and explain how they are reported.

- Institute smoking bans or restrictions
- Involuntarily detain (quarantine) individuals who have certain infectious diseases
- Seize and/or destroy property to contain the threat of toxic substances
# How Laws Affect Public Health Issues

## Table 9-1

<table>
<thead>
<tr>
<th>Law</th>
<th>Public Health Issue</th>
<th>How the Law Works</th>
<th>How the Law Is Enforced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaccinations to enter school</td>
<td>Spread of infectious disease</td>
<td>Parental cooperation</td>
<td>Requires proof of vaccination when children register for school.</td>
</tr>
<tr>
<td>Smoking bans/restrictions</td>
<td>Diseases caused by exposure to tobacco smoke</td>
<td>Requires behavioural changes</td>
<td>Admonishment or citations for noncompliance.</td>
</tr>
<tr>
<td>Child safety seat laws</td>
<td>Accidental injuries/death in children</td>
<td>Requires behavioural changes</td>
<td>Citations for noncompliance.</td>
</tr>
<tr>
<td>Fluoridation of public water supply</td>
<td>Dental caries</td>
<td>Requires no action on the part of individuals</td>
<td>Periodic checking of public water supply.</td>
</tr>
<tr>
<td>Spraying a community for mosquito control</td>
<td>Spread of infectious disease</td>
<td>Requires no action on the part of individuals</td>
<td>City government orders and pays for spraying.</td>
</tr>
<tr>
<td>Requiring pasteurization of milk sold for public consumption</td>
<td>Spread of infectious disease</td>
<td>Requires no action on the part of individuals</td>
<td>Milk is tested for pathogens before it is sold.</td>
</tr>
<tr>
<td>Restaurant inspections</td>
<td>Spread of food poisoning or other disease</td>
<td>Requires no action on the part of individuals</td>
<td>Local health department routinely inspects restaurants.</td>
</tr>
<tr>
<td>Food supply inspections</td>
<td>Spread of food poisoning or other disease</td>
<td>Requires no action on the part of individuals</td>
<td>FDA inspectors can initiate civil action, as well as criminal prosecution.</td>
</tr>
</tbody>
</table>

Source: Adapted from CDC's Public Health Law 101, Lesson 1, "Key Concepts of U.S. Law in Public Health Practice." PPI Slide 11. <a>www.cdc.gov/phpipf/1101/</a>
Under each state’s public health statutes, physicians, other health care practitioners, and anyone who has knowledge of a case must report to county or state health agencies the occurrence of certain diseases that, if left unchecked, could threaten the health and well-being of the population. The list is long and varies with the state. Requirements for reporting—such as time lapses and whether to report by telephone, mail, or online—also vary, so medical office personnel should be familiar with the specific requirements for reporting. Page 275 has information about state mandated notification of sexual partners by HIV carrier.
National Childhood Vaccine Injury Act  page 276

• Since a small percentage of vaccinated children suffer adverse effects from the vaccine administered, parents or guardians are informed of risks associated with each vaccine.

• Parents must also sign consent forms allowing health care practitioners to administer the vaccine.
Sample Vaccination Consent Form

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Date Given</th>
<th>Vaccine Wk.</th>
<th>Vaccine Lot No.</th>
<th>Site Given</th>
<th>*(Init.)</th>
<th>Parent/Guardian Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DT DTP DTap 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT DTP DTap 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DT DTP DTap 3</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td>DT DTP DTap 4</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>MR 1</td>
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<tr>
<td>MR 2</td>
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<tr>
<td>*(Hep B-P 1)</td>
<td></td>
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<td></td>
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<tr>
<td>Hep B-P 2</td>
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<tr>
<td>*(Hep B-P 3)</td>
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<tr>
<td>Hep B-H 1</td>
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<td>Hep B-H 2</td>
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<td></td>
</tr>
<tr>
<td>Hep B-H 3</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OPV IPV 1</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>OPV IPV 2</td>
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<td>OPV IPV 4</td>
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</tr>
<tr>
<td>OPV IPV 5</td>
<td></td>
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</tbody>
</table>

*(Init.) Initials indicate vaccines were provided and vaccine administered.

