The Costs Of Emergency Room Cost-Cutting

Pauline Chen, M.D.

It was the dead of winter, high season for viral gastroenteritis, so it was with a certain degree of wariness that the harried doctor and nurse finally got around to seeing the patient, a man in his late 60s who had come to the emergency room complaining of belly discomfort.

“I think I’ve got the stomach bug,” he said when they approached.

The nurse moved him to a far corner of the emergency department reserved for less critical cases. The doctor’s plan was to infuse a liter of intravenous fluids then send the man home.

But a couple of hours later, mid-infusion, the patient suddenly turned blue, then gray and passed out.

The patient’s belly pain, it turned out, was the result of a life-threatening aneurysm, a ballooning of the abdominal aorta that had been leaking blood internally for several hours.

Thanks to emergency surgery, the patient survived. But his sudden downturn, his dramatic brush with death and the cavalier initial response of the staff were powerful reminders of an aphorism I had heard since my first weeks of internship; “Assume nothing.”

I remembered that patient after reading a new study that analyzed an assumption underlying a perennially popular cost-cutting measure: reduce emergency room visits for non-urgent care, which can cost up to five times more than care provided in a doctor’s office.

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