Tactical Physician: Potential and Pitfalls

Abstract

Tactical Emergency Medical Support units are necessary assets of the community. There are many personnel involved in the team with varying role. The addition of a physician to the team has advantages and disadvantages. If a tactical physician is utilized, proper training, continuing education, and liability coverage must be established prior to the tactical mission. The Tactical physician should be involved in the planning and execution of the mission with complete understanding of the available resources on site. It is important to disclose all of the benefits and disadvantages or the tactical physician position in order to provide the best care to patients while protecting the law enforcement agencies. However, many still believe adding physicians to the tactile field exposes personnel to greater danger and may disrupt the law enforcement mission [1].

Keywords: Tactical Emergency Medical; Tactical Physician; Law enforcement; Physician; Danger; Investigation; Federal; Bureau; Enforcement; Education; Assets; Liability; Coverage; Benefits; Disadvantages; Utilized; Available; Disclose; Mission

Introduction

In 2014, the Federal Bureau of Investigation (FBI) reported that 51 law enforcement officers died from injuries in the line of duty during felonious incidents, as well as 48,315 officers assaulted while performing their duties [2]. Special weapons and tactics (SWAT) teams sustain injuries due to the high-risk environments at a rate of approximately 33 per 1,000 officer missions [3]. The military and law enforcement agencies have realized it important to have rapid medical care on-scene. In addition, the Special Forces also are accompanied with specialized medics with enhanced scope of practices for emergency medical care. Tactical Emergency Medical Support (TEMS) began as the medical support to SWAT teams in order to provide preventative, urgent, and emergent medical care during their high-risk mission [3].

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Tactical Emergency Medical Support units are a growing necessity for law enforcement agencies to provide injury prevention, immediate care of injuries, and medical augmentation to the success of the law enforcement operations, which are dangerous [4]. The TEMS personnel are usually comprised of medical personnel ranging from paramedic, emergency medicine technicians, medic trained officers, and now the growing presence of physicians. The TEMS personnel are key components to the law enforcement special operations. TEMS has been utilized in hostage situations, siege, bomb threats, and in other tactical situations after police request [5]. The tactical physicians are imperative to initiating crucial medical care and providing life-saving intervention in the field by skilled practitioners. This vital time is delineated as the “Golden hour”, a concept that accentuates the urgency of care required by major trauma patients to prevent unnecessary deaths or disabilities [6].

Discussion

Physician presence within the TEMS is more popular and the need is increasing, which is exceeding the current number of physician on staff with current law enforcement agencies. The role of a tactical physician (TP) has morphed into an active member of law enforcement and vital part of the tactical emergency support. The physicians are in positions with the special weapons and tactics unit. Rather than being at a close location, informed, equipped, and ready to receive more than one casualty, as in a hospital or mobile unit; the practitioner is suited, armed, and expected to enter directly into a hostile situation with the same combat-ready experience and mindset of companion officers [7]. “SWAT doctors” are health care providers who have taken the initiative, time, and training to practice Tactical Emergency Medicine. These clinicians serve as active members on Tactical units around the country, delivering emergency medical care. They are trained in evidence preservation, ballistics, hostage negotiation, explosives, firearms, combat, tactics, nuclear, chemical and biological hazards, and battlefield medicine [8]. The Las Vegas Metropolitan Police Department SWAT team utilizes TPs in the initial mission, briefing with the SWAT team including the schematic layout, review of the target location, and the tactical plan [9]. During the response, the medic and physician are deployed in the tactical rescue vehicle and are required to wear body armor and await the SWAT team to clear the scene. The physician’s role is to stabilize on-scene injuries or acute medical conditions, while utilizing the principles of the tactical combat casualty care (TCCC) as well as prioritizing victims depending of the level of injuries and the tactical situation. TCCC is a course introduces life saving techniques, and strategies for providing the best care on the battlefield [10].
The presence of a TP as part of a SWAT unit provides several benefits. As a member of a law enforcement group, this physician would be the first medical professional on the scene. The physician’s proximity to the incident gives victims a marked advantage. By virtue of training, this TP will be in a place that traditional emergency medical services cannot go because of the risk. Another advantage the TP brings to the SWAT unit is the unique combination of skills and training, that is more advanced than the basic medic. These physicians are trained in the use of weapons and how to handle the situations, which a law enforcement unit would encounter [1]. Compared to SWAT officers, a typical EP would be in grave danger if he were placed in a dangerous police situation without further training. However, the tactical officer has been equipped with training that would allow them to respond as law enforcement for the protection of themselves, suspects, victims and other officers.

In addition to skilled law enforcement training these individuals are highly qualified physicians. Their training in emergency medicine is a benefit to everyone involved. SWAT operations can result in injury to officers, suspects, or other victims. Military data suggests that 80% of those who succumb to a penetrating injury do so within 30 minutes of sustaining the wound [11]. As both an officer and a physician, the TP brings a unique blend of two different skill sets can save the lives of others. In 2008, Gildea & Jansen [12] reported approximately 48% of United States civilian tactical teams utilized physician, with 81% of the percentage of physicians responding to callouts [12]. Most physicians were utilized in non-breach entry teams and usually in a non-combat role. Of all the cases reviewed 94% reported benefit due to the physician involvement.

