

Academic emergency departments are always open to all who need care

June 2 2020



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[&]quot;Academic emergency departments never deny emergency care to any person." That is the statement put forth in a <u>commentary</u> from the Board of Directors of the Society for Academic Emergency Medicine and the



Senior Editorial Board of Academic Emergency Medicine journal. The commentary, to be published in the June issue of *Academic Emergency Medicine*, was written in response to recent news stories stating that patients with symptoms of COVID-19 were "turned away" from emergency departments. The commentary addresses these serious allegations, with an attempt to provide the perspective of academic emergency departments (EDs) around the nation.

In the COVID-19 environment, acute unscheduled care in emergency departments has changed. Subsequently, hospital responses designed to protect patients from COVID-19 might give patients the impression that less was done in the <u>emergency care</u> setting. Combined with unprecedented social isolation policies and uncertainties surrounding access to and accuracy of diagnostic testing, available therapies, and mortality estimates, understandable fear and confusion can quickly transform to anger.

The commentary strongly asserts the legal, historical, and ethical obligation of academic emergency departments to provide safe evaluation and care to anyone, anytime. Notably, under the Federal Emergency Medical Treatment and Labor Act (EMTALA), no ED that receives funding from Medicaid or Medicare can "turn away" any patient. Every patient must receive a medical screening examination to determine that no emergent medical condition exists prior to discharge. This applies for all 120 million patients who visit an ED each year regardless of the ability to pay, race, ethnicity, creed, gender, sexual orientation, physical ability, or any other human factor.

D. Mark Courtney, MD, professor of emergency <u>medicine</u> and executive vice chair of academic affairs at UT Southwestern Medical Center, commented:

"I used this article to talk to a group of 30 medical students via a video



conference platform on the current state and future of emergency medicine. These are the future pipeline of doctors who will be providing care for us 5, 10, 20 years from now. They wanted to know how emergency care has changed in this pandemic and why? They pointed to things they had seen on Twitter and wondered. I told them to check out this article and to realize that they were joining a group of doctors who had both a legal, historical, and ethical basis for providing safe evaluation and care to the sickest of the sick as well as those less ill but filled with fear and uncertainty. That the leaders of our academic society and journal came together to write this article is a strong statement to how committed and unified we are to be there 24/7 for all."

More information: Jeffrey A. Kline et al, Unconditional care in academic emergency departments, *Academic Emergency Medicine* (2020). DOI: 10.1111/acem.14010

Provided by Society for Academic Emergency Medicine

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