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Editorial

Emergency Department Overcrowding and Its Relation to Televised Mass Events

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Saturación en los Servicios de Urgencias y su relación con eventos televisivos masivos

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Emergency department (ED) overcrowding remains a persistent challenge across healthcare systems globally. While traditional causes such as seasonal illnesses, aging populations, resource limitations, and inadequate primary care coverage have been well documented, a less explored but repeatedly observed phenomenon among clinicians is the temporary decrease in patient visits during major televised events, followed by a post-event rebound. Could

live television—particularly large-scale events like international football matches or national debates—directly influence ED attendance patterns?

Empirical observation suggests the answer is yes. Numerous hospitals have reported significant drops in ED visits during high-profile live broadcasts. For example, in the United Kingdom, ED attendances declined by up to 15% during England's matches in the FIFA World Cup, with patient

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volumes rebounding shortly after the final whistle [1]. The data suggest that individuals with mild or moderate symptoms may defer care in order not to miss these events. A more recent and comprehensive study expanded this line of research by analyzing emergency department attendance across four European countries during the Euro 2016 football championship. This investigation is particularly valuable because it applied a unified methodology across different health systems, allowing for broader comparisons. Interestingly, the findings revealed that while overall daily attendance did not change dramatically, there were noticeable behavioral shifts in the hours surrounding the matches. Fewer people attended EDs before and during the games, which supports the idea that individuals may consciously postpone care to prioritize watching the event. However, contrary to what might be expected, this study did not find a consistent rebound in patient numbers immediately after the matches, except in a few isolated cases—such as the final match involving France, where attendance did increase. These results highlight that while televised events do influence ED demand, the magnitude and pattern of that influence vary depending on the context. It also suggests that although these events have an effect, it is not always predictable or uniform, which limits their utility as a planning tool unless accompanied by real-time monitoring systems [2].

The key question is: how relevant is this behavior clinically? On one hand, this transient decrease could offer momentary relief for overstretched EDs. On the other hand, postponing evaluation for emerging symptoms might worsen outcomes in patients whose conditions evolve rapidly. Moreover, the resulting rebound effect can produce more intense peaks in demand than if the patient flow were evenly distributed over time [3].

Sociologically, this phenomenon reflects the powerful influence of mass media and entertainment on health-related decision-making. Health concerns, in certain contexts, may be subordinated to the immediacy of emotionally or socially significant televised content. Recognizing this behavior could help refine predictive models for ED utilization. Just as health systems anticipate flu surges or heat-related hospitalizations, they might also consider incorporating broadcast schedules for major live events.

The evolving nature of media consumption also adds nuance. As streaming platforms and on-demand viewing reshape audience behavior, the impact of pre-recorded content is diminishing in terms of synchronizing mass behaviors. However, live events—sports, political debates, talent competitions—still generate simultaneous, large-scale engagement and may continue to modulate ED usage. This

predictability could allow EDs to plan staffing or triage strategies in advance [4].

This is not a call to promote health-seeking behavior during halftime or commercial breaks, but rather to understand the psychological and sociocultural dynamics that govern ED usage. The decision to seek urgent care is multifactorial, influenced by clinical symptoms, emotional states, cultural values, and logistical barriers. If a football match or national election can delay such a decision, even temporarily, then EDs must consider these factors in resource allocation models.

I propose further investigation into this phenomenon. Multicenter studies comparing hourly ED data with major televised event schedules could provide robust insights. It would be particularly useful to assess whether these trends are consistent across age groups, geographic regions, and levels of clinical severity. Additionally, qualitative research could explore patient perceptions and the motivations behind delaying or advancing care in relation to televised content.

In conclusion, emergency department overcrowding remains a structural and systemic challenge. Understanding behavioral patterns that modulate demand—even temporarily—offers an opportunity for more rational resource management. Televised mass events appear to act as an unexpected, yet real, modulator of ED pressure. Integrating this knowledge into hospital planning may not resolve chronic overcrowding, but it could contribute to a more adaptive and resilient emergency care system.

1. CONFLICT OF INTERESTS

The authors have no conflict of interest to declare. The authors declared that this study has received no financial support.

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