



# Physicians Say Hospitals Are Pressuring ER Docs to List COVID-19 on Death Certificates. Here's Why

The economic incentive to add COVID-19 to diagnostic lists and death certificates is clear and does not require any conspiracy.

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Image Credit: YouTube



[Jon Miltimore](#)

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**W**hen Drs. Dan Erickson and Dr. Artin Massihi of Accelerated Urgent Care held a press conference last week, their goal was to galvanize policymakers to reopen the economy.

The California-based hospital owners may have uncorked a bigger story.

During [their long discussion with reporters](#), Dr. Erickson noted he has spoken to numerous physicians who say they are being pressured to add COVID-19 to death certificates and diagnostic lists—even when the novel coronavirus appears to have no relation to the victim's cause of death.

“They say, ‘You know, it’s interesting. When I’m writing up my death report I’m being pressured to add Covid,’” Erickson said. “Why is that? Why are we being pressured to add Covid? To maybe increase the numbers, and make it look a little bit worse than it is?”

The longtime ER doctors, who had their video [removed](#) from YouTube after the American College of Emergency Physicians (ACEP) and the American Academy of Emergency Medicine (AAEM) jointly condemned their briefing, aren't the only ones to say COVID-19 is being classified uniquely. (There's reason to

question some of the snap conclusions the physicians reached in their briefing, but YouTube's decision to ban them is absurd, if [predictable](#).)

Earlier this month, Illinois's top health official explained that any victim diagnosed with the novel coronavirus would be classified as a COVID-19 death—regardless of whether it contributed to the patient's death.

“If you died of a clear alternate cause, but you had Covid at the same time, it's still listed as a Covid death,” Dr. Ngozi Ezike, the director of Illinois's Department of Public Health, [explained](#) to reporters.

Not all states have taken an approach as direct as Illinois's, but even where state guidelines don't call for listing the mere presence of

COVID-19 as the cause of death, it appears hospital administrators are taking a proactive role.

When a reporter asked Erickson who was applying the alleged pressure on physicians, he said it was hospital administration.

“We’re being pressured in-house to add Covid to the diagnostic list when we think it has nothing to do with the actual cause of death,” Erickson said.

So are hospitals conspiring to gin up COVID-19 deaths to make the pandemic look worse than it is? Probably not. There’s a simpler explanation: incentives.

As Minnesota lawmaker and longtime family practitioner Dr. Scott Jensen recently observed, hospitals are incentivized to pressure physicians to include COVID-19 on death certificates and discharge papers, since [the CARES Act](#) increases Medicare payments to hospitals treating COVID-19 victims.

"Hospital administrators might well want to see COVID-19 attached to a discharge summary or a death certificate. Why? Because if it's a straightforward, garden-variety pneumonia that a person is admitted to the hospital for—if

they're Medicare—typically, the diagnosis-related group lump sum payment would be \$5,000,” said Jensen, whose claim was [fact-checked](#) by USA Today. “But if it's COVID-19 pneumonia, then it's \$13,000, and if that COVID-19 pneumonia patient ends up on a ventilator, it goes up to \$39,000.”

The idea that physicians would be pressured to list COVID-19 on death certificates even when it appears the virus had little or nothing to do with someone’s cause of death might sound crazy, but some would say it was entirely predictable.

“Show me the incentive and I'll show you the outcome,” American businessman Charlie Munger once observed.

The economic incentive is clear and does not require any conspiracy.

By creating a massive federal program that links goosed Medicare payments to COVID-19 treatments, the feds incentivized hospitals to add COVID-19 to diagnostic lists and death certificates. It also incentivized hospitals to get patients on ventilators, [which may have done more harm than good](#), as hospitals have reported unusually high fatality rates for COVID-19 patients on ventilators.

“We aren’t pressured to test for flu,” Dr. Erickson said during his press conference. “Why are we being pressured to add Covid?”

The simple answer is this: [incentives matter](#).

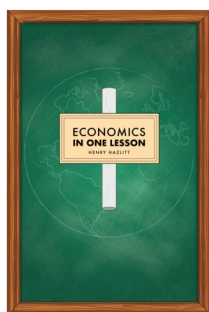
It’s a lesson policymakers in Washington, D.C.—who’ve also managed to create an employment structure that [pays many workers more to stay home than go to work](#)—seem to never learn.

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