REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS*

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Subject: Physician Responsibilities for Safe Patient Discharge from Health Care Facilities

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Physicians' ethical obligation to promote the well-being of patients includes the obligation to collaborate with other health care professionals to develop discharge plans that are safe for patients. The discharge plan should be developed without regard to the patient's socioeconomic status, immigration status, or other clinically irrelevant considerations. At the same time, physicians also have an obligation to be prudent stewards of the societal resources with which they are entrusted. In discharge planning, physicians must balance their obligation to advocate for individual patients with recognition of the needs of others. This report examines physicians' ethical obligations for discharging patients safely, including implications for discharge practices in contexts of limited options.

PHYSICIANS' ETHICAL RESPONSIBILITIES IN DISCHARGING PATIENTS

When a patient discharge from a health care facility is planned, the physician must evaluate its appropriateness. Therefore, a patient discharge should not occur without the physician's prior order. In patient discharge, the following statement by Pellegrino holds true: "No order can be carried out, no policy observed, and no regulation imposed without the physician's assent…. The physician is therefore de facto a moral accomplice in whatever is done for good or ill to patients."[1]

In considering and making discharge decisions, physicians are guided by a framework that prioritizes the well-being of patients. The physician's fundamental purpose is to help alleviate the impact of illness on human persons.[2] Therefore, dedication to patients' well-being is not only a basic tenet of a physician's professional ethic,[3-6] it is a physician's primary ethic. Principle VIII of the AMA Principles of Medical Ethics affirms, "A physician shall, while caring for a patient, regard responsibility to the patient as paramount" (AMA Policy Database).[5]

With regard to a patient discharge decision, this primary ethic requires that the physician be satisfied that the discharge plan appropriately meets the individual patient's medical needs and is safe for the patient. A safe patient discharge is an ethical standard which acknowledges that discharge arrangements are often complex,[7] involving numerous stakeholders and concerns that are beyond a physician's control.[8,9] By way of example, a model discharge may favor a

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professional caretaker who is available 24 hours a day, when in reality the only available caretaker may be obligated elsewhere and be able to meet only the patient's minimum needs for having a caregiver available. Safe discharge requires that physicians, together with the assistance of institutional support staff if needed, weigh such practical realities in light of the patient's best interests and take reasonable steps to prevent foreseeable harm to the patient during and after the discharge.

The safety of patients depends on physicians (and supporting staff) anticipating and addressing (or delegating others to address) risks before authorizing a discharge, which is when physicians have some control over the process. Many risks will be clinical in nature, but physicians may be able to anticipate and address psychosocial and situational risks as well.[10] Regardless of clinical stability at the time of discharge, risks of harm can escalate if patients are, for instance, socially isolated, left without appropriate caretakers, or forced to live in an unsuitable environment after discharge.[8,9] Therefore, to ensure safety, physicians, in partnership with other health care professionals,[10] should confirm the patient's clinical readiness for discharge, confirm the receiving environment's appropriateness to meet the patient's needs, respect caretakers' concerns and patients' preferences, and be sensitive to societal interests to the extent possible.

Confirm the Patient's Clinical Readiness for Discharge

According to standard practice and consistent with his or her expertise, the physician should carefully assess the patient and confirm that the individual is medically stable enough to leave the hospital setting and to travel distances (if the planning anticipates this) before authorizing a discharge.[11] Whether a patient is medically stable for discharge may depend on specific discharge arrangements. Physicians should be satisfied that aspects of discharge arrangements—such as transportation, care during transportation, and appropriate, sustainable care at the destination—have been reasonably verified either by themselves or by other available hospital professionals who have relevant expertise. While discharge coordinators or others may be better equipped to make these arrangements,[7,12] the physician should always clarify to all involved parties the expectations regarding a patient's needs, including the minimum technological capabilities and the provider expertise necessary to deliver an appropriate level of care. Expectations regarding accountability for execution of the plan should also be stipulated.

