

## Case Report

# Abandonment of Patient in Emergency Department of Tertiary Care Hospital of Eastern Nepal – a Case Study

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### Abstract

**Introduction:** With increasing of workload of emergency room employees, many of the community's emergency hospitals are now facing another challenge, i.e. the abandonment of patient in emergency Department. It seems undesirable in most hospital service settings due to loss of revenue and ill-will.

The hospital's staffs feel that they have no option but to keep those sufferers until a further plan can be made. It presents a dilemma for the staffs of Emergency and for the hospital administrators as well.

The current case report presents an abandoned patient in Emergency Department of B. P. Koirala Institute of Health Sciences (BPKIHS).

**Case Report:** A 70-year old male brought by police and was left abandoned in emergency ward of BPKIHS in altered conscious state. The patient was managed in emergency ward with conservative management nearly for six weeks.

**Conclusion:** The problem is multidimensional, is in conflict of the concept towards achievement of Millennium Development Goals (MDGs) and a challenge to social security.

**Key Words:** Abandonment, Emergency Department, Patient

### Introduction

The definition of abandonment varies from context to context in general sense. Patient abandonment is the termination of a professional relationship between a physician and patient at an unreasonable time and without giving the patient the chance to find an equally qualified replacement.<sup>1</sup>

In many cases, it concerns physician-patient relationship but similar principles apply to home health care providers as well. The issue is complex involving doctor, patient, family and society at large. Emergency Department abandonment is a major issue in various hospitals having detrimental outcome on patient care, safety and patient-centered health care.<sup>2</sup>

The abandonment of patient emergency rooms is now faced with another challenge. Some call

it as "granny dumping" for elderly people and is a phenomenon they say is becoming familiar across the country as families crumble under the strain of caring for relatives who are living longer than ever.<sup>3,4</sup>

An informal survey by the American College of Emergency Physicians (ACEP) drew 169 responses from emergency rooms throughout the United States of America, reporting an average prevalence of eight abandonments a week.<sup>5</sup> Social work administrators of hospital stress that these situations arise out of desperation rather than callousness.

We present a case of a patient left at emergency door with no family support. Cases like this are challenging even when there is health service from doctors, hospital and police due to abandonment from family, prevailing lacunae in our current health service delivery system, continuity of care and of coordination among various sides.

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### **Case Report**

A 70-year-old male was brought to hospital by local people from Sherpa community on 9<sup>th</sup> June 2018 at 9:50 pm when he was found unresponsive fifteen minutes prior to the presentation with history of abnormal body movements in the form of jerky movements of upper and lower limbs.

Patient was afebrile; Blood Pressure was 140/80 mmHg, pulse 88/min, respiratory rate 24/min and oxygen saturation 84% at room air. Glasgow coma scale was Eye response 2; Verbal response 1; Motor response 2 (5/15).

Blood sugar level was: 137 mg/dl. Computed tomography (CT) head showed as Lacunar infarct in Lentiform nucleus and Corona radiate, and electrocardiogram showed ST segment depression in leads I, avL and V4-6.

He was diagnosed as Ischemic stroke with Non ST- elevation Myocardial Infarction.

He was managed conservatively with intravenous fluids, oral Aspirin, Clopidogrel, Atorvastatin and Levetiracetam.

Since no patient's attendants were present, the case was informed to police regarding the need for endotracheal intubation and need for ventilator support.

Patient could not be admitted to in-patient ward due to unavailability of his attendants. Thenceforth, he was left abandoned in emergency ward of BPKIHS till he expired on 40th day in hospital bed.

### **Discussion**

The case study exemplifies invoke of the problem to the medico-ethical principles of beneficence, nonmaleficence and justice. A physician has the legal right to discontinue the professional relationship; the relationship must

be terminated in a manner which does not harm the patient.<sup>6</sup>

If a patient requires time, it is not only the responsibility of the treating physician but also of hospital administration to ensure that the patient has obtained an utmost care.

If the lack of continuity of care results in a compromised outcome, the physician has placed himself at risk for a medical malpractice. However, physician can avoid liability for patient abandonment if physician-patient relationship becomes untenable, then with clear documentation, communication and proper continuing needs of patient.<sup>7</sup>

At the time, when the patient is near death, the physician sometimes is not aware of having abandoned their patient, instead reported as unfinished business.<sup>8</sup>

Similar situation has been reported at Bir Hospital, Kathmandu, Nepal. There are a total of 26 beds allocated for abandoned patients in the emergency ward which are not at all sufficient for them. It has been providing free medical service to the abandoned, helpless and poor patients; yet it has failed to ensure the safety and comfort of such patients.<sup>9</sup> Many poor patients are deprived of good health facilities because of expensive treatment and medication. Whatever the circumstances, the treating physicians feel that they have no choice but to keep the patient until a further plan can be made.

### **Conclusion**

The concerned authorities should allocate extra finance for infrastructure development inside the medical institution or those abandoned patients should be taken care by some mechanism or unit like palliative care consultation or hospice care services before death. More research needs to be

carried out to focus on identifying factors affecting Emergency Department abandonment in BPKIHS.

**Patient's perspective-** It is really a burden on patient's perspective regarding abandonment in developing country like Nepal. It is multidimensional problem, in conflict of the concept towards achievement of Millennium Development Goals (MDGs) and poses a great challenge to social security.

**Consent-** An informed consent was obtained from patient's carer for publication of case report. A copy of the written consent is available for review by the Editor-in-Chief of this journal.

**Competing interests-** The authors declare that they have no competing interests.

**Authors' contributions-** RC researched data and wrote the manuscript. RB researched data and contributed to the discussion. SJ, VS and RB reviewed the manuscript. All authors read and approved the final manuscript.

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**Funding-** None.

**Acknowledgements-** The authors would like to thank all the staffs and healthcare workers including consultants of Orthopedic, Surgery and Psychiatry Department. A sincere gratitude to residents, medical officers, interns, nurses, health attendants and nursing in-charge of Emergency Department for taking care of abandoned patient.

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