

Ethical Issues in Phlebotomy



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Relevant Financial Relationship(s):

Nothing to Disclose

Off Label Usage:

Nothing to Disclose

Agenda

- Brief reminder of negligence actions
- Legal versus ethical
- Various scenarios in phlebotomy

Malpractice = Medical Negligence

Plaintiff must establish four elements of cause of action

- Duty
 - Standard of care
- Breach of that duty
- Connection between breach of the duty and the harm
- Harm

Duty

- Care provider must possess/exercise degree of learning and skill ordinarily possessed and exercised by care providers in good standing acting in similar circumstances.
- In other words, care provider must practice within “standard of care.”

What is the Standard of Care in Phlebotomy?

- Textbooks, authorities, societies, or facility’s SOPs / policies
- Includes things like:
 - Patient identification
 - Getting the right specimen for the test ordered
 - Using the right technique
 - Lowest possible angle
 - Patient safety (if faint or light-headed)
 - Universal precautions

Breach of Duty

- Did the phlebotomist breach that duty?
- Was a standard of care not followed?
 - Was a policy violated?
 - Wrong procedure?
 - Mislabeled?
 - Privacy breach?
 - Use wrong equipment?
 - Did hospital fail to supervise or train staff?

Causation

- Definition:
 - More probable than not that injury resulted from deviation from the standard of care
- No liability without proof of causation

Injury

- If there is no injury, there is no basis for a lawsuit
- Injury usually must be physical
- Normally no recovery for purely emotional injury

Ethical Considerations

- Not against the law, but puts you at odds with what you believe “to be right.”
- Sometimes the law helps point the direction, but can also be in the eye of the beholder.
- Examples in care setting:
 - Parents not making good decisions for their child
 - Neglect versus your beliefs about immunizations
 - Patient’s DNR status
 - Confidentiality restrictions

Scenario One

- You are asked to draw blood for a friend's husband. You notice HIV and Hepatitis testing is being ordered. You knew they were having some marital problems, but your friend did not mention he might be having an affair.
- What should you do?
 - Tell your friend about seeing her husband. After all, you aren't telling her what tests were ordered. She can ask him that.
 - Tell your friend he might have a communicable disease. You have a duty to warn, right?
 - Tell her you think he's cheating. It's not like you are breaching patient confidentiality.
 - Other?

Scenario Two

- You are asked to draw blood for a pregnancy test. The draw itself went fine, but when you escort the patient to the waiting room, your colleague approaches you and asks what tests were ordered. When you ask him why he wants to know, he explains that it is his ex-girlfriend and he's worried about her. What would you do?
 - Tell him, since he's a colleague covered by the same nondisclosure requirements.
 - Let him know you are unable to tell him anything more because it is your obligation to share only on a need-to-know basis.
 - Distract him by asking why they broke up.

Scenario Three

- You meet your uncle in the hallway of the clinic and start a conversation. Your uncle shares that your aunt is having a bilateral mastectomy tomorrow. When you talk with your mother a few days later, she tells you your aunt is in the hospital due to the surgery. You tell her you already knew, which leads to questions about how you knew and why you didn't tell her. What do you say?
 - You have a legal obligation to protect patient information
 - You thought she knew, since it is her sister.
 - Share the details of meeting your uncle and how you planned to tell her when the time was right.
- Under what circumstances could you have shared the news?

Scenario 4

- You are struggling to find a vein on a patient. When you think you found a deep basilic vein, you attempt to get the specimen, but fail. You continue to reposition the needle, but the patient complains about burning pain. You reassure her by saying you are almost done and you don't want to have to "poke her again." As the patient is leaving, she comments about a burning sensation and tingling in her fingertips.
- What are the risks in this situation?
- What should you have done?

Scenario 4, as the saga continues

- You learn later that this patient is suing you for a permanent nerve injury, but you also learn she was in a bad car accident a month after her blood draw.
- Does this matter?

Scenario 5

- You are asked to draw blood for a pediatric patient. As you are making small talk with the patient's mother, she shares she doesn't like the sight of blood. You don't really think anything about it, since many people say that, and she doesn't seem uncomfortable being in the room.
- When the draw is over, you escort the patient and mother to the hallway leading to the waiting area. As you walk away, you hear a crash and turn to see the mother has fallen to the ground.
- Anything you would have changed in the above scenario?

Scenario 5, continued

- As you are helping the response team, the child tells you that her mother passes out a lot “because of her wine.”
- Should you do anything with this information?
- What if you know her mother is actually a physician at a local hospital?

Scenario 6

- A phlebotomist working in a large outpatient-clinic had just completed a blood-draw on a young female patient. The patient stood up and walked out of the draw room and down the hall; upon reaching the elevators, the patient suddenly collapsed onto the floor. The response team was called and once revived, the patient indicated that she felt fine, but all of a sudden, became extremely dizzy and passed out. She mentioned that it was probably related to the fact that she had just had her blood drawn, and she has had occasions in the past when she fainted during blood collections. She did not share any of this information with the phlebotomist during their interactions.
- Any risks in the above?

Scenario 7

- A phlebotomist was performing point-of-care glucose testing on a number of diabetic patients. The lab was short-staffed because of an unusual amount of ill-calls by staff. In a hurry, the tech failed to run the daily Quality Controls on the testing meter, as required by the Standard Operating Procedures within the laboratory. As a result, one of the patients went into a diabetic coma and nearly died.
- What risks do you see?
- What would you have done differently?

Scenario 8

- Your colleague tells you that his ex-girlfriend was recently tested for various STDs. He tells you he looked up the results and found out she tested positive for herpes. He laughs and tells you “serves her right for breaking it off with me.” He then shares he has been sending texts to her new boyfriend taunting him about the results.
- Anything wrong with this?
- What should you do?

Scenario 9

- You are in a hurry to draw blood on a surgical floor. You were late to work and need to catch up. You go into a hospital room and notice only one patient in a double room. You don't check the armband of the patient since there isn't any other patient and figure this has to be the right patient. The patient then receives a blood transfusion of A negative blood, when the patient was really O positive. Your supervisor tells you the patient died as a result.
- What went wrong in the above?
- Do you have any fault?

Questions & Discussion