

日期	_102_年_03_月_14_日
<p>內容摘要：</p> <p>(填寫說明：1. 如有附件請註明，如簡報檔、全文檔等 2. 需有問題與討論：請註明姓名並包含醫學倫理及 EBM 之應用 3. 需有總結，請註明做結論者【主持人】姓名 4. 請自行編排頁碼)</p> <p>時間：2013/03/14 08:30~09:30</p> <p>地點：同新園會議室</p> <p>主題：JOURNAL MEETING</p> <p>主持者：VS 吳柏衡</p> <p>報告者：Int 董庭安</p> <p>紀錄：R3 許力云</p> <p>{Q and A }:</p> <p>Q1.VS 吳柏衡: Malpractice litigation</p> <p>A1.R3 許哲彰: danger among practicing emergency physicians</p> <p>Q2.VS 吳柏衡: ANY INCREASE in hands-off time?</p> <p>A2.R3 周光緯: leads to significantly increased mortality</p> <p>Q3.VS 吳柏衡: This threat leads to fear of litigation?</p> <p>A3.R1 陳穎玲: alter behavior, leading to defensive practice.</p> <p>Q4.VS 吳柏衡: the physician had a duty?</p> <p>A4.R3 周光緯: the physician breached the duty</p> <p>Q5.VS 吳柏衡: there was harm to the patient</p> <p>A5.R2 羅志威: the harm was caused by the physician' s breach of duty</p> <p>Q6.VS 吳柏衡: This article will review</p> <p>A6.R3 許哲彰: the medical-legal concept of special defenses by presenting legal precedent cases.</p> <p>Q7.VS 吳柏衡: A plaintiff' s implied or expressed agreement absolves the defendant from responsibility?</p> <p>A7.R3 周光緯: Only a small alteration could make a big change</p> <p>Q8.VS 吳柏衡: Study showed even a brief pause in chest compression</p> <p>A8.R3 周光緯: providers often perform procedures that put patients at risk?</p> <p>Q9.VS 吳柏衡: Secondary end points ?</p> <p>A9.R3 周光緯: The physician performing the procedure can reduce litigation exposure if the patient knew.</p> <p>Q10.VS 吳柏衡: Safetyend points?</p> <p>A10.R2 羅志威: afraid of being shocked accidentally.</p>	

內容摘要（續）：

{EBM and ethics}

Q1.VS 吳柏衡：Rescuers often thought?

A1.R3 許哲彰：A physician who in good faith provides emergency medical care without a fee to a person is not liable for damages secondary to their acts.

Q2.VS 吳柏衡：The emergency labor resulted in neurologic damage and right arm paralysis?

A2. R2 羅志威：The concept of contributory negligence applies the legal concept that a person must be responsible for their own action or inaction.

{Key points}

1. The clinical innovation defense is the last defense a physician should plan to rely on.
2. The key is communication with the patient so that they know the risk and benefits behind the clinically innovative decisions.
3. Several clinical defenses have been and can be used in defense of a malpractice claim, even when it appears that the four elements

{VS comment}:

VS 吳柏衡：

The emergency physician should be aware of these defenses so that he or she can optimize and reduce their risk of liability

紀錄：R3 許力云