Ethical Analysis of Emergency Department Repeat Admissions

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The paper "Emergency Department Repeat Admissions – A Question of Resource Use" is analyzed to determine the ethical dilemma. This study showcased the overuse of resources by the residents of Central Texas in the County General Hospital (CGH). The emergency resources worth the amount of 2.7 million dollars were used inefficiently. This problem is caused by repeatedly visiting the Emergency Department rather than visiting the designated medical departments. This problem persists throughout the United States, not just in Central Texas (Slankamenac et al., 2019).

Moral Awareness

Matt Losinski, who was the Chief Executive Officer (CEO) at the County General Hospital, was extremely concerned regarding the yearly revenue of $200,000. This revenue was not being received, and the problem was identified as residents abusing the system by repeatedly visiting the Emergency Department. This concern raised by Losinski is identified as moral awareness when referring to the ethical decision-making model. He was able to pinpoint the problem that was causing increased costs, longer treatment, complaining patients, crowding, and wait times.

It has been observed that there is the majority of people believe that their ailment is extremely serious and needs emergency treatment. This is a psychological response to any pain or disease, as people tend to think that the worst-case scenario has occurred. This may be a very distressing experience for them; however, it causes the Emergency Department to incur major care costs due to the increased use of services and medical equipment. If people are directed to the department corresponding to their medical needs instead of being treated in the Emergency Department, then this will not only solve the problem of misuse of resources but will also improve the quality of care.

Moral Judgment

Emergency departments need to operate quickly as the medical professionals in that department deal with emergency cases. They need to make quick decisions about which patient requires immediate care and which ones can wait; these are critical decisions that require the doctors to be on their feet all the time. Unfortunately, they cannot perform efficiently as many cases in the Emergency Department are non-emergency cases. These cases could have been managed by the primary care department instead, as most of the cases are urgent care cases and not emergency cases. Visiting the Emergency Department more than four times each year makes the patient a repeat patient. The problem that arises in the situation is that the doctors in the department are under the obligation to

treat every patient without any discrimination and cannot direct patients to other departments because of this rule. Repeat patients who do not require emergency medical attention cause problems for the patients who require to be taken care of due to their critical condition.

This disregard for the Emergency Department by the patients also causes the department to be overly crowded, and the patients have to wait for longer periods before they get treated. To address the overcrowding of the departments, beds with privacy screens have been set up in the available space. The cost spent on these extra beds is also a misuse of the department's budget. As mentioned before, repeat visitors are often people who think that they are in a dire situation and need emergency medical attention, but most of the time, their needs are out of the scope of the Emergency Department's physician. Ordinarily, these patients should have visited the primary care department as they would have received better medical attention. The non-emergency patients who visit the department suffer from fever, cold, breathing issues, pain, and falling. These patients include pediatric patients, uninsured people, the elderly, and the homeless. These patients visit the department for two reasons: one, that this is the only option for the uninsured patients, and second, that they think their medical problem is serious. Often, patients visit the department to get a refill on their prescriptions. 911 is another emergency resource that is used without any regard, and it is usually used for non-emergency needs; for instance, the family may call to complain about the patient as they may not be taking their medication (Adams, 2000).

Application and Effectiveness of Strategy

After reading the article, Losinski forwarded it to the Chief Financial Officer. He informed Losinski that the costs were covered by Medicaid while other costs were covered through private patients. This response annoyed Losinski, so he requested the Administrative Resident for data, which showed that $200,000 was not being reimbursed, and this was due to the repeat patients. He forwarded this information to the Executive Committee, highlighting the fact that most patients who visit the ER do not need emergency treatment. The response was not as he expected, as the committee told Losinski that ERs could not turn away patients.

Solution

The ethical solution to this dilemma was to identify the patients who were non-emergency and repeat visitors. This identification would allow the department to focus its attention on educating these patients slowly towards the correct departments without denying them the treatment. This is going to be a slow process, but it will not be against ethics as the patients will still receive the treatment while understanding which department they should visit when they show certain symptoms. Emergency Department cannot turn away any patient, but there is no rule against educating the patients, as many do not understand the difference between emergency medical needs and urgent medical needs. There is also a need to develop a more efficient care plan so that patients, regardless of their

needs, are treated effectively.

References

Adams, R. J. (2000). Factors associated with hospital admissions and repeat emergency department visits for adults with asthma. *Thorax*, *55*(7), 566–573. https://doi.org/10.1136/thorax.55.7.566

Slankamenac, K., Zehnder, M., Langner, T. O., Krähenmann, K., & Keller, D. I. (2019). Recurrent Emergency Department Users: Two Categories with Different Risk Profiles. *Journal of Clinical Medicine*, *8*(3), 333. https://doi.org/10.3390/jcm8030333