

## Medicine by John Grauerholz, M.D.

### No emergency care for uninsured?

*Cost-cutting measures are now affecting the seriously injured who fail the "green test," i.e., are financially indigent.*

**T**he push for medical cost cutting is relegating the uninsured, seriously injured to the same junk pile as the indigent, elderly, and handicapped. A series of items in the Feb. 7, 1985 *New England Journal of Medicine (NEJM)* deals with the disturbing tendency of hospitals to refuse care to seriously injured patients who lack health insurance.

The situation is vividly described by a physician in rural North Carolina, writing to the "Sounding Board" column of the *NEJM* under the subtitle "No Insurance, No Admission."

"I would like to address what seems to me to be a very disturbing trend from my vantage as a primary-care internist in a relatively isolated rural area approximately two hours in any direction from a referral center. To illustrate my problem, I report the following two cases.

"In May 1983, a mildly intoxicated 26-year-old man was in an auto accident, sustaining a bump on his head without loss of consciousness. . . . He began to have signs of . . . an acute subdural hematoma. . . . Attempts were made to contact a neurosurgeon at a private tertiary-care center in a well-endowed university setting in a city 130 miles to the south. . . . After the case was presented to the neurosurgeon attending, the first question was, 'Does the patient have insurance?' At that time, no family members were present and no information other than his name was available. After much pleading, the patient was accepted in transfer

and later died. As it turned out, he did have insurance.

"On Dec. 27, 1984, a 35-year-old woman was in an automobile accident, sustaining massive facial and head trauma. . . . A skull fracture . . . was seen on a skull film. . . . Attempts were made to transfer her to a neurosurgeon. . . . We again attempted to refer the patient to the neurosurgical service at the tertiary-care center mentioned above. Again, after hearing about the problem, the first question related to the patient's insurance coverage. When it was learned that the patient had no coverage, the transfer was refused on those grounds, ostensibly because the neurosurgeon to whom I talked had gotten into trouble with the administration for accepting a similar patient in the recent past. All the telephone calls caused at least a 45-minute delay in getting the helicopter off the ground. Eventually the patient was transferred to a secondary referral center 100 miles west.

"I do not think these patients would have been refused 10 years or ever 5 years ago at the institution mentioned because I trained there. I think that it is no coincidence that the first case was reluctantly accepted and the second summarily refused over the time span from May 1983 to December 1984. During this time, a major upheaval in medical economics and practice took place. . . . I speak of the dangerous trend of letting economic matters take precedence over matters of humanity."

Lest one get the impression that

the problem is confined to neurosurgeons in North Carolina, the "Law-Medicine Notes" column in the same issue of the *NEJM* reports on an Arizona Supreme Court decision on a case involving a 13-year-old boy who suffered a tearing of the femoral artery in his left leg in an accident. It was agreed by the surgeons of the community hospital that consulted on the case that he required immediate surgery, but he was transferred to the country hospital "for economic reasons." His condition worsened after transfer, and after surgery he has permanent damage to his leg.

At trial, the hospital stipulated that the transfer was made solely for financial reasons and, since none of the physicians involved could have prevented the transfer, they were absolved of liability and judgment was rendered against the hospital itself.

While this decision indicates that the courts will not allow financial considerations to absolve hospitals of responsibility for permanent harm to patients resulting from cost-influenced medical decisions, the pressure from austerity will continue to produce such situations. In the day-to-day practice of medicine, the immediate pressure of cost containment will outweigh the more remote consequences of a potential law suit.

The real issue is that no so-called legal safeguards will be effective in a context of continuing economic collapse. The pressures which initially fell on the so-called "brain dead" and "incurable" are now spreading to those acutely injured who fail the "green test," i.e., are financially indigent. In the absence of a true economic recovery, there is no remedy for the continuing destruction of the medical profession in the name of "cost containment."