TuSalud

Lost in the Emergency Room?

Don’t waste time, money and effort. Learn about the most common problems patients face in the ER—and how to avoid them.

December 1, 2007 By Galia García-Palafox

The pain had taken over his body. Juan Díaz knew that it wasn’t just a simple upset stomach. It was kidney stones, and they almost immobilized him. Without insurance and extra cash, however, the Guatemala native couldn’t afford the luxury of going to the doctor. When the pain became unbearable, he headed to the hospital.

At the emergency room of Ben Taub General Hospital in Houston, however, the first question the staff asked him was whether or not he spoke English. Díaz, who is bilingual, didn’t understand why they were asking him this. While waiting, the pain grew worse by the minute. Eight hours later, they finally called him inside. The doctor prescribed some pain medicine and advised Díaz to see a specialist and have tests done. The price tag to Juan for this emergency-room odyssey? $600.

Few Rooms, Many Patients

Waiting for hours in an emergency room is the norm in all hospitals. On average, a patient waits 56.3 minutes to be seen by a doctor and spends more than three hours in the ER. From 1995 to 2005, visits to these health care centers increased by 31 percent, while the number of emergency rooms decreased by more than 9 percent, according to the National Ambulatory Medical Care Survey. The result: an increase in wait times, made worse by a shortage of doctors and nurses. “Sometimes there are 300 available beds in a hospital, but only 100 of these can be used because there aren’t enough nurses,” says Juan Fitz, MD, spokesperson for the American College of Emergency Physicians. “And other times there aren’t any specialists in emergency rooms.”

Emergencies Are Expensive

Under the federal Emergency Medical Treatment and Active Labor Act (EMTALA), citizens, residents, tourists and undocumented immigrants are entitled to care when they go to a hospital and their life is in danger. In addition, they have a right to get tests to determine if the medical condition is an emergency, and if so, to also receive treatment until it has stabilized.

However, this care is not free and the requirement of care only applies in the case of a true emergency or when a woman is in labor. “If there’s an immediate need for surgery, the patient will

be operated on, but EMTALA does not cover conditions that aren't severe," explains Dr. Fitz. And even those patients that are seen can be hit with an invoice a few weeks later.

Fitz says that patients should try urgent care clinics or walk-in clinics—which are much more affordable—or community clinics, before any condition becomes serious.

Don't Let Language Stop You

Concern about communication is another reason immigrants don't go to the doctor, second only to lack of insurance, says Steven Applewhite, PhD, professor of social work at the University of Houston. However, Medicare requires all health facilities, including hospitals, to provide translation services for patients with limited English. Some hospitals have bilingual doctors or nurses on staff, while others hire translators (although these services are expensive and hospitals are not reimbursed, explains Fitz).

The translator should be a specialized professional with proficiency in the language and a knowledge of medicine, Applewhite explains. "It's a huge risk when the son or the daughter of an immigrant translates for the doctor, especially in emergency cases," says Fitz. A 2003 study from the Medical College of Wisconsin found that there were an average of 31 interpreter errors during consultations, of which 63 percent had potential clinical consequences. The result? The doctor didn't fully understand patients' symptoms and care was not appropriate. Experts recommend that when going to an emergency room, people request the services of an expert translator who knows, for instance, to use the word intoxicated to describe being drunk (in Spanish, intoxicado means food poisoned).

THINGS TO TAKE WITH YOU TO THE ER:

- Your medical history
- A list of the medicines you're taking any allergies you have and vaccinations you've received
- The phone numbers of your primary care physician and closest relatives

Is it an Emergency?
The American College of Emergency Physicians recommends going to the emergency room if you're experiencing:

- difficulty breathing
- chest pain or upper-abdominal pain

- weakness or fainting spells
- changes in vision
- confusion or changes in your mental state
- any other sudden or severe pain
- uncontrollable bleeding
- vomiting or severe and persistent diarrhea
- vomiting or coughing with blood
- difficulty speaking
- unusual abdominal pain
- suicidal thoughts

Q: When should you call 911 for an ambulance?
A: If you answer yes to at least one of the following questions:

- Is the life of the person at risk?
- Can they get worse if you transport them to the hospital yourself?
- Will they be hurt if you move them?
- Does the person need a trained paramedic or paramedic equipment?
- Would traffic or distance delay the arrival at the hospital?
- Is the person suffering a heart attack or stroke?

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