

This was from a GP who lectures in medical ethics and I found quite useful:

Regardless of whether you're in need of specific guidance, there are a few things, from a medico-legal perspective, that you can do to protect yourself and your teams. I would recommend the following:

- acknowledge where the care you are able to offer deviates from your usual high standard of care
- make difficult decisions together. I would recommend this for all End of Life decision-making especially, but there will be other situations that will be shouldered more easily as a team too
- capture in the notes the context within which you are making decisions, explaining how and why you are doing what you are doing
- wherever possible, explain to patients and families the constraints that you are working under and why you are having to make the decisions you are
- where there is uncertainty, and you choose not to escalate to hospital care, acknowledge that small risk eg presumed tension headache versus SAH and a decision not to refer up for imaging
- still attempt onward referral where clinical urgency requires it eg if a patient is collapsed or has an acute abdomen. If there is a delayed or altered response due to pressures elsewhere in the system, you have still tried to do your very best
- make it clear in the notes when your preferred options are not available, whether this is to do with community provision, medicines supplies or onward referral
- keep records that demonstrate the circumstances at that moment eg '12 hour wait for an ambulance' or 'no ICU beds in region'. It is easy to judge in retrospect without this context and
- most importantly, get up each morning knowing that you are human, and can only do your best