

16th October 2008

IAEM Condemns rise in “A&E Charge”

The Irish Association for Emergency Medicine is alarmed by the decision, announced by the Minister for Finance in the Budget this week, to increase what he termed the “A&E charge” from €66 to €100. It is the IAEM’s view that the decision to increase the government levy on those attending Emergency Departments (EDs) by more than 50% is very likely to lead to adverse health consequences for a number of patients.

There are an increasing number of medical interventions that are time-critical and are best delivered in EDs (e.g. thrombolysis (clot-busting) for strokes and heart attacks; intravenous antibiotics for pneumonia or meningitis along with other advanced life-saving interventions in rapidly evolving conditions such as septic shock etc).

The new charge will mean that some of those who are in need of time-critical care will either delay their presentation or be tempted to attend a General Practitioner to seek a referral letter, resulting in a worse outcome for their condition. We realise that worsening patient outcomes was not what was intended by the Minister but, clearly, this is a likely consequence of his ill-thought out actions. Even if this only affects a small number of patients, it is likely to lead to adverse outcomes, longer lengths of stay and additional costs which will have to be borne by the Healthcare System. Unfortunately, the lack of consultation with specialists in Emergency Medicine has meant that the deleterious consequences of this decision were not recognised.

When originally introduced, the “A&E charge” was apparently intended as a deterrent, to encourage people attending EDs to first attend their General Practitioner. This approach has not been associated with a reduction in the number of patients attending EDs, which shows a stepwise increase over the years, both nationally and internationally. The services provided by General Practitioners are very different from, but complimentary to, those provided by EDs. The presumption that an ED workload can be transferred to Primary Care is both misguided and naïve.

Given the high upfront charge that patients attending EDs will face, the Association anticipates that there will be more complaints about delays, overcrowding and the very poor facilities in many EDs. The failure to tackle the

President:

Mr Fergal Hickey FRCS, FRCSEd.(A&E), DA(UK), FCEM
Consultant in Emergency Medicine

Sligo General Hospital
The Mall
Sligo
Ireland

Tel no: +353 71 9174505
Fax no: +353 71 9174646

Secretary:

Mr James Binchy FRCSEd.(A&E), Dip.Med.Tox., FCEM.
Consultant in Emergency Medicine

University College Hospital,
Newcastle Road
Galway
Ireland

Tel no: +353 91 542766
Fax no: +353 91 520154

Treasurer:

Dr Una Geary FRCSEd.(A&E), FRCPI, FCEM
Consultant in Emergency Medicine

St James's Hospital
James's St,
Dublin 8
Ireland

Tel no: +353 1 4103581 / 4162777
Fax no: +353 1 4103451

key recommendations of the *Emergency Department Task Force Report* means that a large cohort of Irish EDs continues to be 'unfit for purpose', has inadequate access to diagnostics and has large numbers of admitted inpatients waiting forlornly on a trolley for a hospital bed, in turn often preventing "new" ED patients from timely assessment. IAEM's view is that it is not appropriate that a misguided government decision should result in additional unnecessary pressures being placed on already overworked ED staff.

If there was some concrete evidence of a major investment programme to build ED facilities that meet national and international standards, then the Irish public **might** feel that some form of modest levy was justified. In the absence of any sustained, substantial progress on a national ED modernisation programme, it is difficult for the public to see this as anything other than another form of taxation.