





STRESS OF SENDING PATIENTS HOME

The decision to send patients home is loaded with expectation

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The discussion around discharging patients is important.¹ Discharge, whether from a ward or emergency department, is loaded with the expectation that any untoward event after discharge will be blamed on the discharging doctor. This is despite knowing that the therapeutic content of admissions and emergency department attendances is often quite thin. In the presence of doubt, patients are admitted or continue to be in hospital, which causes blocked beds and packed emergency departments. "As long as I don't discharge, I can't be blamed" is the mantra. Tests are ordered just to put off the discharge.

Patients might need to be more reasonable about events after discharge. We also need safety nets and to communicate how things might go. We need to stop using the discharge decision as a cause of morbidity: it creates anxiety, guilt, and risk averse behaviour, which bedevils healthcare. The consequences of not discharging are rarely attached to anyone.

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