The TP find themselves bound by two oaths. At first glance these oaths appear contradictory. As a law enforcement officer, they have taken the pledge to “protect and serve”. This protection and service extends to everyone involved. In a hostile situation the TP would be obligated to protect and serve other officers, the public, any victims involved and even the suspects. The other oath taken is the Hippocratic Oath. This oath binds physicians to the maxim, “Primum non nocere”, first do no harm. Intresting, this society is served by the presence of the TP on a law enforcement in the past and it can be changed today. If the greater good of dissolve the contradictions between the two roles of a TP. The Hippocratic Oath was not penned by Hippocrates himself [13]. While not explicitly phrase is not actually in the oath and scholars have stated that it is a maxim, “Primum non nocere.” It is unthinkable that the intention of an officer is to do harm in a tactical situation. Rather, it is understood that they are looking to mitigate any harm by using the least amount of force necessary to bring a resolution to the conflict. Equate this to the idea that many medical interventions, be they pharmaceuticals or surgery, cause a necessary harm to the patient in order to protect the patient from greater harm in the future.

In contrast, there are several concerns regarding the role and usage of a TP. At first glance, this may seem to be an ideal situation for providing top-notch, “hands on,” highest level of medical training to our valuable members in service. Physicians have provided immeasurable service to our police officers while serving in other critical roles such as consultant, psychiatrist, counselor and advisor. The vast amount of these physicians volunteer their time and receive no monetary compensation. A few have elected to become formally certified and sworn as police officers. However, the role of the TP is much more in depth and demanding. It requires devotion to not only the practice of medicine but increasing one’s knowledge, furthering education, and skills as military personnel; however, does acting in a civilian environment compete with physician’s medical legal pitfalls [15].

Additional time to learn and master mental, emotional, and physical strengths is imperative. While a trauma surgeon or emergency department physician operates seemingly flawless in his or her surroundings of the actual operating or established emergency room, their function outside this realm is a huge inquest. This valuable person can easily move from the position of asset to distraction or liability. Duties of the TP have been defined and the significance of understanding on the part of the physician is not negotiable. They must know and understand the logistics as well as physical and psychological limitations of the team in multiple dynamic environments. This realization is critical when it actually comes to advising recommendations to command, and administrating medical care in real-time, hostile situations in which the physician is physically involved. There is a need to ask the question as to why the provider is seeking the role.

Is it because he or she believes their lone talent is an invaluable, lifesaving service that cannot be provided by any other trained medical professional given the same setting and circumstances? or for the excitement and honor of wearing a badge, carrying a weapon- what experience past medical training, motivation and goals drive someone to seek the position? A thorough mental health assessment is mandatory. One’s personal desire or want for becoming a TP can’t overshadow the safety or interrupt organization of the thousands of those already well trained law enforcement individuals. “A medical degree does not automatically make an individual an ideal candidate to participate in law enforcement operations [16]”. Members of SWAT are in impeccable physical condition, and highly trained individuals.
with either past or current military experience. Those that serve as members of the team devote countless hours finishing and honing their skills.

While either an EP or trauma surgeon have undergone rigorous years of training and practice in either acute or sub acute settings, most will admit that their fields are actively evolving and changing. New techniques, treatment modalities, and changes in standard are being generated on a daily basis. Many hours are spent studying, learning and practicing skills in order to be proficient in their area of expertise. One would question whether to excel in one area, such as learning about tactical techniques, firearms, ammunition, marksmanship, policy and procedures, legal ramifications, etc., would lead to a decline in either staying current or advancing in the other lifestyle or scope of practice in medicine.

The question of money or funding is an important factor. Given the nature of the profession, a majority of physicians may feel the need to serve in the capacity of an operational police physician. However the task or position is not one that a single individual can assume. There must be an agreement or access and established support through the commanding staff, and other professionals on the medical team, which must extend regional medical facilities and providers. This brings the question of financial burden to the table for discussion. While the physician’s monetary compensation may be little to none, the spectrum of malpractice, disability, workman’s compensation, and potential legal costs are a responsibility that must fall on someone’s shoulders. The doctor, the affiliated medical practice or the branch of law enforcement must be willing to absorb any associated liabilities.

Another area of concern regarding a TP is the liability coverage during the tactical situations. For example, who is treated first, the victim or the offender? If the physician makes to decision whom to treat first, does he assume medical liability to the medical outcome of that patient? These questions vary from team to team and depend upon state laws [17]. A TP must obtain some form of liability coverage and not assume coverage under the Good Samaritan Law. While the Good Samaritan Law can be efficacious to a certain degree, this has the legal potential to change if a physician is directly called, linked to or involved in a criminal medical emergency [18]. These are just a few concerns that should be further explored. Even before the debate of TP’s and their role in a tactical situation, their relationship with firearms, another battle has ensued. Providers have been and are currently being examined and scrutinized for their role in curbing gun violence. The American Academy of Pediatrics, American College of Physicians, and the American Medical Association are members of the Handgun Epidemic Lowering Plan [19]. Indeed, if one had any reservations regarding the volatility of the topic, they need only to Google “Docs vs. Glocks.” A number of articles, opinions and information pertaining to a lawsuit can be found. A current or advancing in the other lifestyle or scope of practice in medicine.

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8. Cool Heads in the Hot Zone. SWAT Doctor, USA.
10. Tactical Emergency Casualty Care (TCCC), NAEMT (2016).