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IAEM response to HSE/ DoHC proposals on co-located private hospitals

The Irish Association for Emergency Medicine (IAEM) is extremely disturbed by proposals about the operation of the proposed co-located private hospitals, as tabled by the HSE/DoHC at the current Consultant Contract negotiations. These state (inter alia) that *“the Private Facility will, on a 24/7 basis, take accident and emergency patients from the public Hospital’s (sic) Accident and Emergency (Department) who opt for private treatment.”* Under such a system patients who opt to be treated privately will be admitted directly to the co-located private facility while those who cannot afford private medicine will continue to languish in the Emergency Department (ED) while awaiting a bed in the public system ***i.e. the decision as to which patients will get a hospital bed will now be made on the basis of the ability to pay rather than clinical need.***

The IAEM has repeatedly highlighted the failure of the current health service to provide appropriate inpatient beds on a timely basis for patients who require admission to hospital. However notwithstanding the failings of the present system, at least the available hospital beds are currently allocated on the basis of clinical need. In a seemingly new interpretation of the concept of “equity” of access for all, the DoHC/ HSE proposes that, under the co-location model, beds for emergency admissions will now be allocated on the basis of the ability to pay.

Is this what the people of Ireland want?

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