



# Care of the Unknown Patient: An Overview in the Nigerian Context

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## INTRODUCTION

The **Unknown patient** can be defined as the patient whose identity cannot be ascertained at the time of arrival to the Hospital. It is synonymous with unnamed patient, nameless patient and unidentified patient. In the USA, they are popularly referred to as John Doe (Male) or Jane Doe (Female).

**Care:** The Cambridge dictionary defines care as the process of protecting someone or something and providing what that person or thing needs OR the process of providing for the needs of someone or something.

Fortunately for me: **Overview** refers to a short description of something but "no details". So pardon me if details are not given in this manuscript.

This literature was to include the care of the Unknown Patient, Policy Overview and Review. However, there are paucity of information with respect to the Policies of the unknown patient, underscoring the point that there may not be Policies in our country regarding the care of the Unknown Patients.

The Unknown Patient poses major challenges to

- Attending Physician
- The Institution
- The Society/Public

These challenges are further compounded by inadequate and lack of appropriate Health care financing and legal frame work. The Unknown Patient therefore represents a unique burden in the context of Patient Safety, Legal, Humanitarian and Treatment issues because of **Medical Decision Making**.

## INCIDENCE/BURDEN OF THE UNKNOWN PATIENT

The Unknown Patient is of global Medical concern.

A Los Angeles County Hospital recorded 1,131 Unknown Patients in 2016. This increased to 1,176 in 2018.

In a 10 year retrospective study in an Indian metropolitan Neurology Hospital, of 151 Unknown Patients seen over the period:

- 88.7% were Males
- Mean age 43.8 years

- 83.6% were brought by the Police
- 49.7% were registered as Medical Legal Cases (MLC)
- 66.9% had loss of consciousness
- 9.3% deaths were recorded
- Seizures, metabolic encephalopathy, stroke Neuro-infection and head injury were the primary reasons for admission of Unknown patients to Neuro-emergency service.

Other known presentations of the Unknown Patients,

- Trauma
- Severe cognitive impairment eg.

Alzheimer's Disease

- Drug Abuse/Overdose
- Psychotic Patients.

In RSUTH: From January 2018 – July 2019

- A total of 4328 Admissions (2850 in 2018)  
\*\*13 Unknown Patients were Admitted  
12 (92.3%) were Males  
11 (84%) ;Road Traffic Injuries  
1 (8%) ; Gun Shot Wounds  
1 (8%) ; Substance Abuse  
4 (31%) were later Identified and 6(46%) Died  
6 (46%) had documented Pathway to care (Police and Good Samaritans)
- Documentation was a critical factor as most of the Unknown Patients had no folders opened for them until they were identified.

#### PATIENT IDENTIFICATION AND SAFETY

- Failure to correctly identify patient constitutes serious risk to the patient's safety.
- Adequate identification is the ability of the patient, their escort or medical staff to identify the patient by name and one of the following.
  - Date of Birth (DoB)
  - Address
  - Social Security Number

OR

The patient has written identification that contains that information. Example; **(a)** Driver's License **(b)** Non-driver ID and Birth Certificate **(c)** Passport etc.

Patient Safety is the absence of preventable harm to a patient during the process of healthcare and reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum.

Unknown patients are at higher risk of unsafe medication practices and medication errors especially in poor resource hospitals.

#### EXISTING LEGAL FRAMEWORK

##### a. Code of Medical Ethics

##### 1. Duties of Physician to the Sick

- Physician shall preserve absolute confidentiality on all he knows about his patient even after the patient has died.
- ***A Physician shall give Emergency care as a Humanitarian duty*** unless he is assured that others are willing and able to give such care.
- A Physician shall act in the patients best interest when providing medical care.
- Practitioners shall provide appropriate privacy to their patients.
- The Code of Ethics does not permit the doctor to give any treatment against the patient's wishes even as it recognizes the individual's right to accept or refuse medical treatment.
- Priority remains to save life by any available means.
- Disclosure of information on a patient by the doctor can only be made following an informed consent of the patient in writing.
- For discretionary breach, the doctor is required to inform the patient even though disclosure is minimized.

##### ➤ Consent for procedures.

Where the patient is unconscious or in a state of mind constituting a mental impairment, a next of kin should stand in. In the absence of a next of kin, the most senior doctor in the institution can give appropriate directive to preserve life.

- In special situations a court order may need to be procured to enable lifesaving procedures Be carried out.

#### b. The National Health Act (NHA) 2014

(a) Section 20(1). ***A health care provider, health worker or establishment shall not refuse a person Emergency Medical Treatment for any reason.***

Penalty on conviction: #100,000 fine or imprisonment for a period not exceeding 6 months.

(b) Section 3e 5% of the fund (Basic Health Care Provision Fund) shall be used for Emergency Medical Treatment. To be administered by a committee appointed by the National Council on Health.

(c) Section 26 (i): All information concerning a user, including information relating to his or her health status, treatment or say in a health establishment is confidential.

- Disclosure conditions similar to those of Code of Medical Ethics.

#### c. Compulsory Treatment and Care for Victims of Gunshot Act 2017

This Act provides for the compulsory treatment and care for victims of Gunshots by Hospitals in Nigeria and goes further to impose on every citizen a civic duty to render every possible assistance to any person with Gunshot wounds by ensuring that the person is taken to the nearest Hospital for immediate treatment.

