

American Medical Association
House of Delegates Proceedings, Clinical Convention v.1966 i.000 Pub. Date 1966

**G. Recommendation for the Admission of Alcoholics to General Hospitals -
Reaffirmation of the 1956 Statement**

Introduction

Ten years ago, at the 1956 Clinical Convention, the AMA House of Delegates adopted the following statement of the Council on Mental Health, dealing with the problem of the hospitalization of patients with the diagnosis of alcoholism:

- 1. Alcoholic symptomatology and complications which occur in many personality disorders come within the scope of medical practice.*
- 2. Acute alcoholic intoxication can be and often is a medical emergency. As with any other acute case, the merits of each individual case should be considered at the time of the emergency.*
- 3. The type of alcoholic patient admitted to a general hospital should be judged on his individual merits, consideration being given to the attending physician's opinion, cooperation of the patient, and his behavior at the time of admission. The admitting doctors should then examine the patient and determine from the history and his actions whether he should be admitted or refused.*
- 4. In order to offer house officers well-rounded training in the general hospital, there should be adequate facilities available as part of a hospital program for care of alcoholics. Since the house officer in a hospital will eventually come in contact with this type of patient in practice, his training in treating this illness should come while he is a resident officer. Hospital staffs should be urged to accept these patients for treatment and cooperate in this program.*
- 5. With improved means of treatment available and the changed viewpoint and attitude which places the alcoholic in the category of a sick individual, most of the problems formerly encountered in the treatment of the alcoholic in a general hospital have been greatly reduced. In any event, the individual patient should be evaluated rather than have general objection on the grounds of a diagnosis of alcoholism.*

It is recognized that no general policy can be made for all hospitals. Administrators are urged to give careful consideration to the possibility of accepting such patients in the light of newer available measures and the need for providing facilities for treating these patients. In order to render a service to the community, provision should be made for such patients who cooperate and who wish such care.

In order to accomplish any degree of success with the problem of alcoholism, it is necessary that educational programs be enlarged, methods of case findings and follow-up be ascertained, research be encouraged, and general education toward acceptance of these sick people be emphasized. The hospital and its administration occupy a unique position in the community which allow them great opportunities to contribute to the accomplishment of this purpose. It is urged that general hospitals and their administrators and staffs give thought to meeting this responsibility. 1

In adopting the statement, as recommended by the Reference Committee on Medical Education and Hospitals, the House also recommended that this action be brought to the attention of the Council on Medical Education and Hospitals from the standpoint of implementing educational approaches to the problem of alcoholism and that it also be referred to the Joint Commission on the Accreditation of Hospitals and to the American Hospital Association in an effort to obtain more interest on the part of hospital administrators and their staff toward meeting this ever-increasing responsibility.

The Council on Medical Education believes that residents should be familiar with the problems of treating the alcoholic patient and it is of the opinion furthermore that most if not all teaching hospitals do indeed recognize this factor. So far as the Residency Review Committee for Internal Medicine is aware, all hospitals with fully approved internal medicine residencies do indeed hospitalize alcoholics, sometimes in great numbers.

A proposed curriculum on alcoholism was distributed to medical schools on April 8, 1959, but there are no current activities involving the Council on Medical Education in the area of graduate education in alcoholism.

The Committee on Medical Facilities of the Council on Medical Service has reviewed the bulletins and other publications of the Joint Commission on Accreditation of Hospitals in the years since 1956. It has not discovered any published statements by the Joint Commission encouraging hospitals to take a more active interest in meeting the alcoholism problem.

The Committee and Council do not believe that the admission of alcoholics should be made a requirement for accreditation any more than any other disease or condition of illness. Yet, the staff of the Joint Commission could serve a valuable role in stimulating greater awareness of the problem and promoting realistic approaches.

That hospitals have a mandate to promote alcoholic admissions is evidenced by the fact that in 1957, the American Hospital Association recommended that alcoholics be selectively admitted to general hospitals. Part of the Association's statement reads as follows:

There are still many hospitals that deny admission to all alcoholic patients despite the availability of improved methods of treatment and demonstration by experience that only a minority of patients with acute alcoholism are uncooperative. Such a policy denies to the alcoholic patient benefits which would be available to him were his acute poisoning from another source, such as food, etc. It also denies to hospital attending and house staffs opportunities for education in the management of the alcoholic patient.

