

# How far should hospitals go to treat obese patients?

Boston Emergency Medical Services recently debuted an [ambulance](#) with a mini-crane and reinforced stretcher to transport patients weighing up to 850 pounds. It cost \$12,000 to retrofit the ambulance.

My problem is this: I think we need to do our best to provide medical care to all patients. But patients need to take some basal level of [responsibility for their own health](#). If you're saying that you got to be 850 pounds due to a "glandular problem," you're blowing smoke.

Let's say you want to go hiking in some secluded location or you want to go spelunking far beneath the surface of the earth. When you take those risks, you implicitly accept the chance that if something happens to you, there's not going to be an acute care clinic at the 3,000 foot mark on the mountain you want to climb. If you get hurt, you aren't going to have access to the medical care that might otherwise be available to you. You may take your cell phone with you and may make arrangements for air medical transport if needed, but even with those precautions, you just might die from your injuries based solely on the risks you took – and no one is to blame but you.

If alcoholic patients drink to the point that they develop liver failure and then they continue drinking alcohol, most hospitals will not perform liver transplants. You got yourself into that situation, you refuse to help yourself get out of that situation, the system isn't going to invest massive amounts of resources into your care – and no one is to blame but you.

Should people who eat themselves to death be treated any differently?

Should it ever be right to tell patients that if they let themselves get so obese that traditional ambulances can't carry them that dispatchers will tell refuse transport and they will be responsible for their own transportation to the hospital?

If we continue down the road that we must accommodate the medical needs of every morbidly obese patient, are we then going to require that all hospitals purchase CT scanners and MRI scanners to accommodate patients of all weights – if those scanners even exist? Will every hospital be required to maintain an additional set of beds, commodes, bathroom fixtures, blood pressure cuffs, and a plethora of other utilities solely to treat morbidly obese patients.

Or perhaps we create regional system of care for morbidly obese patients. One regional hospital gets all the necessary equipment to manage the medical needs of morbidly obese patients and any morbidly obese patient requiring testing or admission must be transported to one of these centers. Hospitals can transfer trauma patients if they don't have a trauma surgeon, shouldn't they also be able to transfer bariatric patients if they don't have a bariatric specialist?

This post is not meant as an attack on morbidly obese people, but more intended as a reality check. What should be a rational method of dealing with morbidly obese patients? If we require EMS and hospitals to make all these expensive modifications for morbidly obese patients, where do the accommodations end for *other* patients with *other* medical conditions needing costly medical care?

And how long is it going to be before the lawyers file a claim against a hospital when a patient dies because the hospital didn't have those modifications?

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