

2002). However, the dramatic rise in medical expenses has been accompanied by the expedited expansion of coverage rates and increasing access to medical care. The NHI was acknowledged to have gone into debt in 1999. In response to the impending financial crisis, the Bureau of the National Health Insurance (BNHI) focused cost containment strategies on the health supply side to implement a "diversified payment system" including a global budget, capitation payment, and case payment system to stabilize the growth of medical expenditures. As a result, hospitals have been driven to seek more-economical strategies for the delivery of medical care. Maintaining certain profit margins under escalating financial pressures from the BNHI has caused hospitals administrators to become more business-oriented.

Based on the US experience, reductions in reimbursements or limitations in government funding for medical care can result in an increasing number of patient transfers among hospitals, usually from private to public hospitals.¹ Studies in the US found that transfers among hospitals based on economic considerations increased sharply during the 1980s.² The Public Citizen's Health Research Group estimated that about 250,000 patients annually are transferred based on economic reasons rather than the patient's need for medical care.³ Schlesinger et al. described the phenomenon of "the transfers of patients from the treating hospital to other healthcare providers solely on economic grounds" with the term "patient dumping".² Relman defined patient dumping as the transfer of uninsured patients from private to public hospitals for purely economic reasons.⁴ In addition to interhospital transfers, Ansell and Schiff also defined patient dumping as "denial of or limitation in the provision of medical services to a patient for economic reasons and the referral of that patient elsewhere".⁵ Consequently, patient dumping refers not only to interhospital transfers but also to the refusal of treatment or admission by a hospital without concern for the safety of the patient.

The incidence of patient dumping has incessantly risen in the US. For example, the number of hospitals committing violations of patient dumping climbed from 144 between April 1994 and April 1995,⁶ to 250 between April 1995 and April 1996,⁷ and to 527 be-

tween 1996 and 2000.⁸ Patient dumping has become a serious and common problem in the US health industry. It not only increases financial burdens on providers of the final resort, but also causes deleterious impacts to patient health.⁹

Although plenty of studies have documented the increasing frequency of patient dumping in the US,^{7-8,10,11} little research has been performed to explore the issues related to patient dumping in Taiwan. Only Lin et al. indicated that differences in patient costs among hospitals under the case payment are possibly attributable to patient dumping among private hospitals.¹² However, none of the few studies which have addressed the issue of patient dumping has indicated that this problem does not exist in Taiwan. According to personal interviews with superintendents of public hospitals, patient dumping not only exists, but is also currently severely impairing the financial integrity of many public hospitals in Taiwan.

In addition, increased competition in the healthcare market and the widespread use of the prospective payment system (PPS) increased patient dumping in the US.² Therefore, the widespread adoption of the case payment system, 1 form of PPS, under the NHI in Taiwan may also result in patient dumping. It is reasonable to believe that patient dumping has occurred in Taiwan since initiation of the NHI although little proof has been offered. The purposes of this article are to explore the potential subjects of patient dumping, factors contributing to patient dumping, and impacts of patient dumping on patient health and on costs of receiving hospitals by means of a review of the US literature. This article can increase the recognition by health professionals of the issue of patient dumping, and it can also help policy makers understand the dynamics of patient dumping.

Potential Subjects of Patient Dumping

Patient dumping is considered to be a serious and prevalent problem in the US. Berliner reported that over 20% of the US population are potential victims of patient dumping.¹³ In other words, over 40 million Americans are likely to be transferred or refused admission by hospitals based simply on financial considerations. The literature has documented that potential