POLICY STATEMENT

American College of Emergency Physicians®
ADVANCING EMERGENCY CARE

Approved March 2024

Observers in Emergency Medical Settings

Revised March 2024

Approved February 2018

Emergency physicians, hospital administrators, and managers often receive requests for outside individuals to be present and observe patient encounters in the emergency department or prehospital care settings. Observers may be members of the institution's health care team or enrolled in the institution's health care professional educational programs, such as those for medical, non-physician practitioner, paramedic, or other health practitioner students. As these programs are part of the institution's educational mission, such learners should usually be permitted access as observers.

Health care professionals and students from outside the institution may also request observer status. These often include medical students seeking residency training positions at the institution and international medical students seeking a U.S. medical experience. Other individuals seeking observer status may have commercial, business, educational, artistic, scientific, or other interests. This group often includes drug or equipment company representatives, actors, writers, or friends or children of physicians or other health care professionals.

Requests for outside observation should include careful consideration of the ethical concepts of privacy, confidentiality, autonomy, beneficence, non-maleficence, distributive justice, and truthfulness (honesty). Observers must adhere to all institutional policies.

ACEP believes:
- Institutions should have policies in place that address:
  - the definition of observers and its applicability;
  - the duration, scope, and purpose of observation;
  - the observer's, health care team's, and institution's responsibilities to each other;
  - the protection of patient confidentiality and privacy interests.
- Emergency physicians who administratively approve observerships should understand the ethical principles and professionalism issues involved and the relevant hospital policies, and have the authority to terminate any observership, if warranted.

- The hospital legal counsel, privacy officer, or other comparable administrative personnel should also approve the policies and processes for granting observerships.
- The institution's policy should be easily available to the public (potential patients), staff, and potential observers.

Non-discrimination
- Observerships should be offered under specific institutional guidelines that guarantee no individual applicant or observer will face discrimination. There should also be no discrimination as to who can be observed.

Observer education and limits
- Before beginning an observership, individuals should receive HIPAA training and education on institutional policies, particularly informed consent, confidentiality, privacy, and the permissible level of their involvement (if any) in clinical activities.

Consent
- When there is adequate justification for granting a person observer status, consent for the presence of observers must be sought and obtained from patients or, if incapacitated, their legally authorized representatives (LAR).
- Patients or their LAR should have the capacity to comprehend information and give consent prior to observation and not be under duress.
- Observation of resuscitation where consent is not possible may be permissible if allowed explicitly by institutional policy and with protections of patient confidentiality. This is ultimately under the purview of the governing structures and leadership of the institution.

Fees
- To avoid institutional or physician conflicts of interest, charges for observers generally should not be permitted. Although less desirable, institutions with extensive programs may charge a fee to cover *bona fide* costs, including those of administering the program, parking, or meals, but not for the supervision itself. Programs should not be designed to generate a profit.