Confirm the Receiving Environment's Ability to Meet the Patient's Needs

A physician's responsibility for safe patient discharge is recognized as standard practice, and the responsibility has been affirmed through several formal means. As a condition of participation in Medicare and Medicaid services, hospitals are required to discharge patients to "appropriate facilities" that can sufficiently meet the patient's medical needs.[13] The AMA Council on Scientific Affairs (now Council on Science and Public Health) in its 1996 report on evidence-based discharge practices affirmed as a primary principle that a patient's needs "be matched to an environment with the ability to meet those needs."[10]

Physicians should not discharge a patient to an environment in which the patient's health could reasonably be expected to deteriorate due solely to inadequate resources at the intended destination. Before discharging a patient, the physician should be assured that both the professional and material resources at the receiving facility are adequate to address the patient's medical needs.[7,12] While a discharging physician may have no control over the care provided at the destination, he or she is nonetheless well placed to decide whether the described standard of care at

the destination is likely to be appropriate for the patient's post-discharge care needs. To do so, the physician (or assigned discharge professionals) should work cooperatively with discharge planning staff at the transferring facility to coordinate with caretakers at the receiving facility.

In an effort to secure appropriate continuity of patient care, physicians may also request that discharge plans stipulate follow-up progress reports on a discharged patient. Such follow-up may be effective in preventing unplanned rehospitalizations.[14] It may also allow the physician and others to consider corrective steps when the new care setting belatedly proves to be unsafe for the patient. At the very least, such follow-up may help prevent harm to future patients who may be discharged to the same facility under similar conditions.

Respect Caretakers' Concerns and Patients' Preferences

Physicians should actively seek the input of the patient's future caretakers and respect their concerns when possible. Discharge is by nature a complex process that involves multiple concerned individuals making negotiated arrangements for the patient's care.[8] Not only are future caretakers, such as family members, significantly affected by the changes that a patient's discharge often entails,[8] but their availability to provide care is vital to the patient's long-term safety. A discharge is more likely to serve the future well-being of the patient if it accounts for others' ability, availability, and willingness to provide long-term care. Future caretakers' knowledge of the financial and community resources may also be helpful to physicians as they consider the patient's care needs following discharge.

Similarly, individual patients' own informed preferences regarding discharge and post-discharge care arrangements should be respected by physicians whenever possible. In so doing, physicians help to mitigate harms that arise from an undue constraint on one's ability to exercise self determination. This responsibility is widely affirmed in various opinions of the AMA's *Code of Medical Ethics*.[15-19]

The physician's responsibility to respect a patient's right to self-determination acknowledges that the right is not absolute,[20] but that it is appropriately constrained, in some measure, by the options afforded by a multiplicity of other social factors. Physicians should consider the wishes of the patient to the extent that respecting a patient's right to self-determination contributes to a safe discharge. Discharge often marks a significant medical and social transition for patients. While some patients fully recover and return to the normalcy of home, many with ongoing care needs enter a new phase of care at home or another health care facility. For this group in particular, discharge is often marked by the stresses of adjusting to new care and living arrangements.[8] By providing patients with a degree of control over this process, physicians can help patients better prepare for a safer transition.

Be Sensitive to Societal Interests

Physicians should be sensitive to the interests of society in discharge practices, but without compromising the individual patient's safety, which must remain a physician's primary commitment. The patient-physician interaction necessarily exists within a nexus of specific policies and limited resources. This reality shapes what a physician is or is not able to do in regard to patient discharge. For example, the unsustainable costs of health care in the U.S. have made the prudent use of health care resources increasingly important. Many health care institutions incentivize reducing a patient's length of stay, for instance, in an effort to constrain costs.[21] Such incentives, while legitimate, may increase the risk of patients being discharged before they

are clinically ready or before post-discharge care can be adequately arranged. Physicians should be wary of such possibilities and should avoid the influence of nonclinical elements during discharge planning, because nonclinical factors can compromise the safety of patients.