The American Hospital Association urges general hospitals to develop a program for the care of alcoholics and, having done so, to base the decisions as to admission or non-admission of the patient with a diagnosis of alcoholism upon the condition and needs of the individual patient.²

While hospitals and medical staffs have thus been strongly urged by both the AMA and AHA to admit patients with the diagnosis of alcoholism, many have been reluctant to do so. A survey jointly conducted by the American Hospital Association and

the National Institute of Mental Health in 1964 disclosed that of 5,200 hospitals returning questionnaires, more than 3,200 (62%) did not admit patients suffering from acute or chronic alcoholism. The survey also disclosed that hospitals which routinely admit psychiatric patients for treatment (1,046 hospitals) are more prone to admit and treat acute and chronic alcoholics. Somewhat over 60% of these hospitals admit and treat alcoholic patients.

By comparison, of the hospitals which do not admit or treat psychiatric patients under any circumstances (2,108 hospitals), only 11% will admit acute alcoholics and only six percent will admit chronic alcoholics.³

Of the many hospitals which refuse to admit patients with the diagnosis of alcoholism, some have by-laws and charters which prohibit the admission of alcoholics.

Such bylaws and charters have their roots in cultural attitudes towards excessive drinking which type the compulsive drinker as a moral renegade who is willfully misbehaving in drinking alcohol excessively. Reluctance to admit the alcoholic is rooted in beliefs that alcoholics are problem patients, uncooperative and difficult to handle.

In isolated cases an alcoholic may pose problems of control. Yet the trouble that he may give at such times is no greater than that given by a surgical patient coming out of his anesthetic, according to Marvin Block, MD, member of the Committee on Alcoholism and Addiction of the AMA Council on Mental Health. Ruth Fox, MD, Medical Director, National Council on Alcoholism, adds that alcoholics "are usually cooperative and grateful if treated with respect and kindness. They can be quickly and safely sedated, and recover quickly, usually being up and about by the second day." ⁴

The medical profession has the challenge and the responsibility to see that, consistent with good medical practice, alcoholics are afforded the opportunity for hospital care when this is essential to treatment.

Need for Hospitalization

Dr. Fox of the National Council on Alcoholism, has detailed the following need for admitting alcoholics to hospitals:

Hospitalization is indicated to interrupt uncontrollable drinking or to combat the effects of the withdrawal state, which may lead to serious complications such as convulsions or delirium tremens. The general hospital is the best place to treat the acute alcoholic episode for a number of reasons. If the patient is comatose, a differential diagnosis is imperative, for the coma may be from a skull fracture, a cerebral accident, diabetes, etc. An elevated temperature may initiate delirium tremens, but it may also be due to an inter-current infection. These questions can only be resolved in a general hospital, which offers full emergency equipment, full laboratory services, and a full consulting staff.

Psychologically, hospital treatment has a profound effect on the alcoholic. Whereas he has formerly been treated as deliberately perverse, he is not considered an ill person, entitled to the same skillful attention given any other ill persons. His acceptance on the medical service of a good hospital may be the first step in his own

acceptance of his illness, in his concept of himself as an individual who is ill and in need of treatment, and may pave the way for his further rehabilitation. 5

Subterfuge in Admissions to be Avoided

Physicians should not have to engage in subterfuge, nor should they do so, by admitting patients under a false or secondary diagnosis. The dangers of such admission have been detailed:

... this meant that nursing personnel were not alerted to the primary problem or if they soon found out, often resented the obvious subterfuge. They were not trained to handle such a patient on a general ward. The patient himself would be involved in the subterfuge, and this would be unlikely to add to his self-esteem. This, plus the hostility of the nurses, might aggravate his behavior even more. Finally, the physician, because of his own involvement in the subterfuge, and with both himself and the patient aware of it, might find himself unable to treat the patient in the most appropriate manner. 6

The need for subterfuge is avoided when the hospital adopts a policy of admitting alcoholics under conditions as spelled out in the 1956 statement of the AMA Council on Mental Health.

Where subterfuge has been practiced, physicians and nurses have themselves had unfortunate experiences because they were not prepared to treat the basic alcoholism. Such unfortunate experience can be responsible for a great deal of the resistance of hospital administrators and nurses, as well as physicians, to the hospitalization of the alcoholic.

Medical Staff Studies

The medical staff of a hospital which as a matter of policy does not admit patients with the diagnosis of alcoholism might well make a survey to discover if, in fact, many patients with this disease are regularly admitted.

