



The Good Samaritan

BY GENEVIÈVE M. CLAVREUL, RN, PH.D.

NOT LONG AGO, my daughter and I were on our way to Washington, D.C., for our bi-annual trip to walk the halls of Congress and advocate for bills of personal and professional interest to us. We were flying out on our usual red-eye flight, preferring to arrive in D.C. in time to catch morning meetings.

I had just drifted off to sleep over North Carolina when my daughter urgently shook my shoulder, whispering in my ear, "Mom you need to wake up."

I awoke groggily, and as I slowly straightened up in my seat she said, "You need to go to the back of the plane, the flight attendants are calling for a nurse." While I had slept, one of the passengers passed out in the rear galley of the plane. When the flight attendants were unable to rouse her, they first called for a doctor and then a nurse. My daughter woke me, sure that my many years of ICU experience made me the right candidate to answer the flight attendants' call for help.

“Mom, wake up,” my daughter said. “The flight attendants in the back of the plane are **calling for a nurse.**”

I walked to the rear galley, introduced myself to the flight attendants and provided my California Registered Nurses license (my daughter thinks of everything). They were happy to have a nurse available and explained the procedure that they were about to implement to assess the patient. This was my first experience with the in-flight medical service that airlines use, and I felt that the medical professionals at the other end of the radio line were exceptional in their ability to transmit and relay all the necessary information.

Finally, after taking pulse, blood pressure, and other vitals, the nurses asked me if I thought they needed to divert the flight. No, I advised them, since the woman was in no immediate distress, and was now conscious and coherent. Turns out that she had been anxious about the flight, and had taken medication to calm her nerves. After drinking a glass of wine on the plane, the alcohol and altitude served to potentiate the effect of the medication. The medical response team met us on the tarmac in D.C. and took the woman to the hospital to make sure she was all right. The rest of us disembarked and went on our merry way.

THIS WAS NOT THE FIRST TIME I had been called on to provide nursing care outside the walls of a hospital and beyond my traditional area of work. However, thanks to the Good Samaritan Laws in the United States, I could freely offer my help without fear of lawsuit or liability. Many nurses are aware that Good Samaritan Laws exist; however, not many are aware of the shield that they provide, nor their limits.

In truth, anyone can offer aid and assistance, and many of our citizens answer that call every day. However, when a doctor or a nurse responds to a medical emergency, the public has a higher expectation of our ability to perform and to help. Good Samaritan Laws exist nationwide to protect us against the potential for lawsuit if there were a negative outcome.

However, if the emergency situation is one that your training and instincts tell you that you are not prepared for, then you are obligated to decline to render direct medical aid (although you can still assist where needed).

Many years ago a pathologist friend was somewhere over the Atlantic on a flight from Paris, when the flight attendants summoned him to render aid to a passenger who had lost consciousness. At first he wasn't quite sure whether he should help or not. His concern was that he

had been a pathologist his entire career, and had never treated a living person except during his residency rotation. In the end, he expressed relief that he was not required to provide medical aid. He wasn't sure what to do with a living body.

THE CALIFORNIA GOOD SAMARITAN ACT (Ann. Cal. Bus. & Prof. Code §2395) in essence, states that no licensee (i.e. doctors and nurses) who in good faith renders emergency care at the scene of an emergency shall be liable for any civil damages as a result of any acts or omissions by such person in rendering the emergency care. The statute also clarifies that the Good Samaritan Act does not apply in the event of a willful act or omission.

A website that has rather comprehensive information about Good Samaritan laws, regulations, and statutes, for each state, is, <http://www.cprinstructor.com/legal.htm>. It is important to make sure that the information you access is current, and remember these sources serve as a resource and are informational in nature. For a legal or official ruling, always seek the advice of a legal professional or get an official interpretation from your local Board of Registered Nursing.

The Good Samaritan Laws were enacted to foster an environment where people, especially nurses, doctors, EMS personnel and so on, can feel free to render much needed first aid and other life saving measures. However, if you are in a situation where you lack the necessary expertise to provide the appropriate aid, then you are equally obligated to not place the individual at any greater risk.

Knowing the limits of your skills and knowledge is always important. As I have written in many of my past articles, a nurse who recognizes his or her own limits is showing competency, not weakness.

To summarize, the next time you are called upon to render aid in an emergency situation, you are protected under the Good Samaritan statutes so long as you provide aid within your skill sets, and commit no willful acts or omissions. **WN**



Geneviève M. Clavreul is a health care management consultant. She is an RN and has experience as a director of nursing and as a teacher of nursing management. She can be reached at: Solutions Outside the Box; PO Box 867, Pasadena, CA; gmc@solutionsoutsidethebox.net (626) 844-7812.