

Academic Emergency Medicine Editor-in-Chief Pick of the Month

“Like awful, man. Awful like a piece of trash, because if you don’t have the money or health insurance you ain’t worth nothing.”

-Patient and human being.

To convince another person to change problematic behavior, department chairs, vice chairs, and other preachy people sometimes say “Perception is reality, so you have to change.” The accused person may reasonably counter “Come on....not if the perception is wrong.”

This counter argument cannot be made by the accused in the data presented by Medford-Davis et al, in 2018’s first issue of AEM **“What Do People Do If They Don’t Have Insurance?”: ED-to-ED Referrals**. First, observe that the authors chose to include quotations in the title. As if this question were being asked by your chardonnay-sipping neighbor at a holiday party. Or a medical student, doing his or her mandatory emergency medicine clinical month. Except that learners keep this question in their heads on shift, and in the classroom. Because the answer must be too obvious to ask out loud. Surely, they reason, everyone else but me knows what happens to patients without insurance. Surely, the Affordable Care Act (ACA), the Emergency Medical Transfer And Labor Act (EMTALA), or Medicaid must address this. Surely, some Codified Federal Regulation stipulates what should happen if you fall and break

your wrist, have no health insurance, and go to the closest emergency department or urgent care center, which happens to be a for-profit business. Right?

Medford-Davis et al, asked this “inane” question. Their data indicate that humans who direct emergency departments, have written policies that directly cause inhumane behavior, summarized by one patient: “You don’t have the proper insurance, they let you go. And they’ll give you some referrals. Now I’m realizing that they already know the referrals is not gonna work.” This sentiment is not a perception, but a reality that any provider (doctor, nurse, social worker, etc) who has worked in a safety net, teaching, or county hospital emergency department has experienced on most shifts. Another patient addresses the hard logic of personal responsibility: “The prolonged wait has definitely put an extension on my recovery time, which is going to kind of extend the amount of time that I’m not able to actually perform to capacity for work.”

This work will publish, just as the Tax Reform Bill, now signed into law, eliminates the insurance mandate of the ACA.