Of Note are the following Sections:

- Every Hospital is to receive and treat victims of GSW with or without police clearance and or payment of an initial deposit but are duty bound to report to the nearest police station within two hours of commencing treatment on the victim.
- A facility that receives any Gunshot victim is required to notify the family members or relations of the victim as far as they may ascertain within 24 hours of becoming aware of the victims identity.
- The police may only receive a Gun Shot Victim upon certification of fitness by the Chief Medical Director of the Hospital where he is receiving treatment.

#### d. Privacy and Data Law

- Currently there is no comprehensive data privacy or personal information protection law in Nigeria that sets out detailed provision on

the protection of the privacy of the individual and citizens.

- Under the law establishing the National Identity Management Commission (NIMC), the agency is charged with establishing a National Identity Database.
- The NIMC may provide information about a person in the interest of National Security or Public Interest.
- By December 2018 it was expected that NIMC would have registered 78 million of over 186 million Nigerians.

### MANAGEMENT OF THE UNKNOWN PATIENT

#### *Not only multi-disciplinary but multi-sectorial*

#### **A. History, Physical Examination and Treatment**

- Usually brought in dire conditions by
  - The police
  - The Federal Road Safety Corps
  - The EMS
  - Good Samaritans
  - Others
- Seen mostly in public Hospitals where they are left.
- Generally present as unidentified pedestrians, cyclist who left home without any form of identity and involved in Road Traffic Crash.
- Psychotic patients, overdosed drug users, mass casualty incidents.
- People with severe cognitive impairment.
- Unconscious: following trauma, metabolic, cerebrovascular and seizure disorders.
- ***It is usually at the point of Registration that the unknown status is determined.***
- It is important to get the following information from the Escort: eg. Police or Good Samaritans(GS)

(a) Location of pick-up

(b) Nature of event

(c) Any recovered personal belonging (Phones, I.D, etc)

(d) From the EMS: Dispatcher's record

- Time of Call
- Name of Caller
- Other details from caller
- Identify and document details of the police patrol team and Good Samaritan (GS)
- Name of Team leader
- Station / Division
- Phone Number

#### ➤ **ACTIVATE HOSPITAL PROTOCOL IF ANY**

➤ In RSUTH: Registered as Unknown Unknown Other Centres.

(a) Unknown Male or Female

(b) John or Jane Doe

(c) Trauma X etc.

In case of mass casualty events, Unknown Male 1, 2,3.....

#### • **Use of identification band**

- Complete Thorough General and Systemic Physical Examination
- For Trauma Patients: The ATLS approach remains the Gold standard
- Estimate Age, look for tattoo, tribal and other marks, jewellerys, clothes etc.,give a leading.
- Hospital Staff must play "Detective"
- Smell of breath can help, burns at finger tips of dominant hand can indicate inhalational use of psychoactive substance.
- Biometric finger prints and photographs

**Investigations and Treatment are based on findings / suspicion.**

#### **B. Special Consideration**

**1. When surgery is indicated:**

- Institutional protocol / code of ethics for the unconscious may be applied.

**2. Blood Transfusion:**

- Sex and Approximate age should be indicated in the request form.
- It is advisable to apply a wrist band with unknown M or F and sex indicated.
- If patient becomes known, Grouping and cross matching is done using the correct identity and wrist band removed or changed to actual name.
- Code of Ethics applies concerning the Jehovah's witness.

#### **Role of Medical Social Workers (MSW)**

- Institutions differ on how to trace identity and family of the Unknown.
- In our Hospital the Medical Social Workers:
  - Assist in tracing the family
  - Stand in as patient relation though not involved in Medical Decision Making

#### **C. Relationship with Law Enforcement Agencies and the Public.**

- When patient is brought by the Police
- When the patient is brought by Others
- Is this a Medical Legal Case (MLC)?
- Managing the Public
- Hospital Information Desk and Public Safety / Relations Unit.
- Limited Disclosure.

#### **IDENTIFICATION OUTCOME**

- Self Identification
- Proven Relations
- Biometrics

**D. Death:**

- This can be a major event in the Hospital
- May be a Coroner's case
- Availability of Mortuary Service

Every Hospital should have a Policy on the Unknown Patient backed by a National Policy and legislation.

**FUNDING OF CARE OF THE UNKNOWN PATIENT**

- The NHA provides for funding of the EMS system.
- Most Hospitals end-up bearing the cost of the care of the Unknown.
- Good Samaritan's (Including Foundations)
- Hospital Staff
- The Patient when he/she becomes identified.

**RECOMMENDATIONS**

- 1) Every Hospital should have a Policy or Standard Operating Procedure for the care of the Unknown patient within the ambits of extant laws and ethics.
- 2) Government should pay for the care of the Unknown as provided for in the NHA regarding the EMS system.
- 3) There should be a National Policy on the identification and care of the Unknown Patient as well as on missing persons.
  - a. This year's Physicians' Week lectures should come-up with the NMA position.
  - b. All the relevant stake-holders should have a National round table on the Unknown Patient with the NMA taking the lead.
  - c. The Compulsory treatment and care for the Gunshot victims Act 2017 should be amended to include the care of the Unknown Patient and resolve other nuances.

**CONCLUSION**

The Unknown Patient has the right to right treatment, the right time and funding of care should be seen as an ethical and legal matter.

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