EMTALA: E.R. Patient Admitted To ICU, Treated, Released AMA, Court Sees No Violation.

The patient was assessed in the emergency room to have taken an overdose of benzodia zepines.

He was admitted to the hospital's ICU for treatment. He came to believe hospital ICU staff were becoming angry with his psychotic conduct and were treating him differently than other patients. The next day he signed himself out of the hospital against medical advice.

The patient sued for violation of the Emergency Medical Treatment and Active Labor Act (EMTALA), claiming he was still in need of psychiatric care when he was allegedly transferred from the hospital. That is, his propensity to irrational conduct caused him to assault a police officer and receive a twenty-two month prison term.

The US Circuit Court of Appeals for the Eleventh Circuit ruled there was no violation of the EMTALA.

The patient's allegations based on his lay opinion that he should have received a "charcoal test" and that that would have made a difference carried little weight in the face of overwhelming evidence that the hospital treated him the same as it would have treated any other overdose victim and that he was given all the care he needed. First, having admitted the patient for inpatient care is a complete defense to an EMTALA civil lawsuit.

Second, this patient received the same medical screening and stabilizing care any similar patient would have received.

He was evaluated by the emergency-room physician.

He was admitted to the ICU for continuous 1:1 nursing monitoring of cardiac tracings, blood pressure, O_2 sat and respiration and got IV fluids, lab work, urinalysis, culture and tox screen, a chest x-ray and assessment of ulcer risk.

Third, when a patient signs out against medical advice the patient is not transferred as that term is used in the EMTALA. There is no issue as to the care given prior to transfer, or the patient's condition at transfer, if the patient was not transferred.

UNITED STATES COURT OF APPEALS ELEVENTH CIRCUIT November 30, 2006

Hos pital's Legal Obligations EMTALA

A hospital which has an emergency department must screen every individual who comes to the emergency room seeking treatment to determine whether an emergency medical condition exists.

An appropriate medical screening is the same medical screening the hospital would give to any other patient with the same presentation. The original purpose of the EMTA LA was to require that indigent and uninsured patients received the same emergency care as paying patients.

Treatment must be given in the emergency room to stabilize the patient's emergency medical condition before the patient can be transferred or discharged.

However, if the patient is admitted from the emergency room to the hospital as an inpatient, the EMTALA does not consider that a transfer or discharge, so the patient does not have to be first stabilized in the emergency room.

Malpractice Issues Are Separate From EMTALA

If the patient does not receive competent care as an inpatient, the patient may be able to sue for common-law malpractice. The EMTALA does not concern itself one way or the other with common-law malpractice issues.

In this case, although the patient did not sue for malpractice, the court commented that his lay opinions about the quality of the care he received would not have been sufficient to sustain a successful malpractice case. Johnson v. Health Central Hosp., 2006 WL 3473741 (11th Cir., November 30, 2006).