Misplaced attribution for malpractice claims further frays the safety net provided by emergency departments

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The Emergency Department (ED) has long been considered a ‘safety net’ for healthcare. In the USA this term is often used to indicate that patients who cannot afford to go elsewhere can always receive care in the ED. But as many of us know, the ED is a safety net in almost every healthcare system, regardless of how that care is financed, as it provides a place for patients to be seen out of hours, when general practitioners are too busy, or the patient’s problem is considered too complex for an outpatient evaluation. Although the burden can at times be overwhelming, many of us are proud of the role that the ED plays in their healthcare system: we ensure that patients in need of care receive it.

In their research letter, Price and colleagues demonstrate another way the ED further increases our vulnerability to lawsuits. Care in the ED managed by the inpatient team for a patient awaiting a bed will put us in the frame for any errors, and we often become the individuals responsible for reacting if the patient deteriorates. Finally, regardless of where the incident occurred, lawyers do tend to name every physician in the chain of the patient’s care, so errors that occur in the hospital may still result in lawsuits brought against the EM clinician.

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In the UK, at a cost of over £400 million per annum, emergency medicine now accounts for the highest volume and the second highest value of NHS litigation liabilities (after obstetric care). Getting It Right the First Time (GIFRT) have produced a five-point plan for reducing NHS litigation costs: the second point asks that clinicians and managers review the data for claims submitted to NHS resolution in order to confirm correct coding to that department and correct any inaccuracies.2 Wherever we work, it is imperative to set the record straight to ensure that our specialty is protected from inaccurate data reporting. The fallout from misattributed legal action can create yet another tear in our already fragile and stretched safety net.

REFERENCES