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## **IAEM not surprised by numbers leaving Emergency Departments before completion of treatment**

The revelation that some 50,000 patients chose to leave Emergency Departments (EDs) before being seen or without having their treatment completed comes as no surprise to those working in Irish Emergency Medicine. The 2015 figure, revealed in the [Irish Independent](#) yesterday, is likely to be exceeded in 2016 as ED crowding has been allowed to worsen further this year.

The Association has campaigned for over a decade to force those who have political and managerial responsibility for our Health Service to finally bring an end to the scourge of ED crowding which not alone has resulted in a significant number of unnecessary deaths but has also resulted in inferior medical outcomes for many patients. Inevitably there will be many patients among this 50,000 who have suffered an adverse medical outcome as a result of being denied the opportunity to be seen in a timely fashion. Admitted patients who should be in a ward bed are warehoused in EDs in increasing numbers to the detriment of ED patients. While the title of the accompanying Irish Independent editorial [Hospital A&E \(sic\) system is very badly broken](#) implies the dysfunction is in the ED, the reality is that, by and large, EDs function quite well when they can have patients admitted to a Hospital bed in a timely fashion.

The Association again asks how long those with the responsibility for fixing this problem will continue to obfuscate in the face of further incontrovertible evidence of harm. How many more deaths will be allowed to occur before the unacceptability of ED crowding is recognised not just in words but by deeds and the necessary solutions put in place to ensure that all those attending EDs can be seen in a timely fashion? The solution to this problem requires there to be an adequate number of hospital beds available for those who need hospital admission as soon as the decision to admit is made. The chorus of calls for there to be alternative pathways to hospital admission other than through the ED misses the point that creating more and more doors into a system so woefully short of capacity doesn't of itself create capacity. The HSE, Department of Health and the Minister can be in no doubt at this stage where the problem lies but, as ever, always seem to seek an erroneous solution.

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