REVIEW ARTICLE

What Makes Patients Leave Against Medical Advice?

Ibrahim Al Ayed FRCP (UK)

Department of Pediatrics, College of Medicine
King Khalid University Hospital, King Saud University
Riyadh, Saudi Arabia

Abstract

Patients who leave against medical advice (LAMA) are both a concern and a challenge for individuals in the health care field. Skillful communication, flexible routines, policies and procedures, negotiable management options, good clinical care and thorough documentation constitute the corner stones of dealing with this problem. The need for a clearly documented system or guidelines for assessing and managing such patients is highlighted.

Keywords: Discharge against medical advice, Leaving against medical advice, Prevention, Guidelines

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Correspondence to:
Dr. Ibrahim Al Ayed
Associate Professor and Consultant Pediatrician
Department of Pediatrics (39), College of Medicine
King Khalid University Hospital, King Saud University
✉2925, Riyadh 11461, Saudi Arabia
☎ +966 1 4671505
🖷 +966 1 4679463
iialayed@hotmail.com

Introduction

Patients who leave against medical advice are both a concern and a challenge for individuals in the health care field, because discharge against medical advice may expose patients to an increased risk of adverse medical outcomes including morbidity and mortality. Children as minors in health decision making may be more vulnerable. Professional liability is a concern for physicians caring for such patients[1]. The medical importance of patients leaving against medical advice has not been well studied in our communities. One aim of this review is to remind health care professionals of this entity hoping this will be a stimulus to carry out more studies on such patients and encouraging to take more initiatives towards clear unified system of management.

Definition

LAMA has been defined in the broadest terms as any patient who insists upon leaving against the expressed advice of the treating team. Escape (absence without leave, absconding, or elopement), whereby the patient leaves the hospital without notification by escaping from an involuntary

unit or walking out of a voluntary unit, also has been considered by some clinicians and researchers to be a form of discharge against medical advice. Others, do not regard escape as a form of discharge against medical advice because the essential element of physician's expressed advice against leaving is lacking in this situation[2].

How prevalent is LAMA?

LAMA is a well recognized problem in medical practice. It occurs in both inpatient wards and emergency departments. The majority of studies have been done with in-patients, some have looked at outpatients[3, 4]. The phenomenon of LAMA is worldwide and is not limited to the developing world[5]. LAMA is a universal problem, plaguing both rural and urban hospitals. However, interest in this area has generally focused on large urban hospitals and on specific patients groups, such as the general medicine service or psychiatric patients[1]. Although, LAMA is sometimes a relatively rare occurrence[6], the reported incidence showed great variation depending upon patient population and type of treatment setting. Report of LAMA incidence is widely variable ranging between >20% in large urban hospitals, especially among alcoholics, drug abusers and psychiatric patients, to <4% for medical admission and <1% in small rural hospitals and medical wards[3, 4, 7]. Underreporting certainly exists. LAMA studies in children are scanty, mostly retrospective and of fewer sample size despite the vulnerability of children[8].

Who is at risk of LAMA?

Knowing the risk factors for LAMA is one step in designing intervention strategies[6]. There has been long standing but sporadic research on contributing factors to LAMA, but most research has targeted admissions for alcohol, drug abuse, and psychiatric problems[7].

As patients who leave hospital against medical advice represent a high risk population, early identification of patients at risk may facilitate earlier implementation of preventive strategies, thereby decreasing the occurrence of LAMA and improving health outcomes[1]. Patients at risk for leaving the hospital against medical advice often can be identified on the basis of their medical histories or on the basis of their behavior while in the hospital. The early markers or indicators exhibited by the patients who LAMA should alert the admitting physicians to the possibility of an impending LAMA. Often the earliest signs of such behavior can be found in the nursing notes[9].

The predictors of LAMA fall within two broad categories: (1) patient variables – socio-demographic characteristics, diagnosis, treatment history, behavior; and attitudes toward treatment – and (2) provider variables – hospital setting and structure, staffing patterns, admission and discharge policies, and physicians' clinical style and experience[2].

Regarding patients demographic data, results have been diverse and sometimes conflicting. However, certain trends have emerged; younger age, male gender, non-insurance, low socio-economic status, alcohol and drug abuse, psychiatric disease, persons with less social support (single), lack of primary care physician and past history of LAMA all have been reported as risk factors for LAMA[3, 4]. Among variables attributable to providers, studies cite failure to orient the patient to treatment on intake, punitive or threatening atmosphere on the inpatient unit, difficulties in doctor-patient relationship, failure to establish a supportive provider-patient relationship and inadequate unit staffing patterns[2]. Although common sense would suggest that only individuals with less life threatening conditions would sign against medical advice, there are several reports of patients with very serious diagnoses and extreme life threatening conditions who have left against medical advice[3].

