The "Baby Moses" Law: A Case for Improving Medicolegal Education for Pediatric Trainees

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ABSTRACT: Medicolegal education is not standardized for medical student or pediatric resident trainees throughout the United States. However, trainees will inevitably face patient encounters in which knowing state and federal laws are integral in properly treating and caring for the patient. Here, we present the case of treating an abandoned infant in Texas, the Baby Moses law, and how knowing state and federal laws enhance trainees' understanding and ability to care for their patients. We then discuss the paucity of medical literature surrounding medicolegal education curricula and the need for the development of a national curriculum on medicolegal education that starts in medical school and extends throughout residency and subspecialty training.

KEYWORDS: Medical Education, Neonatology, Pediatrics, Medicolegal

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It was my first month in the neonatal intensive care unit (NICU) as a neonatal-perinatal medicine fellow. As the nurse approached me, I looked at her with hesitancy, wondering what news she was about to deliver. "There is an admission coming from the emergency room (ER). All I've heard is that it's an abandoned baby," she stated. A multitude of questions flooded my mind. Was the baby full-term? Was the baby injured or critically ill? If the infant was healthy, why would an abandoned infant be admitted to the level IV NICU?

When the ER fellow arrived, we learned that the mother of the baby had legally surrendered her infant at a local fire station. Luckily, she appeared to be a healthy, full-term newborn. I quickly learned about the "Baby Moses" law in Texas, which allows mothers to legally surrender their infant at a fire station, or safe haven, without repercussion. Having never previously heard of this law, I became acutely aware of an important gap in my training: medicolegal knowledge. The "Baby Moses" law made our team quickly realize that we will not always know the medical and pregnancy history of these "Baby Moses" patients who are often surrendered without knowledge of the mother's pregnancy or medical history. Thus, evaluating and treating these neonates can be challenging as it is unknown if there were infectious or drug exposures. As a result, our team developed an evaluation algorithm to manage and treat these unique "Baby Moses" infants. This case made me realize that standardization of medicolegal education for trainees would help all providers confronted with a similar situation. Integrating medicolegal education into medical school, residency and fellowship educational curricula would not only enhance patient care but also enable providers to be more socially aware and effective patient advocates.

As pediatricians, we pledge to care for and protect one of the most vulnerable patient populations. In fact, the current insignia of the American Academy of Pediatrics (AAP) has a deep-rooted history that represents this pledge, and, specifically, infant abandonment. The symbol of the AAP is adapted from the sculpted, swaddled infants that adorn the first "safe haven" for abandoned children in Florence, Italy. Built in the 15th century, the "Ospedale degli Innocenti" or "Hospital of the Innocents" has been dedicated to the care and well-being of children for above 5 years and a half centuries.[1] The idea of a safe place for surrendered children may not be new, but only recently has our nation developed legislation to provide caregivers an option to safely relinquish their infant in an attempt to decrease neonaticide.[2] Physicians do not routinely receive instruction on this topic in medical school or residency. However, having a keen understanding of laws affecting one's patient population is imperative to effectively care for them. Caring for children requires social awareness, compassion, understanding, and ceaseless patient advocacy, attributes all portrayed through the AAP insignia itself.

Pediatricians are tasked with caring for vulnerable patients, and vulnerable people are protected by the law. As a result, the care of children provided by pediatricians is centered within this legal framework. Thus, the competence of a pediatrician is to understand medicolegal principles just as he or she understands the proper development of children or the proper steps to neonatal resuscitation.

Unfortunately, the present state of medicolegal education for medical students and residents leaves much to be desired. Currently, there is no uniform approach, and the Accreditation Council for Graduate Medical Education (ACGME) does not

specifically address medicolegal education requirements for trainees. As of 2006, 124 medical schools reported providing 25 hours of education in "medical ethics" over 4 years. One program gave a 4-day formal course in medical jurisprudence at the end of the third year of medical school.[3] However, the medicolegal content provided in these courses is not standardized, and the curricula are each individually created without significant collaboration on a national scale.

In 2011, the AAP developed a policy statement encouraging programs to provide medicolegal education to pediatric residents and fellows.[4] At present, there is a paucity of medical literature evaluating medicolegal education in trainees and the impact on practitioner development. We submit that understanding medicolegal principles applicable to pediatric health care is integral to developing a strong foundation in professionalism, systems-based practice, and patient care, which are 3 of the main core competencies developed by the ACGME for residents and fellows. A firm foundation in medicolegal topics also enhances patient safety and quality of care. As physicians, we need to be aware of our required role when confronted with difficult social and legal situations so we can quickly and professionally address the issue at hand. Education in medicolegal matters could empower physicians to be more involved in the legislation process, especially when these laws directly impact our patients and our ability to provide the best possible care. We cannot advocate for change unless we are aware of the problems that exist outside our hospital walls and have the training to properly address them.

While the prospect of providing a comprehensive medicolegal education may seem daunting, even a general foundation in medical school and expansion of key topics throughout residency and fellowship could prove useful. A medicolegal curriculum might only require a few seminars over the course of several years to teach key concepts and principles to medical trainees. Curricula could initially be developed from already established materials written by the AAP (such as *Medicolegal Issues in Pediatrics*, 7th edition) that cover a wide range of medicolegal topics.[5] Programs should consider developing curricula that review federal laws but tailor content to their own state-specific laws pertinent to their current trainees. Further investigation is needed to address the impact of medicolegal education on provider competency.

The current method of assessing one's understanding of general medicolegal topics within the state of Texas is the passing of the state's jurisprudence exam at the time of applying for a medical license. A score of 75 or higher is required to obtain one's medical license, and while this is one way to facilitate learning about medicolegal principles, it then leads to physicians only focusing on medicolegal topics at the completion of one's training. Rather, a foundation of medicolegal education principles should begin in medical school and be built upon throughout one's residency and fellowship curricula.

In the world of medicine today, it is nearly impossible to avoid situations with medicolegal implications. Childhood neglect and infant abandonment are just 2 examples of medicolegal cases pediatricians may encounter during their careers. Now is the time to begin teaching our medical trainees on key medicolegal principles to prepare them for these future challenging situations and patient encounters.

Author Contributions

GCV helped conceptualize the manuscript, helped with literature search, drafted the manuscript, revised the drafted manuscript, and approved the final manuscript for submission. MHA helped perform the literature search, drafted and revised the manuscript, incorporated comments and approved the final manuscript for submission. CJF helped conceptualize the manuscript, revise the drafted manuscript, and approved the final manuscript for submission. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

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