

Hospitals could turn away terminally ill, others if severe flu outbreak occurs

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The Florida Department of Health is preparing a plan for rationing scarce medical resources in the event of a severe flu outbreak that would allow hospitals to refuse admission to the terminally ill, trauma patients and ventilator patients with the lowest chance of survival, according to the plan.

“In the event of a pandemic influenza or other public health emergency, the demand for health-care resources and services will dramatically increase,” the document says. “Out of necessity, scarce resources and patient care will have to be allocated so as to ‘do the greatest good for the greatest number.’”

At issue with a pandemic flu event is that hospitals and emergency rooms would be swamped and all hospital beds filled, coupled with a shortage of health-care workers because of illness and limited supplies.

The plan could also be put into play with any other public health emergency declared by the governor.

A recent poll by the American College of Emergency Physicians found that 90 percent of emergency room physicians, out of more than 1,000 polled, are concerned about the ability of emergency rooms to handle a crush of patients from a flu crisis.

The state's plan was released recently under a public records request of ProPublica, a nonprofit news organization in New York City.

“This is an early draft of a planning document designed to assist medical and health-care agencies statewide in responding to worse case scenario pandemics,” the state health department said in a statement. “This should not be misconstrued as a plan for the current H1N1 flu. This draft document is a supplemental guidance to Florida’s Pandemic Influenza Plan that began in 2006 and continues to evolve. The final version will be completed after input from stakeholders and the public.”

The plan advises hospitals to have a peer-based system for reviewing hospital admission, intensive-care admission and termination of care. The panel should include a medical director, hospital board member, ethicist, a pastoral representative and others.

Hospitals could deny patient transfers from long-term care centers and nursing homes for those who are known to have “do not resuscitate” orders, or who have severe and irreversible neurological conditions, including traumatic brain injury and stroke, according to the plan.

Other patients who could be denied hospital admission are cardiac arrest patients who are not responsive to life support measures within 20 to 30 minutes.

Likewise, people with end-stage multiple sclerosis or spinal muscular atrophy that require daily living assistance or who require chronic ventilator support could be turned away, as well as people with end-stage organ failure, incurable cancer and certain lung diseases.

With respect to ventilator patients, the recommendation is they be admitted if they don't fall into one of the other patient categories for denying admission.

Dr. Judith Hartner, director of the Lee County Health Department and who served on the committee that helped develop the plan, said it is being developed "for the most extreme circumstances."

What's under consideration is that the patients who would be turned away from hospital admission would be those with "less chance to survive with or without the hospital and the intensive care unit," she said.

While this would apply to long-term care centers which aim to transfer these patients to a hospital, the guideline also could apply to auto accident victims who, by the nature of their trauma, may have a very low chance of survival, she said.

"It still doesn't mean we don't have an obligation to recommend palliative (comfort) care, but the person may not get a precious bed in ICU and 12 hours in the operating room," Hartner said. "These are gut wrenching, horrible decisions to have to be made."

What hasn't been fully discussed is where the palliative care for the people not admitted would be provided, but one option may be in nursing homes, Hartner said.

The draft plan just released is the first final draft and will be refined after comments are taken into consideration from health-care groups and the public.

“It was supposed to be done by December,” she said, adding that she isn’t certain if that is still the timeline.

The state plan follows on the heels of similar scarce resource planning done in New York and Utah, said Scott Wiley, director of emergency management for the NCH Healthcare System in Collier County.

“Why it has taken so long to come to fruition is the legal aspect of it,” he said. “How does a clinician make an objective decision without some legal (framework)? In the worst-case scenario, it could happen and it is important we address it.”

Bruce Rueben, president of the Florida Hospital Association, said it is better that the state took a look at the “what if’s” in a worst-case scenario than left it unaddressed for the hospitals to deal with alone.

“In a very difficult scenario like that with hospitals overflowing with seriously ill people and not enough beds and not enough ventilators, they would have to be priority lists,” he said. “Any reasonable person would understand that there are very difficult decisions that would have to be made.”

Rueben said the FHA has submitted its comments to the state about the report and that hospitals around the state have reviewed it.

Dr. Joan Colfer, director of the Collier County Health Department, said there was brainstorming with local hospital officials three or four years ago about coping with an avian flu pandemic that involved expanded triage of patients and determining who needed care and where.

“This document was created since those discussions and because the current H1N1 flu does not warrant the type of response written in this scarce resource planning guide, we have not formally addressed it with our (hospital) partners,” Colfer said in a statement.

Officials at Physicians Regional Healthcare System in Collier County say the state plan provides guidelines for consideration.

“While we value the expertise of the state health department and appreciate their hard work on such matters, guidelines such as these are developed in consideration of a potential disaster to provide health-care organizations a framework for the decisions made during an actual crisis,” Joe Pinion, chief executive officer of Physicians Healthcare System in Collier County, said in a prepared statement.

From a medical liability standpoint, the plan says the U.S. Secretary for Health and Human Services could waive provisions of federal law that sanction transfers of patients who have not been stabilized. The waiver could stand for 60 days or until the end of a public health emergency.