EDITORIAL

Neal Flomenbaum, MD
EDITOR-IN-CHIEF

Plus Ça Change, Plus C'est la Même Chose*

This is a man of great power, lying just over there. His wealth, almost beyond counting, has brought him planes and yachts, the friendship of president and kings, and mile upon mile of exquisite estate countryside.

"Now his world has shrunk to this corner of the emergency room. The only important people in the world are the young resident bending over him and the nurse preparing the intravenous.… Every bed and chair around us and in the corridors was occupied by somebody in need of help.…

"The emergency rooms are choking. Sometimes they become so full they have to close their doors and try to shunt all but obvious life-and-death cases away.

"And every single day, emergency room patients in some hospitals—sometimes all of them—have to wait days to move upstairs from the emergency room to regular care in a regular bed. Days on stretchers or cots, or huddled on chairs or pacing the floor, in a bathrobe.…

"A major politician told me the other day what real clout means—getting hospital space fast for a constituent or friend.…

"I think Americans have the right to expect a decent bed to be waiting when they are wheeled through a hospital door. If we do not demand that and get it, the shame is ours."

These words are from an April 14, 1989, *New York Times* editorial by the late A.M. Rosenthal, describing a New York City emergency department in 1987. Almost a quarter of a century has passed since, and almost everything about health care is different, but nothing has changed.

In the past 25 years, hospital stays have become shorter as more powerful medications and less invasive surgical techniques have become available. Surgeries that required three-week hospitalizations then no longer require even an overnight stay; cancers have been cured; and diseases such as AIDS, with life-threatening complications, have become chronic illnesses, manageable mostly in outpatient settings.

But other events have also occurred: The number of available hospital beds has shrunk steadily as a result of downsizing and hospital closings. Since 1990, New York City has lost 20 hospitals and about 5,000 inpatient beds, while the size of the population has remained stable. In teaching hospitals, changes mandated in resident education have reduced the number of hours during which residents are permitted to provide patient care and, in some cases, the number of patients they are permitted to care for. Nurse practitioners, physician assistants, hospitalists, and nocturnalists are being recruited to cover the lost resident-hours, but most hospitals are still trying to fill the gap.

Whether the problems of too few beds and/or too few providers are as great as in 1987, they continue to be felt most severely in the nation's emergency departments. On some days, it seems that every overcrowding problem faced by every other clinical service is immediately transferred to the ED. But what happens when the ED is filled beyond capacity? Fire Department signs in public places warn that occupancy beyond a certain number is dangerous and unlawful, but what happens when the ED reaches that limit?

Hospitals need to develop internal disaster plans to cope with the inevitable patient surges that periodically occur. These plans need to be triggered by specific numbers of patients waiting in the ED for general or intensive care beds, and they must result in hospital-wide responses: spaces made available throughout the hospital and staff called in from every department.

No one would install a sink and faucets—no matter how beautiful and expensive—without pipes to safely conduct the water away. The alternative would be to allow the water to overflow the sink and ruin the rest of the house.

Right now, the water is nearly at the brim. **EM**

* "The more things change, the more they stay the same."