



# Patient-11

**Patient was discharged in unsafe condition, leading to amputation of her hand. Her lawsuit alleged unsafe discharge in violation of the federal anti-patient-dumping statute.**

In a lawsuit by Sunrise Hospital patient, Carol James, she alleged that she developed an emergency medical condition while in the hospital and was discharged in violation of the federal anti-patient-dumping statute.

**According to the complaint, Ms. James was admitted to Sunrise Hospital with acute renal failure. While she was there, the hospital inserted a synthetic graft into her arm.**

**The next day, she complained of pain and numbness in that forearm, wrist, and hand. Two days later, the pain and numbness had spread. Hospital personnel examined her and found that her hand was cool and beginning to turn blue.**

**These complaints continued, and five days later, hospital personnel noted that the pulse in the arm was also weak. Nevertheless, she was discharged without any evaluation of the condition of her veins. This condition was not stabilized prior to her discharge and subsequently caused her hand to be amputated.**

Although her case was dismissed on a legal technicality [referred to in the court ruling as "failure to state a claim upon which relief could be granted" – because her claim was mistakenly focused on subsection © and did not include subsections (a) and (b)], the facts of her case are important for all patients in hospitals.

**This claim is for liability under 42 U.S.C. § 1395dd(c), the Emergency Medical Treatment and Active Labor Act (EMTALA), commonly known as the Patient Anti-Dumping Act. Congress promulgated that law because it "was concerned that hospitals were 'dumping' patients who were unable to pay, by either refusing to provide emergency medical treatment or transferring**

patients before their conditions were stabilized." *Eberhardt v. City of Los Angeles*, 62 F.3d 1253, 1255 (9th Cir. 1995).

Although the immediate concern of Congress was "to ensure that hospitals do not refuse essential emergency care because of a patient's inability to pay," *id.* at 1258, the language of the Act does not condition its operation on that motive. We have held that "[t]he legislative history of the Act does indicate that Congress intended to prevent hospitals from refusing to treat or from dumping patients who lack insurance coverage." *Brooker v. Desert Hosp. Corp.*, 947 F.2d 412, 414 (9th Cir. 1991). Nevertheless, the language of the Act "does not set forth any specific economic status criteria that limit the types of individuals covered by the Act." *Id.* **Because the Act is clear on its face, we have held "that the Act applies to any and all patients, not just to patients with insufficient resources." *Id.* at 415.**

Note included at the bottom of the court ruling: To help specialists in the field, who perform computer searches by acronyms, we note that the statute is at times called EMTALA (the Emergency Medical Treatment and Active Labor Act), and at times the anti-patient-dumping provisions of COBRA (the Consolidated Omnibus Budget Reconciliation Act). The opinion is written in words rather than acronyms to make it easier to read.

Learn more about unsafe discharge in these articles by [Forbes](#) and [Medicare](#).



Patient was admitted to Sunrise Hospital in acute renal failure. After a graft was inserted in her arm, the patient had pain and numbness in her forearm, wrist and hand. The symptoms spread and her hand was cool and turning blue. The hospital discharged her in that condition which lead to her hand being amputated.

**Another case of unsafe discharge at Sunrise Hospital.**

This case focused on EMTALA (the Emergency Medical Treatment and Active Labor Act) and the anti-patient-dumping provisions of COBRA (the Consolidated Omnibus Budget Reconciliation Act).

**Just say NO to Sunrise Hospital**

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