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tient health. The *Los Angeles Times* reported in 1986 that approximate 22% of transferred patients were in an unstable condition at the time of transfer.²⁷ Another noteworthy finding by Ansell was that nearly 1 in every 10 dumped patients died.²⁸ An article published in the *New England Journal of Medicine* also found that the percentage of patients transferred for economic reasons who died was more than twice that of other patients.¹ Hence, patient dumping is a very serious problem for patient health. A delay in treatment resulting from patient dumping obviously would endanger the lives of patients who require immediate therapy. In addition, the elevated pain and distress caused by transfers or delays in treatment could also be detrimental to patients' physical and mental well-being.

Impacts of Patient Dumping on Costs of Receiving Hospitals

Patient dumping also has a significant impact on the financial situation of receiving hospitals as well as on patient health. According to observations of Bernard et al., dumped patients consumed more hospital resources than did other patients because of the delay in treatment or the high severity of illness.²⁹ More precisely, Schiff et al. reported that patient dumping costs a receiving hospital millions of dollars annually.³⁰ Ansell and Schiff estimated that the annual cost to public hospitals in the US of patient dumping approximated US\$1.04 billion.⁵ As a result, patient dumping not only shifts the financial burden from transferred hospitals to receiving hospitals, but it also aggravates the financial integrity of receiving hospitals. In addition, patient dumping also increases the total medical expenditures due to unnecessary or duplicated services. Therefore, solving the problem of patient dumping would be 1 of the answers to escalating national medical expenditures we face.

CONCLUSIONS

Research concerning the issue of patient dumping is still in its nascent stage in Taiwan. Few studies have addressed the frequency or intensity of patient dumping which occurs among hospitals. However, although

some limitations restrict the research possibilities in relation to patient dumping, policy makers and health professionals have to recognize that patient dumping is a serious problem which can jeopardize patient health and impair the financial integrity of receiving hospitals. Implementation of a hospital global budget system may even worsen the situation in Taiwan. Therefore, it is recommended that applicable statutes be established and enacted to prevent hospitals in Taiwan from transferring patients simply for monetary reasons. In particular, patients in need of emergency care should be transferred only for medical reasons. Patient transfers based solely on economic consideration should be prohibited, and hospitals engaging in the practice should be penalized. It is also recommended that a system be established to track the actual number of patient dumping instances occurring in receiving hospitals. This can help policy makers identify those hospitals in which patients are more likely to be transferred for economic reasons.

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