Why patients leave against medical advice?

LAMA is a multifactorial etiology involving a great diversity of influences; thus, patients leave the hospital against medical advice for a variety of reasons[10].

Ealier studies indicated that patients LAMA

for reasons like dissatisfaction with their care, patients expected a shorter stay, need to take care of personal, family or financial affairs, patients felt better, patients are not improving and not receiving adequate nursing/medical care, preference for another hospital, beliefs that the condition was terminal, dislike of the hospital environment, and not wanting to be used for learning/teaching purposes or for financial difficulties[11]. The only report from the Kingdom about LAMA among hospitalized children by Al Jurayyan et al[12] from the southeastern part of the Kingdom, revealed number of reasons for parents who take their children against medical advice namely; problem of care of siblings at home, false parental judgment of improvement, living far away from hospital, frequent blood extraction, parents living outside the province, child refused to stay, and prolonged hospitalization.

Some observers consider that most cases of discharge against medical advice reflect failure to reach consensus between the attending physician and patient regarding the need for continued inpatient care. This failure may reflect, in part, poor communication and lower trust between the physician and the patient[7]. A well-recognized fact is that lack of patient's trust on medical care providers interferes with communication about diagnosis, prognosis and appropriate treatment[13].

Poor communication contributes to dissatisfaction and disagreements in quality of care being offered and affects compliance with regard to admission, medications and follow-up. For pediatric patients in particular, well-informed caregivers are more likely to take rational health decisions concerning their sick children[8]. Vincent et al[14], examining the reasons in patients and relatives taking legal actions against doctors, found that the decision to take legal action was determined not only by the original injury, but also by insensitive handling and poor communication after the original incident.

What are the consequences of LAMA?

Ending a hospitalization prematurely can have implications for evaluation and resource utilization system. Leaving against medical advice is likely to result in greater subsequent utilization, including more return visits, and perhaps greater costs for the subsequent care of an initially inadequately treated condition[15]. If hospital care is incomplete, the patient may continue to be ill and require readmission. For conditions such as inadequately treated meningitis, endocarditis, diabetic ketoacidosis, or even pneumonia, inadequate treatment can be devastating. Subsequent care may be more difficult and more costly. Overall costs of caring for an individual patient over time may be higher for patients who leave the hospital prematurely. Therefore, preventing discharge against medical advice is likely to benefit both patients and health care systems[6].

What are the medico-legal implications of LAMA?

The medico-legal implications of LAMA need to be given serious consideration as the caregiver might not be protected from malpractice charges[16]. There is little evidence that LAMA provides any malpractice protection[7]. Many hospitals have a release form for patients to read and sign prior to leaving hospital against medical advice, relieving the hospital and medical staff of any responsibility related to the patient's decision or its consequences. Hospital authorities should recognize that forms signed by a patient who is leaving against medical advice designed to protect the hospital in the event of an untoward consequence might have no legal protective value. The danger in such forms is that a physician may be tempted to rely on them instead of good clinical judgment and adherence to the recommended guidelines[16]. The legal standard for protection from lawsuits continues to be good clinical practice with thorough documentation. Use of discharge against medical advice is not a safe road to legal immunity[16].

Al Saddique[17], reporting his experience as one member of the medico-legal committee of the Ministry of Health in Riyadh, has

stressed that poor documentation is a great enemy and is unfortunately very rampant in the profession particularly in small hospitals, clinics and even specialized polyclinics. The patient's chart or file can be looked as a legal document that could be used at any time in a court of law for or against health care providers. The sicker the patient the more comprehensive and detailed should be the progress notes[17].

Legislation giving the health authorities the right to keep patients, especially children, in hospitals when they believe that their life might be endangered or the community health might be adversely affected, may be necessary to protect patients, especially minors[18]. Al Jurayyan et al[12] enquired about the legal implications when a parent or legal guardian discharges his or her child against medical advice and about our role as child advocates. The current trend in hospital practice in Saudi Arabia appears to be that physicians tend to be contented with parents signing that well known statement: "I, hereby, sign to take my child against medical advice." This might be acceptable in circumstances which are not life threatening and where pediatricians may adjust the treatment protocol after exploring the reasons for discharge. However, what to do in life-threatening situations? The ethical predicament in this instance, since parents are considered to be the legal guardians of the child who are granted the power to give consent, is whether or not the pediatrician is given the "right" to protect the life of the child and refuse the discharge?

Some researchers pointed out that the exact role of court ordered treatment or force detention of patients has been argued legally and ethically by the legal, medical and academic communities[19]. Others believe that since patients are admitted voluntarily to a general hospital, a discharge against medical advice is merely a withdrawal of the original consent, all competent adults possess the autonomy to make this decision[20].

