

Virtual Mentor

American Medical Association Journal of Ethics
March 2001, Volume 3, Number 3: 67-68.

CASE AND COMMENTARY

Responsibility of a "Virtual" Consultant

Commentary by Kayhan Parsi, JD, PhD and Audiey Kao, MD, PhD

Case

Peter, a six-year-old boy, was brought to the emergency room of a rural hospital complaining of severe pain in his right forearm. According to his mother, Peter was playing in the yard when he fell and landed hard on his right arm. Dr. Florence, who knows the family and has treated Peter occasionally in the past for bumps and bruises, performed an exam which revealed pain and mild swelling over his right forearm. No pain or loss in range of motion was noted in his elbow or wrist. An X-ray confirmed Dr. Florence's suspicion of a closed simple fracture of the right radius.

During the course of the physical exam, Dr. Florence also found areas of bruising on Peter's back and legs. In addition, the X-ray revealed evidence of a previous fracture in his right arm. Despite claims by Peter's mother that he is "accident prone," Dr. Florence suspected abuse, and considering the seriousness of asserting such a cause of injury, wanted to consult a pediatrician who specialized in child abuse cases. Since this community hospital was in a fairly remote area, video conferencing equipment had recently been installed to facilitate consultation between local physicians and specialists not available in this rural community.

Dr. Florence informed Peter's mother that he wanted her son to be seen by another physician through the means of the video equipment. Dr. Rhodes, a pediatric psychiatrist, was consulted because, if child abuse is suspected, immediate action including temporary state custody of the child may be required. As part of the virtual evaluation, Dr. Rhodes spoke with Peter and reviewed his X-rays. Given the limitations of the videoconferencing equipment, a physical exam including examination of the bruises could not be completed. Despite these technological limitations, Dr. Rhodes supported the initial concern about child abuse and recommended to Dr. Florence that Peter be taken into temporary state custody.

Questions for Discussion

1. Given the potential implications of suspected child abuse to the parents, should Dr. Florence, in making his decision, give Dr. Rhodes' recommendations the same weight as he would give a formal consultation?
2. If Dr. Rhodes' recommendation is considered to be more of a "curbside" than a formal consultation, what features would be required as technology advances for a "virtual" evaluation to be considered a "regular" consultation?

Kayhan Parsi, JD, PhD is a fellow in the AMA Ethics Standards Group
Audiey Kao, MD, PhD is editor in chief of *Virtual Mentor*.

The people and events in this case are fictional. Resemblance to real events or to names of people, living or dead, is entirely coincidental. The viewpoints expressed on this site are those of the authors and do not necessarily reflect the views and policies of the AMA.

Copyright 2001 American Medical Association. All rights reserved.