Signature of Vaccine Administrator

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• National Vaccine Injury Compensation Program (VICP)
  – Relieves vaccine manufacturers and providers from having to pay judgments for vaccine injuries that, in turn, could lead to a shortage of vaccines due to the disincentive of legal liability
## Vaccines Covered by the VICP

**Table 9-2**

The following vaccines are covered by the VICP:

- Diphtheria, tetanus, pertussis (DTP, DTaP, Tdap, DT, Td, or TT)
- Haemophilus influenzae type b (Hib)
- Hepatitis A (HAV)
- Hepatitis B (HBV)
- Human papillomavirus (HPV)
- Influenza (TIV, LAIV) [given each year during the flu season]
- Measles, mumps, rubella (MMR, MR, M, R)
- Meningococcal (MCV4, MPSV4)
- Polio (OPV or IPV)
- Pneumococcal conjugate (PCV)
- Rotavirus (RV)
- Varicella (VZV)
- Any combination of the vaccines above
- Additional vaccines may be added in the future

Source: [www.hrsa.gov/vaccinecompensation/covered_vaccines.htm](http://www.hrsa.gov/vaccinecompensation/covered_vaccines.htm)

Check the Web site to see if new vaccines have recently been added to the list.
Protective Legislature/Vaccines
page 277

• National Childhood Vaccine Injury Act
• National Vaccine Injury Compensation Act
Vaccination Documentation

- Date vaccination was administered
- Vaccine manufacturer
- Vaccine lot number
- Expiration date
- Site administered
- Name, address, and title of health care provider who administered vaccine
Federal isolation and quarantine are authorized for these communicable diseases:

Cholera
Diphtheria
Infectious tuberculosis
Plague
Smallpox
Yellow fever
Viral hemorrhagic fevers
Severe acute respiratory syndromes
Flu that can cause a pandemic

Federal isolation and quarantine are authorized by Executive Order of the President. The President can revise this list by Executive Order.
Vaccine Adverse Effects Reporting page 281

• Any event listed in the Vaccine Injury Table

• Any contraindicating event listed in the manufacturer’s package insert
Reportable Injuries
page 282

• Assault
• Rape
• Domestic violence
  – Child abuse
  – Elder abuse
Question

Tell whether the following statement is true or false.

A physician suspects spousal abuse of a patient who denies the abuse. It is the responsibility of the physician to report the abuse.

True
False
Answer

False

A physician suspects spousal abuse of a patient who denies the abuse. It is not the responsibility of the physician to report the abuse unless the patient says the abuse was due to spousal abuse.
Signs of Abuse
page 285

- Unexplained fractures
- Repeated injuries
- Burns with unusual shapes
- Friction burns
- Bite marks
Question

Tell whether the following statement is true or false.

A health care practitioner who suspects spousal abuse should force the issue to encourage the abused partner to leave the abuser.

True
False
False

A health care practitioner who suspects spousal abuse should not force the issue to encourage the abused partner to leave the abuser. Instead a sign with tear off help-site phone numbers should be posted to avoid agitating the abuser.
Drug Regulations
page 277, 288 and 289

• Food and Drug Administration Act
• Controlled Substances Act
  – Schedule I
  – Schedule II
  – Schedule III
  – Schedule IV
Ensuring Security/Scheduled Drugs

• Checking to be sure that all controlled substances are kept in a locked cabinet or safe.
• Reminding the physician to keep his or her black bag in a safe place.
• Keeping all prescription blanks, especially those used for narcotics, under lock and key.
Ensuring Security/Scheduled Drugs

• Ordering prescription blanks that are serially numbered or otherwise printed to help detect alterations and theft.

• Reporting to the physician any behavior by patients that would suggest an attempt to secure addictive drugs.

• Checking patients’ records to verify all prescriptions that may be questioned by a pharmacist.