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ORIGINAL PAPER

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Discharge against medical advice at the adult accident and emergency department in a tertiary hospital of a developing nation

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ABSTRACT

Introduction. The goals of health care provision include that it be accessible, acceptable, affordable and adequate. Discharge against medical advice (DAMA) is a failure of proper health care provision as there is disagreement arising from dissatisfaction with provided health care. DAMA is common in our sub-region because of many reasons; these includes ignorance, financial constraint of the patient, beliefs in unorthodox care and patients feeling that they are well when their caregivers do not think so.

Aim. The objectives of this study are to determine the incidence, method of documentation of DAMA in the case notes and patients reasons for DAMA in our tertiary health institution. The A&E of any hospital in our environment attracts public criticism when there is dissatisfaction with services and DAMA when not handled well can lead to justifiable criticisms and/or litigations.

Material and methods. This is a retrospective study. It was carried out at the adult accident and emergency department of Enugu state university of technology teaching hospital Enugu. Duration of the study was from January 2017 to December 2018.

Results. A total of 8,152 patients were seen in the accident and emergency during this period. One hundred and seventy one (171) case notes were retrieved and reviewed for the study, DAMA rate of 2.1% was obtained. Fifty one folders (29.8%) did not have reason for the DAMA documented in them. The commonest reason for the DAMA was to seek traditional medical care with frequency of 17.5%. This was closely followed by financial constraint with 15.8%. Documentation for DAMA was done directly in the case notes.

Conclusion. The incidence of DAMA from this study is similar to what is obtainable from other local studies, financial constraint on the patients and seeking alternative medical treatment were the commonest reasons for DAMA in our sub-region. Also, the documentation for the DAMA in this study was poorly done.

Keywords. accident and emergency, alternative medical treatment, discharge against medical advice, financial constraint, National Health Insurance Scheme (NHIS)

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Introduction

Patients discharging against medical advice is commonly encountered in many hospitals in our sub-region. Discharge against medical advice (DAMA) is when a patient discharges from the hospital or health care facility before the treating physician recommends discharge.[1] This implies that the patient or his/her custodian withdraws the consent given to the medical personnel to offer his/her services on the patient.[2] This decision is an informed one that can only be taken by a mentally sound adult.[3] Discharge against medical advice is of concern because it is assumed that these patients are leaving too soon and that adverse consequences may follow. Research has shown that mortality rate of patients discharged against medical advice increased.[4] Also DAMA is one of the leading causes of hospital readmission.[5,6] The increased readmission rate may be due to deterioration in the patient's condition at home or cessation of the treatment before stabilization of his/her health condition.[7]

Patients have the right to leave an accident and emergency department against medical advice based on human rights and the patient's charter.[8,9] In the exercise of such right by patient, medical staff must avoid deficiencies in compliance to DAMA process as they may be held liable in the event of morbidity or mortality.[9]

Lawsuits related to discharges are more common among those that discharged against medical advice, in recognition of this, hospitals should put up measures to ensure that the discharge against medical advice process is properly documented through provision of proper forms.[10] Well executed DAMA forms have been found to protect physicians against litigation and indeed will be a useful and compelling piece of evidence to help establish a defense for the physician from any liability in any civil suit which may be instituted against him/her.

The prevalence of DAMA is higher in developing nations. Some of the reported reasons for DAMA includes perceived improvement in clinical state or preference for alternative therapy like traditional bone setters, low levels of the followings: trust, partnership and communication between patients and their doctors. Other reasons are financial problems, and dissatisfaction with the hospital environment.[7,12-14]

There had not been a study on the reasons for discharging against medical advice in this centre, the study will help to reveal reasons for this irregular discharges.

Aim

The objectives of the study are to determine the incidence of DAMA, method of documentation of DAMA in the case notes and reasons for discharge against medical advice in the adult accident and emergency department of Enugu state university of technology teaching hospital.

Material and methods

The study was carried out at the adult accident and emergency department of Enugu state university of technology teaching hospital, Enugu. This facility cares for adult medical, surgical and gynecological emergencies. Duration of the study was from January 2017 to December 2018. Enugu state university teaching hospital is one of the three tertiary health facilities that offer care to the residents of Enugu and its environs. Enugu is one of the oldest states in Nigeria. It has a geographical coordinates of 63oN and 73oE and has a population of 3.3 million people with a population density that is thrice the national average according to national census figures of 2006.

