

Suicide: No EMTALA Violation, Hospital Provided Psych Screening And Care Within Its Capabilities.

A patient committed suicide two days after he was seen in the emergency department at a forty-bed hospital serving a rural community in California.

The US Circuit Court of Appeals for the Ninth Circuit acknowledged that the man's death was a tragedy. However, the court also had to rule whether the family had legal grounds to sue the hospital for wrongful death for violating the US Emergency Medical Treatment and Active Labor Act (EMTALA). The court ruled the hospital was guilty of no wrongdoing and dismissed the family's lawsuit.

The Facts of the Case

The man was brought into the emergency room by family members. They simply requested a mental health evaluation for him. He was promptly seen by the triage nurse. The nurse took his vitals and noted he was medically stable. The nurse classified him as non-emergent. She got him seen by the E.R. doctor about ninety minutes later.

The doctor took his history. He noted recent apathy and depression. There was no current suicidal talk or ideation. The doctor cleared him medically and phoned the county mental health professional, who arrived after another hour's wait.

The Emergency Medical Treatment and Active Labor Act (EMTALA) requires a hospital to screen every patient who comes to the emergency department to see if the patient has an emergency medical condition and to stabilize the patient, within the hospital's capabilities, before transfer or discharge.

The key to the EMTALA is that all patients must be treated the same who present with the same symptoms and complaints.

This hospital had no capability for in-depth psychiatric assessment or for mental health treatment.

The hospital's policy for patients with apparently serious psych issues was to clear them medically and to phone the county mental health professional.

That policy was appropriate for this hospital and it was followed in this case.

UNITED STATES COURT OF APPEALS,
NINTH CIRCUIT, 2001.

Hospital Policy

Psychiatric Emergencies

The hospital's policy for psychiatric emergencies was for the E.R. physician to clear the patient medically and call in the county mental health professional. Staff were to monitor the patient and try to keep the patient in the E.R. while waiting for the mental health professional.

The court ruled the hospital's policy complied with the EMTALA and the policy was followed to the letter in this case, meaning no EMTALA violation occurred.

The hospital had no capability for in-depth psychiatric assessment, no psychiatrists or psychologists at the hospital or available on-call. The hospital did not offer any sort of mental health treatment.

The hospital had no legal obligation under the EMTALA to provide in-depth psychiatric assessment just because a patient might come in with a psychiatric emergency and urgently need psychiatric care. The key was for the hospital to have a policy for screening and stabilizing such cases and to follow the policy with each and every patient.

The county-designated mental health professional, who had a master's degree in counseling, concluded the man did not present an immediate danger to self or others and did not qualify for involuntary commitment at a psychiatric facility. The mental health professional told the E.R. physician and the man was discharged home with his family members.

The hospital was ruled not responsible for his death two days later. ***Baker v. Adventist Health, Inc., 260 F. 3d 987 (9th Cir., 2001).***

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