

Emergency Medical Treatment And Active Labor Act (EMTALA): Hospital's Standard Emergency Procedures For Chest Pain Not Followed, But Court Finds It Did Not Aggravate Patient's MI.

The US District Court for the District of Puerto Rico was willing to agree with the patient that the hospital did not completely follow its own standard procedures for medical screening and stabilization of an emergency-room patient presenting with complaints of chest pain.

The patient came in to the emergency room between 7:10 and 7:26 p.m. A CBC, EKG, CPK and arterial blood gases were done and he was given one sublingual dose of nitroglycerin.

According to the court record, he was also given Zantac, Vistaril and Haldol in the emergency room.

The patient was admitted to a medical/surgical unit. At 7:30 and 8:00 a.m. the next morning he was given repeat EKG's that were suggestive he had had a myocardial infarction. A cardiologist came in for a consultation at 8:15 a.m.

He was transferred to the intensive care unit at 8:00 p.m. that evening and heparin anticoagulant therapy was begun. He remained in the ICU for seven more days and was transferred to another hospital for heart surgery.

The EMTALA Was Violated

In the lawsuit the patient said his care in the emergency room was insufficient. Serial cardiac enzyme tests were not done, a cardiologist was not called in and he was not given aspirin, heparin and TPA.

He also claimed he should have been transferred to another hospital that would have given appropriate care for a patient having an acute MI.

The court agreed with the patient on these points. The Emergency Medical Treatment and Active Labor Act (EMTALA) says that every hospital that participates in Medicare and has an emergency room must follow the hospital's own screening and stabilization protocols with each and every patient presenting with the same signs and symptoms. The court ruled that was not done in this case.

The EMTALA was passed by the US Congress in 1986 to do away with hospitals dumping indigent and uninsured patients from private to public hospitals.

However, at this time the EMTALA extends to all who present themselves at hospitals that have emergency rooms and participate in Medicare, not just indigent or uninsured persons.

First, a hospital must perform an appropriate medical screening of any individual who arrives at the emergency room requesting treatment, to determine if the individual has an emergency condition.

Second, the hospital must stabilize a patient who is at the hospital and has an emergency medical condition (whether or not the emergency presented first in the emergency room).

Third, the hospital can transfer the individual to another hospital only when certain conditions are met if the person still has an emergency medical condition that has not been stabilized.

UNITED STATES DISTRICT COURT,
PUERTO RICO, 2000.

Alcohol/Drug Intoxication No Excuse

It was noted in the E.R. the patient smelled of alcohol and was intoxicated when he came in.

However, the hospital offered the court no explanation how that would in general or in this case excuse the hospital from fully following its standard screening and stabilization procedures for a patient with chest pains who was presumptively having an MI.

But there is more to it than that for a patient to have a valid civil case against a hospital for violation of the EMTALA.

Cause-And-Effect Must Be Proven

Belatedly the patient did receive all of the accepted screening and care appropriate for an MI patient, on a hospital medical/surgical unit and then in the ICU.

According to the court, in a civil lawsuit for damages the patient has the burden of proof, even when there is a violation of the EMTALA, to prove that care being delayed or denied caused or aggravated harm to the patient.

In this case the patient was unable to present that proof, the court ruled, and so the court dismissed his lawsuit.

Expert Witness Testimony Required

As in other medical litigation, proving medical cause-and-effect in an EMTALA case requires expert medical testimony, the court stated.

In this case the patient's lawyers submitted a physician's report comparing the emergency-room care that was given with the hospital's standard emergency-room procedures for patients with chest pain.

However the physician stated no opinion on cause-and-effect. In fact, the court believed the physician lacked the professional qualifications to give an opinion as a specialist in cardiology, which legally was a fatal flaw in the patient's lawsuit. **Torres Otero v. Hospital General Menonita**, 115 F. Supp. 2d 253 (D. Puerto Rico, 2000).