Study design

A retrospective study that was mainly observational and descriptive in nature.

Study location/facilities

nugu state university of technology teaching hospital lies along highway 343. The A & E has 16 beds in the adult accident and emergency department with almost 100% bed occupancy rate. The hospital is located within Enugu metropolis in the city center. There are 2 consultant orthopedic surgeons, assisted by senior medical officers, junior resident doctors, nursing and other adjunct staff. The facility resuscitates patients and share subsequent care with other hospital units. The theater facility can handle minor injuries only and the hospital main laboratory and radiology units serve the A&E.

Study duration

The study duration was 2 years, from January 1st 2017 to 31st December 2018.

Inclusion criteria

All the patients, 18 years and above that discharged against medical advice within the study duration.

Exclusion criteria

Patients below 18 years of age and those whose case records were incomplete.

Procedure/methodology

Ethical clearance was obtained from the hospital ethical committee, case notes of all the patients that presented to the accident and emergency and subsequently discharged against medical advice within the study period were retrieved for the study. We also consulted the ward records, and the statistics unit of the medical records department. The data collected were reviewed for patient's basic demographic characteristics which include the age, sex, duration of admission, the clinical diagnosis, reasons for the DAMA and method of administration of DAMA.

Statistical analysis

The data obtained was analyzed using IBM-SPSS version 22 for simple averages and measures of statistical tendencies.

Results

A total of 8,152 patients were seen in the accident and emergency during this period. One hundred and seventy one (171) case notes were retrieved and reviewed for the study. Male to female ratio is 1.6: 1. The age range with the highest frequency of DAMA is 21 – 30 years. The frequency distribution in other age-groups is as documented in the table 1 below. The patients were categorized according to the unit that attended to them. Orthopaedic unit has the highest frequency of DAMA with 40 patients (23.4%). The second commonest unit was cardiology with 22 patients (12.9%). The units and their frequencies are as shown in table 2.

Table 1. Age group of patients and their frequency

	Frequency	Percent
Age group		
≤20	13	7.6
21 – 30	69	40.4
31 – 40	33	19.3
41 – 50	18	10.5
51 – 60	11	6.4
61 – 70	11	6.4
>70	16	9.4

Table 2. Frequeny of DAMA by units

Department	Frequency	Percent
Ophthalmology	3	1.8
Urology	11	6.4
Orthopaedics	40	23.4
Cardiology	22	12.9
Obs & Gynae (including rape 2 cases)	14	8.2
Gen surg	3	1.8
CTU	4	2.3
Plastic Surg	18	10.5
Neurosurgery	17	9.9
ENT	1	0.6
Psychiatry	1	0.6
Endocrinology	3	1.8
Neurology	3	1.8
Gastroenterology	13	7.6
Resp Medicine	15	8.8
Hematology	3	1.8

Fifty one folders (29.8%) did not have reason for the DAMA documented in them. The commonest reason for the DAMA was to seek traditional medical care, this was seen in 30 patients (17.5%). This was closely followed by those that discharged as a result of financial constraint. The reasons for DAMA are shown in table 3. There was no formal DAMA form available in the accident and emergency department. The patients just document and sign in the folder that they want to be discharged against medical advice.

Table 3. Reasons for DAMA

Reason	Frequency	Percent
No comment	51	29.8
To seek alternative medical care	30	17.5
Financial constraint	27	15.8
Not satisfied with care/delay in treatment	13	7.6
Feeling that they are well	17	9.9
Another hosp	16	9.4
Ignorance, do not want to sleep over in the hosp	14	8.2
Went to prayer house	3	1.8

Discussion

Generally, hospitals in developed nations observe a low DAMA rate. This is reflected in the incidence reported by various authors. Pennycook et al. reported a DAMA rate of 0.73% in their Accident and Emergency department in their study in the united kingdom.[15] Wong et al. in a similar study reported DAMA rate of 0.95%.[16] Udosen et al. in their study in south-south Nigeria obtained DAMA rate of 2.6%, Oguzie et al in a local study obtained a rate of 1.6%.[17] Value of 2.1% obtained from this study is not far from values from other local studies. The lower rate of DAMA reported from developed nations may be caused by much more encompassing health insurance policy in developed nations which takes care of total cost of treatment, this contrasts with what is obtainable in many developing countries and that is why one of the major reasons for DAMA in developing countries is financial constraint on the part of the patient.

