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PART 2

Medicolegal Issues During the COVID-19 Pandemic

This three-part series—Part 1 in the June issue covered patient confidentiality—reviews a few topics giving physicians concern during the COVID-19 pandemic.

Maintaining Office Safety

PATIENTS | You retain the right to refuse a patient who will not cooperate with requirements to wear a facemask. If they refuse and can be safely seen later, they should be given an appointment past the expected isolation period. However, you cannot summarily deny care to someone under active treatment without adequate notice to permit them to set up care elsewhere.

You should also keep the issue of constructive abandonment in mind. Actual termination from your practice because of how a patient conducted themselves is something to deal with when the isolation regimen has ended.

EMPLOYEES | The EEOC has specifically said that nothing in the ADA should be taken to interfere with employers following public health recommendations. As an employer under OSHA obligations to maintain a safe workplace and a physician with a fiduciary duty to safeguard the health of your patients, you may therefore take steps that you would normally be more limited in.

Current employees can be denied access to your premises if they place others at a significant risk. You can require that employees self-report any exposure, answer questions about symptoms, and be tested with sufficient medical basis. You can require temperature checks, should counsel employees to be mindful of how they feel generally and to immediately report any changes, and remind all that hygiene and PPE precautions apply fully. All employees should be required to engage in proper hygienic procedures. If an at-will employee is not cooperating with hygienic conduct, you may fire them immediately.

If an employee was exposed or has tested positive, you will need to inform co-workers, but ask for permission to reveal their identity. If they refuse, tell other employees without naming the source. Since a sudden absence at this time can be revealing, firmly instruct in writing that the employees who remain not discuss a co-worker's PHI. While an employee is on self-isolation, ask only the minimum information necessary to make a work-related determination of their safe return. You can also require that they provide a physician's note saying that they are fit to return.

This article was written by Dr. Medlaw, a physician and medical malpractice attorney.

Challenging Beta-Lactam Allergy Status

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The latest US census reports a 20% to 30% increase in the population older than 60, which is estimated to double by 2030. Investigations conducted with participants in this population have not kept up with its growth, resulting in a lack of currently available scientific evidence, explains Teodorikez Wilfox Jiménez Rodríguez, MD, MSc. Among the more than 95% of people reporting an allergy to beta-lactam (BL) antibiotics who have been shown to subsequently have good tolerance, elderly patients may do so due to initial false labeling of allergies, the spontaneous loss of sensitivity, or age-related decline in sensitization. This patient population may, thus, be unnecessarily treated with less appropriate antibiotics, causing more side effects and entailing increased health costs.

An Allergological Study

Taking the above into consideration, Dr. Jiménez-Rodríguez and colleagues conducted an allergological study, published in the *Journal of Asthma and Allergy*, to assess whether patients aged 60 or older with allergy to BLs—some of whom had been previously confirmed—had lost sensitization and could tolerate these antibiotics. "We wanted to see if these patients could finally benefit from receiving first-line antibiotics with less toxic side-effects and less expense to the healthcare system," adds Dr. Jiménez-Rodríguez.

Study participants were 1) admitted in the participating services and either previously labeled as allergic to BLs or as having hypersensitivity reactions (HSRs) to BLs during a hospital stay or 2) had a history of HSRs to BLs and referred to an outpatient allergy clinic for evaluation. All of these patients were grouped by age into those aged 60-79 (group A) or 80 and older (group B). "Once we identified the patients, we completed a detailed medical history and skin tests with immediate and delayed reading, quantification of total and BL-specific IgE," says Dr. Jiménez-Rodríguez. "Challenge tests were based on clinical history and skin test results and conducted to confirm or rule out the alleged allergy."

Exposure-Based Modification

Based on the results of skin and drug challenge testing, the researchers confirmed a final diagnosis of allergy to BL in 27% of patients in group A and 5.4% in group B. Upon multivariable analysis adjusted for sex, atopy, allergy to other drugs, and specific IgE to amoxicilloyl, younger age was found to be an independent risk factor for allergy to BL.

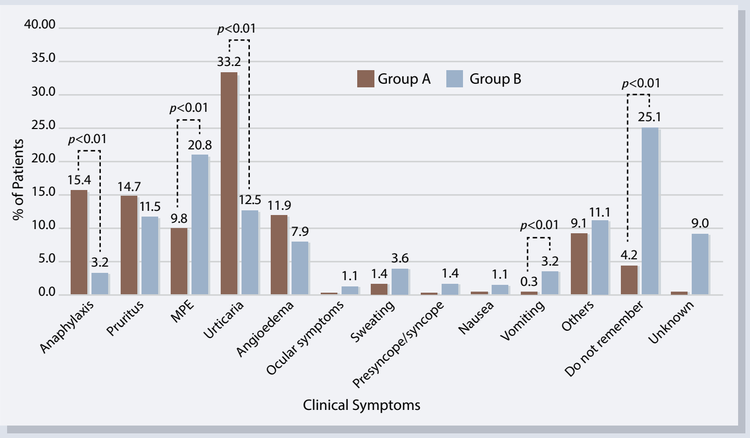
"The culprit drugs for the initial reactions were different and showed changes in consumption patterns," says Dr. Jiménez-Rodríguez, "since the youngest (group A) were sensitized to frequently used antibiotics like amoxicillin, ampicillin, amoxicillin/clavulanic, and cephalosporins,whereas the older patients (group B) were sensitized mostly to benzylpenicillin, showing that allergy is modified according to exposure." He notes, however, that immunosenescence could be a possible explanation for the decrease in allergies in group B, adding that additional research is needed to "clarify the mechanisms involved in the production of specific IgE at this age and its clinical significance."

