The vagrant in the accident and emergency department

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SUMMARY

Those of no fixed abode constituted only 0.3% of all new patients seen in one year. The majority presented with a disorder due to acute medical illness or trauma. This group has poor access to general practitioners, and turns to the accident and emergency department for medical care. However, the number of investigations performed and the number admitted to hospital indicate a substantial amount of serious pathology. The proportion of homeless attenders abusing the accident and emergency facilities is small.

INTRODUCTION

Homeless vagrants are commonly believed to be frequent visitors to the urban accident department. Unlikely to have a genuine complaint, their problems are seen as being mainly social rather than medical (Rutherford *et al.*, 1980). They probably want no more than shelter and a cup of tea, and represent an unjustified demand on the resources of a busy department.

The purpose of this study was to enquire into the validity of this stereotype, to assess the workload due to those registering at an accident and emergency department as being of no fixed abode and to review the diagnoses made and treatment given to these patients.

METHOD

The Central Middlesex Hospital serves a partially industrial area with a large socially deprived population with many recent immigrants. The accident and emergency

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department records for the 12 months from June 1983 to May 1984 were used to identify all patients for whom no permanent address was recorded by the receptionist. Excluded were all those too unwell to give any personal information, as well as tourists, travelling salesmen and students.

RESULTS

A total of 117 patients were identified as being of 'no fixed abode'. Of these, 48 stated that they were staying at the local Department of Health and Social Security Resettlement Unit. Only eight patients were women. The ages of the 117 patients are shown in Table 1. Most patients were either unemployed (51 cases), or did not state their employment (52 cases). It is likely that most of these had no regular employment.

Table 1

Age	No.	%
0-19	4	3
20-29	30	26
30-39	30	26
40-49	18	15
50-59	22	19
60+	7	6
Unknown	6	5
	117	100

Table 2 Distribution of attendances

Month	No.	Day	No.	Time (hr)	No.
June	10	Monday	16	0000-0400	16
July	5	Tuesday	10	0400-0800	10
August	9	Wednesday	9	0800-1200	33
September	11	Thursday	21	1200-1600	14
October	11	Friday	17	1600-2000	25
November	10	Saturday	19	2000-2400	33
December	4	Sunday	25		11
January	8				
February	11		117		
March	13				
April	17				
May	8				
	117				

Table 2 shows that there is little seasonal variation in the attendance rates. There is a concentration of patients attending in the latter half of the week, in spite of the high level of unemployment. The bulk of the attendances were between 8 a.m. and midnight.

Forty cases (34%) gave a history of non-acute disorder (present more than 24 hours without deterioration).

A total of 29 cases (25%) gave the name of a local (West London) doctor as their general practitioner.

Many cases were trivial and did not require hospital facilities. As an indication of this, it was considered that at least 58 cases (50%) could have been dealt with by a general practitioner—they were diagnosed by the casualty officer (senior house officer) without need of immediate investigation or specialist opinion, and did not require hospital facilities for treatment. However, a substantial proportion of all accident and emergency attenders present with minor conditions. For comparison the records of 100 consecutive attenders in March 1984 were examined and of these 39 were considered not to need hospital treatment.

Table 3

Principal diagnosis	Total	X-rayed	Other tests	Treated and discharged	Admitted
Refused to see doctor	7				
Social	9				
Trauma (including 12 head injuries)	34	19		14	6
Medical (including poisoning)	43	17	9	15	15
Surgical	5	2		2	1
Psychiatric	16	1		3	2
ENT	2			2	
Dental (toothache)	1				
	117	39	9	36	23 (20%)

Table 3 shows the diagnostic categories of the 117 patients, those X-rayed, those discharged following treatment (including out-patient referral), and those admitted. During this period 42 260 new patients were seen in the department, of whom approximately 8200 (19%) were admitted to the wards.

DISCUSSION

The 117 patients of no fixed abode seen during one year represent 0.3% of all new patients seen by the accident and emergency department. Farmer & Chambers (1982) in a survey of six London accident and emergency departments found that homeless

attenders amounted to 0–1.4% of the total, with a mean of 0.7%. Therefore, the workload represented by these patients is small.

It is perhaps surprising that there is no increase in the attendances in the winter months. This may be due to effective social welfare measures, or may in part be due to fewer people choosing to be homeless in the winter.

Clearly, a proportion of vagrants come to the accident and emergency department as they have no general practitioner. Half of all attendances required neither investigation nor admission. Only 25% claimed to be registered with a local doctor, whereas a survey conducted in the Central Middlesex Hospital Accident and Emergency Department in 1981 (Lovell *et al.*, 1983) estimated that between 97 and 99% of all attenders were registered. Hence, the department is providing a 'general practice' service to the homeless.

Most patients presented with acute medical or traumatic conditions and only 20% of consultations were for social or psychiatric causes. Investigation, usually radiological, was required in 40% and the proportion requiring admission to hospital (20%) is as great as among all accident and emergency attenders, including those referred by general practitioners. These results demonstrate significant illness among the homeless commensurate with the increase in ill health associated with low social and economic status (Maclure & Stewart, 1984).

For this mobile and often illiterate population, the accident and emergency department is often their only source of medical advice. It is therefore not surprising that they expect it to provide a 'general practitioner' service as well as access to hospital facilities. The homeless may sometimes receive little sympathy, but in fact, few of them place unreasonable demands on the accident and emergency service.

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