Long wait times in emergency rooms lead to deaths and poor health outcomes across North America

Liz Cabrera
22 January 2023

Hospitals throughout Canada and the United States have experienced an alarming surge of respiratory viruses in infants, children and adults, predominantly respiratory syncytial virus (RSV), influenza and COVID-19. Hospitals in both countries have been operating at or above capacity for several months with no end in sight due to the homicidal "forever COVID" policy which has been overseen by the Trudeau Liberal government in Canada and the Biden administration in the United States.

The rapid spread of the XBB.1.5 Omicron subvariant across Canada and the United States is overwhelming an already stretched health care system. The risk of death and other serious health care outcomes from long wait times in emergency rooms (ERs) will increase due to lack of beds and staff and increased boarding time (the total time required to treat patients in the ER). Hospital staff are exhausted and suffering from moral injury and are leaving in droves, which will only exacerbate the shortage of health care workers.

According to a report by the Canadian CBC News, ER deaths are at a six-year high in the province of Nova Scotia; 558 people died in ERs in 2022, up from 505 in 2021 and 393 in 2020.

The most recent death was that of a 37-year-old woman who had sought medical treatment for excruciating abdominal pain at Cumberland Regional Health Care Centre in Amherst, Nova Scotia. The patient, Allison Holthoff, waited six hours in a wheelchair or lying on the floor in the waiting room before being brought into an exam room. Her husband, Gunter Holthoff, told CBC News that at one point he told medical staff that his spouse was not doing well, and she felt like she was dying, but there was no response or action. After more time passed the nurses prepared Allison for an X-ray, but she subsequently went into cardiac arrest before the test could be performed. She was resuscitated three times but later died in the intensive care unit.

The day before Allison Holthoff's death, 67-year-old Charlene Snow died after returning home following a seven-hour wait in the ER at the Cape Breton Regional Hospital. Snow had been ill for several days with intense jaw pain and flu-like symptoms before seeking treatment, but left without being seen. Snow suffered a cardiac arrest and died an hour after leaving the hospital, according to Global News.

According to the Annual Accountability Report, in 2021-2022 there were 536,666 total visits to emergency departments (EDs) across Nova Scotia and during this same time period 43,142 patients (8.0 percent) who visited EDs left without being seen (LWBS) by staff at an ED. The EDs with the greatest number of patients LWBS are South Shore Regional (15.0 percent) and Cape Breton Regional (14.8 percent), the hospital where Charlene Snow sought medical care.

The head of emergency medicine for Halifax, Nova Scotia, Dr. Kirk Magee, recently told Global News that emergency care was "in a state of crisis" amid a shortage of nurses, physicians and hospital beds, and an increased volume of patients with complex needs. The shortage of primarily nursing staff has forced closure of ERs across Canada, causing more pressure on an already collapsing health system.

In addition to the nursing shortage, there is a shortage of primary care physicians which has increased the use of ERs for chronic medical issues. According to Nova Scotia Health, as of January 1, 2023, 129,321 Nova

Scotians are on the family practice registry, that is 13 percent of the population are looking for a family practice physician.

Similar situations are unfolding in ERs across the United States. Shortages in staff and beds and increased boarding are plaguing emergency departments around the country and contributing to long wait times.

On October 14, 2022, 12-year-old Meiah Tafoya was brought to Presbyterian Hospital in Albuquerque, New Mexico for a fracture she sustained from a fall at school. Meiah waited 10 hours before she was told by staff that she could not be adequately treated at Presbyterian Hospital and would need to be transferred to another hospital. She was transferred to University of New Mexico Hospital where she underwent four surgeries which included the amputation of her injured leg.

In another tragic incident, 23-year-old William "Billy" Miller died in the ER after being transported to Yale New Haven Hospital in Connecticut after ingesting a white, powdery substance he believed was laced with fentanyl. The patient was given naloxone, a medication that reverses opioid overdose, by firefighters and then transferred to New Haven ER where he was designated a Level 2 patient, meaning staff were required to reassess him every hour. According to a press report, hospital staff did not check on him for seven hours and he was later found to be in full cardiac arrest.

Decades of research have long demonstrated that overcrowding in E's can lead to worse outcomes for patients receiving emergency treatment, and this overcrowding impacts patients in other areas of the hospital as well.

In an article published last month in the journal *Health Services Research*, researchers from Penn State and the University of California, San Francisco examined five million discharge records from hospitals across California between October 2015 and the end of 2017. They found that patients throughout a hospital were 5.4 percent more likely to die of any cause on days when that hospital's emergency department was the most crowded.

The researchers note that since the causes of death have not yet been explored, it is too early to say whether people are dying *because of* emergency room crowding. Still, the results show that more people at the hospitals die when the emergency rooms fill up.

Moreover, since the data was collected in California, where legislation regulates the minimum staffing levels for nurses, the impact of ED overcrowding in other states is likely even greater. This data was also collected prior to the pandemic. One can assume that the overwhelmed emergency departments during the pandemic, and now with the confluence of multiple respiratory viruses, have only resulted in even higher rates of inpatient deaths at hospitals.

The overlapping surge of multiple viruses circulating in the population could have been prevented. There were numerous warnings by experts months before but nothing was done to prepare.

The unfolding tragedy is a consequence of the "herd immunity" and "forever COVID" policy now pursued by both the Biden administration and the Trudeau Liberal government which over the past year have systematically dismantled all anti-COVID protection measures based on science.

The capitalist policy of prioritizing corporate profit over every other social need has produced horrific results for which the recent ED deaths and poor outcomes are only one aspect. All public health measures during the pandemic have been subordinated to the profit interests of corporations, resulting in the unnecessary loss of millions of lives.

The long wait times and delay in treatment in emergency rooms during the present surge of respiratory viruses is a direct consequence of these criminal policies and stands as an indictment of the capitalist system and its brutal treatment of the working class, young and most vulnerable members of society.