Valid, Safe & Necessary

Dr. Jiménez-Rodríguez stresses the significance of anaphylaxis as a clinical manifestation of the initial hypersensitivity reactions seen in participants, particularly among group A, due to its severity and the implicit deadly risk (Figure). "Anaphylaxis is related to the culprit drug, and in the case of BL drugs, it is more frequently triggered by the specific side chains of these agents, so it was logically more common in group A," he adds. "However, the skin was the organ most frequently involved in reactions, mainly in the form of hives in group A and maculopapular rash in group B. Unsurprisingly, the older the participants were, the greater their limitation to remember the symptoms of their HSRs, supporting previous findings in which it is established that the medical history alone is not enough to establish an allergological diagnosis; hence, the importance of referring patients for an allergological study, even before antibiotics are needed. The allergological study is valid, safe, and must be performed by an allergist before requiring antibiotics, because discarding BL allergy allows patients to be treated better, with safer antibiotics, and with less impact on the healthcare costs."

Figure Clinical Manifestations of Initial Hypersensitivity Reactions

The figure shows the symptoms of hypersensitivity reactions on which the diagnosis of beta-lactam allergy was established. Cutaneous symptoms were the most frequent in both groups, while anaphylaxis was more frequent in group A (aged 60-79). The majority of patients who did not remember symptoms were in group B (aged ≥80).



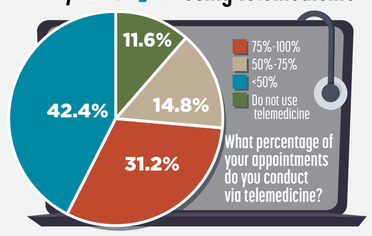
Abbreviation: MPE, maculopapular exanthema.

Source: Adapted from: Jimenez-Rodriguez T, et al. *J Asthma Allergy.*

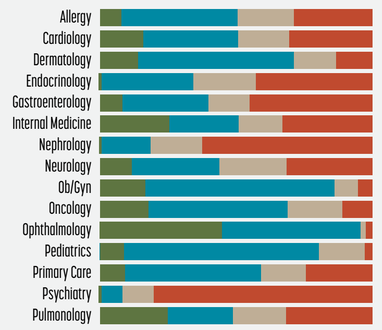
The Impact of COVID-19 on Physician Practices

There's no denying the significant impact the COVID-19 pandemic has made on medicine. "We're practically developing new protocols every day," says PW Editor-in-Chief Linda Girgis, MD. "We now are conducting many visits by telemedicine to limit contact between people and sterilize every surface of the office—for those patients who do come in—like we've never done before." To get a better sense of the impact, we conducted a survey of our physician eNewsletter recipients, during the latter half of 2020. Among the approximately 1,500 recipients representing 15 specialties, we found striking, but understandable, differences by specialty in response to two key questions that reveal and overall trend.

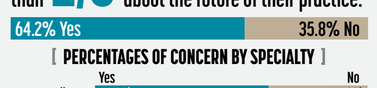
Nearly **90%** of offices are using Telemedicine



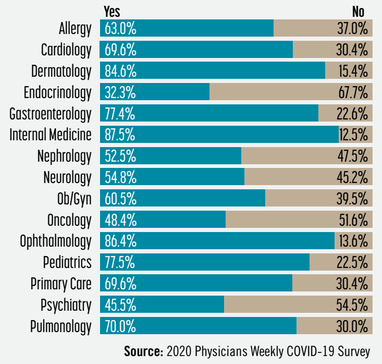
[TELEMEDICINE APPOINTMENT PERCENTAGES BY SPECIALTY]



More than **2/3** of physicians are concerned about the future of their practice.



[PERCENTAGES OF CONCERN BY SPECIALTY]



Source: 2020 Physicians Weekly COVID-19 Survey

In light of these impacts, Dr. Girgis says "Hang in there, and don't forget to take a pause! We need to speak up and let people know the conditions we are working under and keep pressuring administrators to provide a safe work environment."

Covid-19: Contact Tracing Will Take an Army of Disease Detectives

It will take an army of disease detectives to win the next stage of the battle against COVID-19, the sometimes-deadly disease caused by the novel coronavirus SARS-CoV-2, public health experts said. Slowing the spread of the disease by social distancing may be nearing its end, according to Crystal Watson, DrPH, of Johns Hopkins Bloomberg School of Public Health, and the next phase will see a gradual lifting of those social restrictions. But a key to success in that will be a dramatic increase in the number of people involved in tracing the contacts of every new patient with COVID-19 in order to find new cases, interrupt chains of transmission, and stop surges of disease, she told reporters in an online briefing.

The US will need "at least 100,000 contact tracers across the country," Dr. Watson said—an "unprecedented" number in a nation that usually has less than a fiftieth of that. A recent survey by National Public Radio, including data from 41 states and the District of Columbia, found they have about 7,600 contact tracers on staff with plans that would see the number rise to more than 36,500. "That's a great start," Dr. Watson said, adding that reaching 100,000 is "achievable."

She and colleagues are working to develop a curriculum and training program to get new contact tracers up to speed on the basics of the disease, the goals and mechanisms of contact tracing, and the legal and privacy ramifications of the work. Indeed, "we're playing catch-up," said Emily Gurley, PhD, also of Johns Hopkins Bloomberg. In most diseases, contact tracing can be done in a rather leisurely fashion, she told reporters, but COVID-19 is more contagious than many illnesses and can be spread by people who have no symptoms.

Dr. Watson added that she fears that some governments are losing sight of key markers, including a consistent downturn in new case numbers, wide access to diagnostic tests, and increasing contact tracing. "I worry that transmission will start to get out of control again," she said.

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