To carry out the survey, a review should be made of the charts of all patients admitted during the previous year with the diagnoses of gastritis, gastroenteritis and cirrhosis. While there are others where patients may come in acutely intoxicated, these are the most prevalent. Nurses', physicians' and interns' notes should be scanned for indications that the patient was intoxicated upon admission. Because of the high incidence of alcoholics involved in highway accidents, special attention should be given to emergency trauma admissions.

The information uncovered may well disclose that the hospital is admitting alcoholics, and in sizable numbers. Further studies of these patients' charts may disclose evidences of management problems which hospitals with functioning programs of treating alcoholics have shown can be reduced or eliminated, eg, delirium tremens; use of sitters and restraints; uncooperative, noisy behavior; and extreme nervousness.

Such findings would seem to indicate the need for the more realistic approach to a disease problem that exists among the patients of physicians on the hospital's medical staff.

Recognition of Alcoholism as Insurable Illness

A survey of 79 Blue Cross plans operating in 47 states, the District of Columbia and Puerto Rico, disclosed that 49 (62%) of the plans provide benefits for hospitalization for alcoholism. In only 13 states were alcoholics denied benefits by all Blue Cross plans operating therein. In some states, with multiple plans in operation, some plans granted benefits, others did not.

Some plans offering coverage for the treatment of alcoholism in hospitals placed limitations on the number of days of coverage. Some showed an unrealistic approach, limiting coverage, in one instance to ten days per lifetime, in another to 21 days per lifetime. Some plans limit the days of coverage to a certain number per year, others to a certain number per confinement. Some of the latter considered successive confinements as one confinement, unless they were separated by a specified period of time. Concurrently, the participating Blue Shield plans also provide coverage for medical services provided to the alcoholic.

Commercial insurance companies ordinarily cover hospitalization for alcoholism under group contracts. Under individual contracts, no company will write a known alcoholic. Some will, however, consider the risk if the applicant is a member of Alcoholics Anonymous and has continued dry for a period of years. Most group and some individual and family major medical policies written by commercial insurers provide in and out of hospital benefits for alcoholism. In some cases the coverage is provided under the classification "nervous and mental." According to the Health Insurance Association of America, persons totally disabled by alcoholism and living in a state where alcoholism is considered a sickness may be paid benefits under a loss of income policy if there is no exclusion in the policy for alcoholism or nervous and mental disorders.

Viewed in total, the acceptance by insurance companies of alcoholism as a sickness meriting coverage has done much to remove the financial element as a factor in most hospitals' reluctance to admit patients.

Alcoholism and the Federal Government

The Department of Health, Education, and Welfare has spearheaded the varied approaches of the federal government to the alcoholism problem.

In April of 1964, a move was made to coordinate the activities of the major Health, Education, and Welfare agencies by establishing the Secretary's Committee on Alcoholism. A 59-page report describing the activities of HEW including support to communities in controlling and preventing alcoholism was prepared by the Committee and presented in September 1965. ⁷ The report contains a "Summary of Financial Assistance Programs Which May Be Used for Alcoholism and Related Problems." Assistance is provided in the form of research and demonstration project grants, training grants and construction grants. A number of these programs are available to hospitals.

Alcoholism and State Governments

Most of the state governments have established commissions or other groups to study the problems of alcoholism and to institute measures for meeting them. Exchange of information among these state agencies is possible through an organization known as the North American Association on Alcoholism Programs. Many of these state agencies have funds available to assist in defraying costs of initiating an alcoholism treatment program.

Incidence of Alcoholism

While no accurate count is possible, reliable estimates place the number of alcoholics from 5 to 6 1/2 million Americans in all socioeconomic classes. It ranks closely behind heart disease, cancer and mental illness as one of the nation's major health problems.

Alcoholics have extremely high death rates. The California Department of Public Health reports verified deaths among chronic alcoholics at 33 per 1,000 per year, compared to a general rate for the comparable age group of 12 per 1,000. Actuarial reports give alcoholics an average life expectancy of 52 years.

Conclusions and Recommendations

Alcoholism is a disease that merits the serious concern of all members of the health professions.

The medical profession must assume leadership in seeing that the recommendations of the 1956 report on the Hospitalization of Patients with the Diagnosis of Alcoholism are implemented.

The Council, therefore, makes the following recommendations.

