
When health care and law meet (It will probably first happen in the emergency department)

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When health care and law meet, it will probably first happen in the emergency department. The typical emergency department, in addition to being the site of care for the sick and injured, is frequently a place where medical and law enforcement interests intersect. Although physicians are present to give care and to manage patients, initial assessment and the hand- and foot-work of patient care usually falls to the nurses. Most doctors think in terms of medical practice, not in terms of nursing process or forensic science. It may be the astute observation by the nurse that first identifies a patient as one whose injuries predict that legal action will follow.

The Emergency Nurses Association (2003) reminds us that the “performance of forensic procedures is a component of emergency nursing practice”. Hancock (n.d.) states that every emergency nurse “should possess some forensic training. The emergency department is one area that sees the results of interpersonal violence on a daily basis,” and adds that emergency staff “need to think and act ‘forensically’ while providing the patient, whether perpetrator or victim, with medical care”.

Are these statements a call for nurses to abdicate their traditional nursing role in favour of *playing detective*? No, they only remind us that emergency nurses are in a unique position to serve their patients by thoroughly assessing patients, by sensitively documenting histories and injuries, by carefully saving evidence, and by being prepared to competently testify in court. Assuming these duties do not negate the nurse’s obligation to make care of the physical needs of the patient the highest priority, it is reasonable for nursing staff to assist “in the investigation of crime while providing health care to the victim” (Brown, 2004).

Statements by the patient or by observers, stains and scents, suspicious injuries, questionable circumstances, or the sense that a particular patient may have injuries related to criminal activity should prompt the nurse to perform his or her duties in an evidence-sparing manner. Nurses should be aware of this potential when patients arrive for emergency care of injuries due to, or coexistent with, “medicolegal issues; suspicious deaths; crime-related injuries; and accidents” (Lynch, n.d.). Specific

circumstances which should prompt nurses to be particularly alert include injuries related to: “motor vehicle accidents; homicides or suicides; an infant or child; involvement of firearms or other mortal weapons; work-related accidents; all accidents (fire, falls, electrocution, etc.); involvement of damaged or improperly used equipment; an unidentified person; a prominent person; involvement of poisoning; illegal drugs or overdose; involvement of public health hazard; anyone in police custody regardless of circumstances; and death that is sudden or unexpected” (Carrigan, Collington, & Tyndall, 2000).

Curiosity and an instinct for things which seem *not-quite-right* are components of all forms of nursing. Nurses should attempt to develop the “suspiciousness factor” (Winfrey & Smith, 1999) – an intuition for possible legal overtones, in emergency patients. Overt and trace evidence may be lost when nurses are not alert to clues and fail to collect and protect materials properly.

Until recently, nursing education offered little specific training in what is now called *forensic nursing*, a subspecialty of nursing that applies the nursing process to legal concerns in health care or “the application of the forensic aspect of health care to the scientific investigation of trauma” (Lynch, 1995).

Many of us relate forensic nursing to nurses who work in correctional institutions. More recently, we have associated forensic nursing with sexual assault nurse examiners. In fact, the earliest SANE programs in the late 1970s were the first instances of formal recognition of registered nurses in the role of forensic examiners. The American Nurses Association recognized forensic nursing as a nursing speciality in 1995.

Emergency nurses know that sexual assault victims represent only a very small percentage of the number of patients we encounter whose care has medicolegal overtones. The science of forensic nursing is expanding to promote inclusion of nurses as forensic examiners who routinely perform examinations in all areas of interpersonal violence, domestic violence, child abuse, elder abuse, nurse coroner/death investigation, legal nurse consultation, and emergency trauma care.

There are several certificate and master's degree programs in forensic nursing in North America. However, it is unreasonable for all emergency nurses to receive formal forensic training. Resources, both personal and corporate, could not support advanced education for every emergency nurse. Nevertheless, hospitals may easily include some forensic training for their nurses, particularly those of us who work in emergency departments.

A few general guidelines could equip emergency nurses to competently and confidently identify, collect, and protect materials which might become useful evidence in court, and which could otherwise be damaged or mislaid and rendered useless to any pursuant legal investigation. Agencies can easily write policies that expand routine care to address the needs of their forensic emergency patients. Dan Sheridan, RN, a forensic clinical nurse specialist at Johns Hopkins Hospital and president of the International Association of Forensic Nurses, states, "It's easier to train a nurse in the principles of evidence collection and preservation and crime scene analysis than it is to train cops in health care principles" (Labrecque, 2004).

Emergency nurses should be comparing experiences with each other, requesting in-service training, talking to law enforcement personnel, and pursuing additional training in the collection and preservation of forensic evidence.

The emergency department is the inlet for most trauma patients into the health care system. Many of the injuries that appear at the emergency department have an obvious criminal or civil law potential. Care of emergency department patients must include consideration for both health and legal concerns because they often present themselves concurrently in a single patient. The possibility for an unlimited variety of patients with injuries requiring collection of material evidence may seem daunting to emergency nurses. Nonetheless, the principles of care are the same for all forensic patients:

collect properly, preserve carefully, and document thoroughly. Persons with suspicious injuries, whether victims or perpetrators, are patients first and foremost; they deserve the best of nursing care. However, giving comprehensive care to patients requires that nurses be alert to signals that there may be a need to think and to act forensically, and are skilled to do whatever is required for each patient. ❏

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- If you know of some important research that has been done or is going on, drop us a line and let us know!
- If you have read any studies which apply to emergency nursing practice, let us know or write us a summary of the work that we can put in **Outlook** or on the website.
- If you or someone you know is currently engaged in a project, we would love to hear about the work, and would be happy to post an abstract!

Please send information to: Clay Gillrie – Chair, NENA research committee, cgillrie@telus.net or clay_gillrie@bcit.ca, 160 52A St., Tsawwassen, BC V4M-3P6, (604) 948-2981 ❏