Confronting abusive injuries in dermatology: Ethical and legal considerations

Emily A. Gurnee, MD,[a] and Benjamin K. Stoff, MD, MAB[a,b]
Atlanta, Georgia

CASE SCENARIO

A 42-year-old Caucasian woman with history of dysplastic nevi presents to a dermatology clinic for a routine total body skin examination. During her skin examination, you note several large ecchymoses in various states of healing on her back, upper aspect of her arms, and buttocks. You also observe that she walks with a limp around the examination room. When you ask the patient how her injuries occurred, she becomes tearful and states that her current boyfriend, who lives in the home with her, has "anger issues." Upon direct questioning by you, she states that her boyfriend has been both physically and emotionally abusive to her. You recall that the patient has an 8-year-old daughter living at home with her and ask about the child's well-being. The patient denies any emotional or physical violence directed toward her daughter. When you express concerns about her safety and the safety of her daughter, she states "it's being taken care of" and asks that you not pursue the matter further.

Which of the following is the most ethically and legally appropriate course of action in this case:

A. Irrespective of the presence of the child in the home or the patient's wishes, you should report domestic violence to law enforcement because it is a crime.

B. Contact a social worker (if available) to offer additional services and safety planning for the patient, particularly considering that a child lives in the home. If the patient does not follow through on the safety plan, contact child protective services.

C. Because your patient is an autonomous adult and her daughter is not your patient, you have no obligation to report to law enforcement or child protective services if the patient declines additional interventions or assistance.

D. Report the incident to child protective services as any child living in a home where domestic violence is occurring is considered endangered.

DISCUSSION

Intimate partner violence (IPV) is defined as emotional, physical, or sexual violence between adults. About 22% of women and 14% of men in the United States report severe physical violence by a partner in the past.[1] Many physicians are underprepared to respond to disclosures or suspicions of IPV. Further, the role of physicians in the appropriate response and referral for patients experiencing IPV is often unclear. Dermatologists are ideally suited to recognize injuries sustained as a result of domestic violence, ranging from child abuse, to IPV against men or women, to elder abuse. Cutaneous findings such as bruises in various stages of healing, patterned bruises, and burns are common in these cases.[2] The recognition

From the Department of Dermatology, Emory University School of Medicine,[a] and Emory Center for Ethics.[b]

Funding sources: None.
Conflicts of interest: None declared.

Reprint requests: Benjamin K. Stoff, MD, MAB, Department of Dermatology, Emory University School of Medicine, 1525 Clifton Rd NE, Atlanta, GA 30312. E-mail: bstoff@emory.edu.

J Am Acad Dermatol 2017;76:573-6.
0190-9622/$36.00

http://dx.doi.org/10.1016/j.jaad.2016.11.009

and response to child maltreatment and elder abuse have been reviewed in the dermatology literature but there is limited information to guide responses to IPV.[2,3]

The central ethical dilemma in this case involves the duty of the dermatologist to respect the autonomous wishes of the patient not to report IPV balanced against the duty of the dermatologist to act beneficently, in the best interests of the patient, even if contrary to her wishes, and other affected parties. Respect for the patient's wishes to forgo reporting reinforces a trusting therapeutic relationship between the provider and patient, which many IPV survivors cite as the most important factor in differentiating a beneficial disclosure from an unhelpful, or even harmful, disclosure.[4] Physicians must exercise extreme caution not to cause harm (maleficence) to patients who disclose IPV, as improper management of disclosure by the physician may precipitate more violence against the patient. On the other hand, acting in a manner that best promotes the patient's health and protects her and others from harm is a common justification for limiting patient autonomy.

An additional ethical and potentially legal consideration in this case involves the presence of the child in the home. Physicians are required to inform law enforcement or child protective services if they have any reasonable suspicion of abuse or neglect of a child. Some experts argue that exposing children to IPV constitutes abuse to the child. There are well-documented harms to children who have been exposed to IPV, including detrimental effects on physical, social, and cognitive development.[5] Many states have statues that increase penalties for IPV that is perpetrated in the presence of children.[6] However, no consensus exists among experts as to reporting requirements for children who are exposed to IPV,[7] creating a challenging situation for clinicians.

ANALYSIS OF CASE SCENARIO

Although immediate involvement of law enforcement (choice A) may be beneficial to some patients, reporting against patients' wishes can be detrimental in many cases. This paternalistic approach violates the patient's autonomy, and may undermine the physician-patient relationship. Often situations involving domestic violence can be unstable. Contacting patients or even providing written materials that may be seen by the abuser may further endanger the patient. Laws mandating reporting of IPV by health care professionals vary by state and are highly controversial among advocacy groups. Some states mandate reporting any injury incurred during the commission of a crime, particularly if a weapon is used to cause injury. Physicians should familiarize themselves with reporting laws in their individual states, as definitions of what constitutes a reportable offense vary between states. Any additional questions should be referred to their organization's legal counsel or social workers. The Family Violence Prevention Fund has compiled individual state statues.[8] For example, in the state of Georgia, medical professionals are mandated to report "any physical injury or injuries inflicted [...] by nonaccidental means."[8] Similarly, the US Department of Health and Human Services compiles states statues on child abuse, including statutes related to children witnessing domestic violence.[6] Mandatory reporting laws can create a difficult situation for physicians, as reporting is not always helpful to victims of IPV.[7]

When situations involving IPV arise, health care providers should at a minimum offer basic assistance to the patient (choice B), including emotional support, referrals to appropriate services, and formation of a safety plan. This can be challenging for dermatologists as social workers are not always readily available outside of hospital-based health care facilities. The National Coalition Against Domestic Violence (www.ncadv.org) has a variety of resources to assist in formation of a safety plan,[9] in which patients identify necessary contact numbers, resources, and support systems in the event that their safety is threatened.

If there is direct endangerment to a child, or reasonable suspicion of endangerment, all health care workers are mandated to report, even if the child is not the patient and not physically present at the visit. Penalties for failure to report suspected child abuse range from misdemeanors to felony charges depending on the state.[6] Even though the patient denies any abuse directed at the child in this case, living in a situation in which violence is occurring between adults has the potential to harm the emotional development of a child.[5] For these reasons, some child maltreatment specialists recommend reporting any IPV to