

# North Texas Mass Critical Care Task Force

## FAQs

### **1. What about liability protection for physicians in the event of a pandemic emergency?**

This is a top priority of the North Texas Mass Critical Care Task Force. The concept of a “safe harbor” or specific legislation applying to the implementation of the use of this guideline has been discussed with state officials. Local members of the TF and state staff agree that the big need is to avoid the terrible homicide charges and allegations of malpractice that existed for physicians in the aftermath of Hurricane Katrina in New Orleans.

It is unlikely that there will be liability protection legislation for this in the 2015 legislative session. Until such time as there is a standard set of state guidelines it will be hard to obtain such protection for a single region. To accomplish the state guidelines, the TX Department of State Health Services (Dr. Lakey) has informed the Task Force of the state’s plan to create a state wide plan over the next two years. Liability protection will likely be part of that plan, and thus the results will not be ready until the 2017 Legislative Session.

The DSHS very much appreciates the work of the Task Force, and members of the TF will be invited to participate at the state level.

### **2. What if the governor fails to declare it a pandemic emergency?**

The events that trigger the use of this type of guideline will be so massive, so devastating to the population, that all stakeholders would be making a joint request for implementation of the guidelines. Think 1918 Flu, with thousands and thousands of deaths, not merely a lack of ventilators as we experience almost daily in North Texas. Without a decision at the governor’s level, we could experience the contradictions we had during the H1N1 outbreak. Dallas and Tarrant County public health officers reacted differently and the media and public were very confused. We want to avoid conflict and pursue consensus at the broadest level.

### **3. How representative of various stakeholders was the taskforce?**

Over 40 community leaders participated. Physicians, clergy, elected officials, public health officers, lawyers, ethicists, hospital leaders, Dallas Area Interfaith,

and many others participated in the creation of the guidelines over a period of years. A long list of stakeholders is available at the end of the guidelines.

**4. What if a given hospital or system fails to agree upon participation in the policy version?**

The guidelines are voluntary. However, there is already very broad support for their implementation and use. If a system declines to use them, what basis would they use to limit care? Patient confusion and chaos from mixed messages must be avoided to maximize survivability. Fairness must win out over favoritism.