



Payton v. Weaver

Payton v. Weaver 182 Cal. Rptr. 225 (Cal. Ct. App. 1982)

Country: United States

Region: Americas

Year: 1982

Court: Court of Appeal, First District, Division 1, California

Health Topics: Chronic and noncommunicable diseases, Controlled substances, Health care and health services, Medical malpractice, Mental health, Poverty

Human Rights: Right to health

Facts

Appellant, Brenda Payton, suffered from end stage renal disease and required weekly dialysis. She also suffered from drug addiction, mental illness, and poverty. She brought action against respondents, physician John C Weaver, Jr. and Alba Bates and Herrick hospitals, in form of petition for writ of mandate alleging that they wrongly failed to provide her with regular dialysis treatment.

Dr. Weaver began treating Brenda in 1975 for her renal disease. In 1978, he sent Brenda a letter stating he would no longer permit her to be treated at his practice because of her "persistent uncooperative and antisocial behavior," her refusal to adhere to constraints of dialysis, and her illicit drug use.

Brenda then applied to treatment programs at Alba Bates and Herrick hospitals and was refused. For several months thereafter, Dr. Weaver continued to provide Brenda with dialysis on an emergency basis. In April, 1979 he informed her again by letter that he would no longer treat her. After some litigation, Brenda was permitted to resume her treatment provided she followed certain behavioral, counseling stipulations. In March 1980, Dr. Weaver once again notified Brenda that he would be terminating her treatment because she had failed to adhere to the stipulations. He provided her with a list of dialysis providers and volunteered to help her find alternative care.

Brenda instituted proceedings in the form of petition for writ of mandate which the trial court denied stating that she had no legal right to compel medical service.

Decision and Reasoning

The Court began its analysis by determining whether Dr. Weaver had any legal obligation to continue providing Brenda with dialysis treatment under a physician-patient relationship. The Court finds that he did not any such obligation. They reached this decision based on evidence that Dr. Weaver had given sufficient notice to Brenda, provided her with a list of alternative providers and offered to help her find one. Next, the Court considered whether Alba Bates and Herrick hospitals violated their obligations under Health and Safety Code Section 1317, pertaining to the provision of emergency services, by denying Brenda admission to their treatment programs in 1978. Here, the Court concluded that Brenda's condition does not fall within the scope of Section 1317 and therefore the hospitals did not have any obligations under it. The Court reasoned that dialysis does not constitute a need for "emergency" services within the meaning of Section 1317 by virtue of the need for continuous treatment. The Court finds it "unlikely that the Legislature intended to impose upon whatever health care facility such a patient chooses the unqualified obligation to provide continuing preventive care for the patient's lifetime." *Payton v. Weaver*, 182 Cal. Rptr. 225, 230 (Cal. App. 1st Dist. 1982);

Decision Excerpts

“The court determined that, on balance, the rights and privileges of other patients endangered by Brenda's conduct were superior to the rights or equities which Brenda claimed.” Payton v. Weaver, 182 Cal. Rptr. 225, 228 (Cal. App. 1st Dist. 1982) “While end stage renal disease is an extremely serious and dangerous disease, which can create imminent danger of loss of life if not properly treated, the need for continuous treatment as such cannot reasonably be said to fall within the scope of section 1317.” Payton v. Weaver, 182 Cal. Rptr. 225, 230 (Cal. App. 1st Dist. 1982) “And, while disruptive conduct on the part of a patient may constitute good cause for an individual hospital to refuse continued treatment, since it would be unfair to impose serious inconvenience upon a hospital simply because such a patient selected it, it may be that there exists a collective responsibility on the part of the providers of scarce health resources in a community, enforceable through equity, to share the burden of difficult patients over time, through an appropriately devised contingency plan.” Payton v. Weaver, 182 Cal. Rptr. 225, 230 (Cal. App. 1st Dist. 1982);

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