What needs to be done to prevent LAMA

Hospital discharge against medical advice may represent failure of medical care[21]. Potential interventions are limited, but influence strategies may have a role[1]. Research on this issue suggested that appropriate strategies, designed for the purpose of keeping the patient in the hospital, could prove effective. These strategies or plans include psychiatric consultation for patients who show a loss of control or awareness, or reorientation approaches such as allowing the patients to wear street clothes[9].

It is important to target those individuals with any indication of LAMA during their hospital stay in an attempt to decrease their risk of such non-compliance by communicating extensively with respect to all facets of care, while avoiding conflict, and providing a caring and accepting environment for the patient[1]. Physician-patient communication skills should be applied to prevent discharge against medical advice[13]. Complaints about the lack of clear, sympathetic explanations point to deficiencies in communication, and failure to appreciate that, in some circumstances, the emotional needs of patients may be as important as their physical needs. Communication assumes a special importance when things have gone wrong. Patients often blame doctors not so much for the original mistakes, as for a lack of openness or willingness to explain[14].

While the difficulties health workers often face in patient care attributable to limited facilities, busy schedules and uncooperative uneducated caregivers were acknowledged, the need for improved communication between the health team and patients/caregivers, conveyed in an easily understandable plain language cannot be overemphasized. Words are as necessary as drugs in the treatment of patients. Direct communication of the reasons for continuing the hospital stay, involvement of patients in decision, specific advice about treatment and empathy with the difficulties associated with being in hospital may prevent a few discharges against medical advice. Moyse[1] reported a lower rate of LAMA from a Canadian community hospital, contributing factors to these results may include familiarity in a small

community, limited options for hospital or doctor shopping, family physicians that care for their patients in the hospital as the attending physicians.

Targum et al[22] reported 32% drop in discharge against medical advice from a large private general psychiatric hospital after the implementation of a new patient advocate position that was designed to orient new patients to the hospital and act as a staff-patient intermediary. Akiode et al[5] from Nigeria have shown that LAMA can potentially be reduced by proper education and other factors such as improvement in hospital facilities and increase in skilled health manpower that might have enhanced patients' confidence in the services.[5]

The role of the social workers in the pre and post discharge management of patients requesting for LAMA cannot be over-emphasized[8].

As part of control measures for LAMA, attitudinal change among health workers towards cases of LAMA, particularly in children who are minors is recommended. The assumption that patients who leave against advice reject medical care merits critical examination. These patients are frequently readmitted to the same hospital. Clinicians who dismiss or reject patients who leave against medical advice are potentially misinformed about this phenomenon and liable to misjudge these patients' motivations and needs. A patient who leaves the hospital against medical advice may be unable to accept hospital care at the time, but may be able to do so after addressing other needs. The challenge for health care professionals is to broaden the terms of engagement in a way that both preserves professional standards of care and increases the access of patients with limited personal or financial resources. Ironically, these difficult-to-care for patients may be precisely those most in need of care[21].

How to minimize the risk of adverse outcomes of LAMA?

Existing research does not specifically address this question, although findings suggest that efforts should focus on the first 2 weeks after departure. Reasonable recommendations would include giving the patient a specific follow-up appointment at the time of departure, ensuring that the patient receives appropriate prescriptions (or, preferably, the medications themselves) and providing the patient with a written summary of his or her hospital stay to assist health care providers in the event the patient presents to a different hospital. Follow-up by telephone would be desirable, since patients who leave against medical advice often lack a primary care provider and are likely to miss follow-up appointments[23].

The following points summarize the recommended guidelines by Devitt et al[16] for physicians faced with the decision to discharge a patient against medical advice:

1. A careful, thorough, and well-documented examination is the best defense.
2. The severity of the illness should be assessed as well as the severity of the risk if the patient is discharged.
3. When a high degree of risk is involved, the physician should engage in a constructive dialogue with the patient about grievances. Often, this opportunity for communication will be sufficient, and the patient can be persuaded to remain in the hospital.
4. In a lower-risk case, it is still good practice for the physician to explore the patient's thinking about the discharge. Maintenance of a patient-physician alliance is still important for follow-up care.
5. Before discharging a patient against medical advice, the physician should ensure that the patients withholding of consent for further hospitalization is informed with respect to risks, benefits, and alternatives.

Conclusion

Inspite of the low prevalence of LAMA in many settings, it presents healthcare providers with clinical, ethical and legal challenges. Patients who leave hospitals against medical advice frustrate physicians and may put themselves at medical risk. One can conclude from this review that

skillful communication, flexible routines, policies and procedures, negotiable management options, good clinical care and thorough documentation constitute the corner stones of dealing with this problem. Further studies and research is required to explore the magnitude and consequences of the problem of LAMA on our healthcare resources. However, the need for a clearly documented system or guidelines for assessing and managing this patient group is not disputable.

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