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Reviewer's Note

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Recommended Citation

Vandervort, Frank E. "Reviewer's Note." V.J. Palusci, co-author. *The Quarterly Review*, 36 The Ray E. Helfer Society, XXIV (2017).

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Since child abuse law is governed by state statute, pediatricians must report suspected child abuse/neglect in accordance with their state's specific reporting requirements. The authors review state deadlines for reporting and note that failure to make a timely report creates civil liability exposures and triggers criminal penalties. Tables in the article summarize report source information from the National Child Abuse and Neglect Data System (NCANDS) from 2004, timelines for reporting categorized by "immediately," "promptly" or within specific time frames, and state-by-state statutory wording for what needs to be reported. A map of the U.S. is included. The authors then add case law examples of misconceptions in the reporting process, issues of consent, adolescent considerations, and laws supporting evidence collection.

The authors emphasize that, since reporting pediatricians may later become involved as a critical fact witness in ensuing legal proceedings, their testimony may influence the disposition of those matters and significantly affect the well being of the involved children. They conclude by stating "Pediatricians are mandated reporters of suspected child abuse and neglect. Familiarity with state/local laws and procedures is essential to provide the expedient evaluation, treatment, and reporting of child abuse. A pediatrician's participation in the legal process as an impartial and well-prepared fact witness increases the likelihood such proceedings will prove beneficial for these vulnerable patients."

**Reviewed by Vincent J. Palusci, M.D., M.S.
and Frank E. Vandervort, J.D.**

Child abuse & the law. Jennifer N Fishe, Frederick L Moffat III. *Clin Pediatr Emerg Med* 2016; doi: 10.1016/j.cpem.2016.09.003. (from Baltimore MD)

In this review of physician mandated reporting, the authors, a physician and a lawyer, detail aspects of the legal basis and medical practice for reporting child abuse in the United States. They begin by reviewing federal and state laws as well as by defining mandated reporters and reporting standards.

Reviewers' Note:

While we appreciate the value of reviewing laws and practices in child abuse reporting, the inaccuracies and other defects in this article seriously detract from its educational value. In several places, the authors state incorrectly that the Child Abuse Prevention and Treatment Act (CAPTA) makes mandates. In fact, CAPTA makes certain requirements which states may choose to adopt or not. The federal law does not "mandate" anything, but

it allows states to draw down federal dollars if they choose to enact certain requirements into state law.

Also, the authors' case law examples of misconceptions and problems in reporting are helpful, but the authors have not made it easy for readers to understand how those examples would apply in their jurisdictions with their own state laws and requirements. This is a problem because they cite cases from individual states, interpreting that state's reporting laws but incorrectly citing them as universal requirements.

The authors also misrepresent that physicians "investigate" cases and they seem to confuse legal vs. ethical duties. They also state that "As such, dutifully reporting pediatricians promulgate and engage in peerless child advocacy," which mischaracterizes pediatric medical care. There are inferences made that when courts and physicians disagree, the physicians are, therefore, wrong. This improperly negates medical practice standards in the field which, while cognizant of legal standards, are not one and the same.

In the legal realm, the authors ignore the fact that many states have "universal reporting" which mandates reporting by all adults, including the physician. They also use words like "valid" or "validated" without specifying whether this was a medical or legal finding, by whom, and to what certainty. They miss the fact that state laws do not provide immunity in federal courts and, while they state that failure to report triggers civil or criminal liability, it is more properly stated that failure to report "may" trigger liability.

There are also some obvious gaps here — for instance, some states require reporting whenever a physician determines that a child has been maltreated by any adult, while others require reporting only if the maltreating person is a parent, guardian or legal custodian. Some states include teachers as "custodians" while others do not.

Lastly, while laudable, the conclusion that pediatricians' participation in the legal process is beneficial is not supported by the paper. While this article nicely summarizes state reporting laws, the reader should turn to their own laws and legal counsel to best determine the many nuances of reporting in their clinical practice.