IMPLICATIONS FOR DISCHARGE TO RESOURCE POOR SETTINGS

Ensuring a safe discharge for patients can be extremely challenging for physicians when adequate post-discharge options are severely limited. For instance, homeless patients may have limited options due to a lack of insurance or caretakers,[22] while a patient in a rural setting may be limited by logistic barriers. The issue of limited options is starkly illustrated by recent reports alleging forced discharge of noncitizen immigrant patients from U.S. hospitals to resource poor facilities in their countries of origin.

Physicians should, of course, assess the patient's medical stability and readiness for discharge to another care environment and for a long international trip (during which patients may be prone to dehydration or respiratory illness[23]). Relative to a local discharge, an international discharge may require additional efforts to coordinate care effectively, such as speaking with the receiving physician through an interpreter or seeking reliable information about the standard of care at the facility in question. For patients with extensive care needs, the physician should keep in mind that many countries throughout the world are struggling to provide even basic medical care for their citizens, and are unlikely to be able to provide resource intensive care with public funds.[24] Regardless of whether or not the discharging hospital itself is the best environment for the patient's needs,[25] the physician should not discharge the patient to care conditions that are inadequate to his or her needs.

Throughout the discharge process, physicians should listen to the concerns of future caretakers and to the preferences of a patient who is not a citizen or legal resident just as they would when planning the discharge of a citizen patient. The physician should consider the caretakers' and patient's understanding of the standards of care in their country of citizenship and the social attachments (such as employment or other support systems) that the patient may have in the U.S., for example. These considerations may be important when physicians assess the adequacy of future care arrangements for the patient. Moreover, the caretakers' and patient's involvement in the discussions may very well lead to a helpful consensus about what ought to be done.

Despite efforts to fulfill all the responsibilities of a safe discharge practice, in the end, physicians may be unable to make an ethically satisfying decision. Even if a patient is medically ready for discharge and administrators insist that an adequate facility is available, patients and their families may continue to object, thereby creating a stalemate situation. Physicians should then support the patient's right to seek input from an ethics committee that is independent from the hospital's administrative functions. Should consensus fail even after such input, a physician should support a patient's right to seek arbitration before a legal body.[26] Forcing an immigrant to leave the U.S. is a prerogative of the federal government, and should only occur following due process.[26,27] Physicians should decline to authorize a discharge that would result in the patient's involuntary repatriation, except pursuant to legal process.

RESPONSIBILITY TO SUPPORT SAFE DISCHARGE ENABLING POLICIES

The challenges associated with discharging uninsured or immigrant patients with long-term post-hospital needs are complex. Resolving this issue will require the collective involvement of various

stakeholders in health care, including physicians, health care facilities, insurers, policymakers, and the public.[28] Physicians should participate in the policy development process by supporting proposals that will benefit patients and are consistent with the ethical principles on which the medical profession is established. They should work to ensure that societal decisions about discharge and long-term care safeguard the interests of all patients,[29] including patients who are socially, politically, and economically disadvantaged.

RECOMMENDATION

The Council recommends that the following be adopted and the remainder of this report be filed:

Physicians' primary ethical obligation to promote the well-being of individual patients encompasses an obligation to collaborate in a discharge plan that is safe for the patient. As advocates for their patients, physicians should resist any discharge requests that are likely to compromise a patient's safety. The discharge plan should be developed without regard to socioeconomic status, immigration status, or other clinically irrelevant considerations. Physicians also have a long-standing obligation to be prudent stewards of the shared societal resources with which they are entrusted. That obligation may require physicians to balance advocating on behalf of an individual patient with recognizing the needs of other patients.

To facilitate a patient's safe discharge from an inpatient unit, physicians should:

(a) Determine that the patient is medically stable and ready for discharge from the treating facility; and

(b) Collaborate with those health care professionals and others who can facilitate a patient discharge to establish that a plan is in place for medically needed care that considers the patient's particular needs and preferences.

If a medically stable patient refuses discharge, physicians should support the patient's right to seek further review, including consultation with an ethics committee or other appropriate institutional resource.

(New HOD/CEJA Policy)

Fiscal Note: Less than $500 to implement.

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