

Letter: Unintended consequence if Question 1 should pass

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To the editor:

With the unprecedented pace and complexity of change in health care these days, we hear a lot about unintended consequences. Yes, we try to anticipate undesirable outcomes, but our efforts will always remain imperfect. But when an issue comes before us, in this case the nurse staffing initiative on the Nov. 6 ballot (Question 1), presenting several unfortunate consequences that are predictable — in fact, inevitable — we should not sit quietly by.

I'd like to tell you about one such consequence that flows logically from this initiative, and which will affect care in all Massachusetts Emergency Departments. Emergency care, as we know, is one of the bedrocks of health care in America, and we have come to rely on its 7/24 availability.

Now imagine yourself needing emergency care at some point. These occasions usually occur unpredictably; and they are always filled with anxiety, often pain, and with serious consequences sometimes hanging in the balance. However, under the terms of the nurse staffing initiative, if you arrive at an emergency department at the wrong time; meaning when others are also seeking care, ambulances are arriving, and the volume of patients exceeds the limits set by the staffing ratio initiative, you may not be seen until — and unless — additional staff are brought in to restore the ratio. Not only is this an impossible situation to remedy in a timely fashion, it is downright unethical, and it places emergency department staff in a disastrous double bind.

To me, once an emergency physician for over 20 years, it is unthinkable. So again, I ask you to imagine yourself as a patient in this situation. This is eminently preventable with your vote in November. It is in our hands to solve.

There are other predictable and undesirable consequences to the nurse ratio initiative, but please think about this one. Health care in America is facing unprecedented challenges — please, let's not add to them. Vote "No" on Question 1 on Nov. 6.

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