1. That the 1956 statement of the Council on Mental Health be reaffirmed;
2. That state medical associations and component medical societies establish liaison and work with hospital medical staffs and with state and local hospital associations to implement the 1956 statement of the Council on Mental Health;
3. That the 1956 statement of the Council on Mental Health be resubmitted to the Joint Commission on Accreditation of Hospitals with the request that it give all possible assistance in implementing the statement, through its publications and correspondence and through the members of its administrative and survey staff;
4. That in those hospitals which do not admit patients with the diagnosis of alcoholism the governing board, administration, and medical staff consider feasible means for providing for the admission of such patients, including, where necessary, the revision of the hospital's charter and bylaws;
5. That in those hospitals which do not admit patients with the diagnosis of alcoholism, hospital medical staffs be encouraged to review for the previous year those charts where alcoholism might have been an admitting factor. If it is discovered that the hospital is, in fact, admitting alcoholics in great numbers, the hospital should be

encouraged to take a more realistic approach to the handling of patients of members of its medical staff; and

6. Finally, that insurance companies and prepayment plans be encouraged to remove unrealistic limitations on the extent of coverage afforded for the treatment of alcoholism, recognizing that alcoholism is a chronic illness and that multiple hospital admissions under medical supervision may be essential to arresting the progress of the disease.

REPORT OF REFERENCE COMMITTEE D: The House adopted Council on Medical Service Report G as amended by the Reference Committee.

The following report was presented by Dr. W. Benson Harer, Chairman:

Your reference committee reviewed with great interest Council on Medical Service Report G, "Recommendation for the Admission of Alcoholics to General Hospitals - Reaffirmation of the 1956 Statement."

This very timely report serves to inform this House of Delegates of the need for renewed attention to a problem that warrants concerted action by the medical profession, hospital governing authorities and others.

In 1956, at the Clinical Convention, the House of Delegates adopted a five-point statement of the Council on Mental Health, dealing with the problem of the hospitalization of patients with the diagnosis of alcoholism. It also recommended that this action be brought to the attention of the Council on Medical Education and Hospitals from the standpoint of implementing educational approaches to the problem of alcoholism and that it also be referred to the Joint Commission on the Accreditation of Hospitals and to the American Hospital Association for their consideration.

During the intervening ten years some progress has been made with respect to admission of alcoholics to general hospitals and coverage of the costs of such hospitalizations by prepayment plans. However, the improvements so made have been inadequate to meet the full needs of individuals suffering with this illness.

Report G of the Council on Medical Service recommends reaffirmation of the 1956 action and proposes five additional actions to implement the policy established in 1956. During reference committee hearings, certain modifications in the language of these recommendations were suggested in the interest of clarity. Your reference committee has been assured that the Council on Medical Service is in accord with the suggested modifications and moves that the following recommendations be adopted, as amended:

1. That state medical associations and component medical societies establish liaison and work with hospital medical staffs and with state and local hospital associations to implement the 1956 statement of the Council on Mental Health;
2. That the 1956 statement of the Council on Mental Health be resubmitted to the Joint Commission on Accreditation of Hospitals with the request that it give all possible assistance in implementing the statement, through its publications and correspondence and through the members of its administrative and survey staff;
3. That in those hospitals which do not admit patients with the diagnosis of alcoholism the governing board, administration, and medical staff consider feasible means for

providing for the admission of such patients, including, where necessary, the revision of the hospital's charter and bylaws;

4. That in those hospitals which do not admit patients with the diagnosis of alcoholism, hospital medical staffs be encouraged to review for the previous year those charts where alcoholism might have been an admitting factor. If, in fact, alcoholics are being admitted, the hospital medical staff and governing authorities should be encouraged to take a more realistic approach to the admission and handling of these patients; and

5. That insurance companies and prepayment plans be encouraged to remove unrealistic limitations on the extent of coverage afforded for the treatment of alcoholism, recognizing that alcoholism is a chronic illness and that multiple hospital admissions under medical supervision may be essential to arresting the progress of the disease.

References

1 Proceedings,,AMA House of Delegates, November 1956, pp. 32-33

2 Hospitals, 31:106, Dec 1, 1957

3 Pierson, Hurley and Gieslar, "Psychiatric Patients in General Hospitals," Hospitals, 40:64, Jan 16, 1966

4 "The Alcoholic in the General Hospital," Frontiers in General Hospital Psychiatry, Louis Linn, MD, Editor,International Universities Press, Inc., 1961

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6 Berke, Gordon, Levy and Perrow, A Study on the Nonsegregated Hospitalization of Alcoholic Patients in a General Hospital, Hospital Monograph Series, No. 7, Chicago: American Hospital Association, 1959.

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