There is male preponderance from this study, this is consistent with what was reported by Pennycook et al. in the united kingdom.[15] This may be due to overall majority of male patients who are involved in trauma cases.

Furthermore, from this study, all the patients that sought for discharge against medical advice or their next of kin documented directly in their case notes stating that they do not wish to continue treatment in the medical facility. Standard DAMA forms were not available hence the documentations were not uniform. The reason for the DAMA was not documented in 29% of the case notes. Poor documentation was also reported by previous authors.[9,18,19] This shows that health care workers probably paid little attention to the details in DAMA processing and probably are overtly reliant on the signature of the patient as a reason to be exonerated from legal penalties in the event of litigation.[9] This is a cause

for concern because it may leave room for culpability in matters of legality where a detailed DAMA audit is required. Documentation of DAMA must be meticulous, the American College of Emergency Physicians suggests that every chart should reflect that the patient is competent and understands the diagnosis, treatment offered, alternative therapy and potential consequences of disregarding the recommended treatment.[20]

Results from this study shows that patients with orthopaedic problems have the highest rate of DAMA, 23.4% of the patients. This is similar to what was reported in separate local studies by Ohanaka et al. and Oguzie et al.[21,22] Also the commonest reason for DAMA from this study is seeking alternative medical treatment, Ohanaka et al. in their separate articles also documented seeking alternative medical treatment as the commonest reason for DAMA.[21] This may be due to the belief among the populace that fractures are better managed by traditional bone setters. This belief is disputed by high rate of complications among those that patronize these practitioners[21]. High patronage of traditional bone setters may also be connected to the cheap and affordable services the patients feel they receive from them.

Financial constraint on the part of the patients is the second commonest reason for discharge against medical advice in this study. Several authors including Jimoh et al., and Oguzie et al., mentioned financial constraint as the main reason for discharge against medical advice.[22,23] This is definitely as a result of the prevailing harsh economic condition in Nigeria, coupled to limited coverage of the NHIS, this seriously impairs the capacity of the individual to finance his/her healthcare. Jimoh et al. in their article mentioned other reasons that can lead to DAMA.[23] These are dissatisfaction with management plan, tiredness of staying in the hospital, feeling of reasonable recovery and ineffective communication between the attending doctor and patient. Some of these reasons were also obtained from this study. Pennycook et al. reported that it is probable that an unfriendly welcome to A and E unit, rude medical and nursing staff and above all, a prolonged waiting time are likely to increase the number of irregular discharges.[15] All these factors may contribute to an apparently unreasonable, angry patient who may be covertly encouraged to leave by a member or staff. A study that was carried out in Kuwait mentioned dissatisfaction of the patients who received care at the hospital as the main reason for DAMA.[24] From the above, it can be observed that majority of the studies carried out in low income countries mentioned seeking traditional medical care and financial constraint as the major reason for DAMA while studies done in high income countries tilted towards patients dissatisfaction with treatment and unfriendly environment in the accident and emergency as the major reason for DAMA.

The incidence of DAMA from this study is similar to what was obtained from other local studies, however studies from developed countries shows lower rate of DAMA. Financial constraint on the patients and seeking alternative medical treatment were the commonest reasons for DAMA in our sub-region. Also, findings from this study shows that the documentation for the DAMA was poorly done.

More effort need to be focused on proper documentation in administration of discharge against medical advice to patients. DAMA form should be made available to the accident and emergency department which should be signed and witnessed in cases of discharge against medical advice, this will minimize any subsequent medicolegal problems for the attending doctor and accident and emergency department. Also positive measures are required to minimize the numbers of patients leaving prior to their medical care being completed, firstly prompt friendly and professional clinical evaluation of all patients presenting to the accident and emergency with a written record on the accident and emergency card should be undertaken. Any attempt at early departure should be courteously and sympathetically met with a reasoned explanation, preferably by a member of the medical staff of the importance of completing treatment. A more encompassing NHIS will surely take off the financial burden from the patients, this will eliminate discharge against medical advice as a result of financial constraint on the patient.

Conclusion

A major limitation to this study is incomplete documentation in the case notes for the patients that are discharging against medical advice, reasons for the discharge were not written in case notes of a lot of the patients. Subsequent prospective study is recommended for more accurate findings.

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