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## INCIDENCE OF LEAVING AGAINST MEDICAL ADVICE (LAMA) AMONG PATIENTS ADMITTED AT THE EMERGENCY AND ACCIDENTS WARDS OF HEALTH CARE SECTORS: A REVIEW STUDY

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### Abstract

It's the challenge for the personnel in health care fields to control the highly incidence of patients to leave against medical advice. Now, a day it is of great concern because it can leads to the worse outcomes and adverse events in both morbidity and mortality. The objective of this study was to evaluate the Incidence of leaving against medical advice (LAMA) among patients admitted at the emergency and accidents wards of health care sectors in order to outcome the adverse outcomes and risk factors of patients that leave against medical advice. All of the data were collected from the former nonfiction studies of PubMed and Elsevier of 5 years reconsidering data. Heeding to this review study some patients leave against medical advice are in great risk like young age male, illiterate persons, drug abusers and alcoholic users etc. several steps and ways are discuss in this review to outcome the problem of patients whom leave in contradiction of medical guidance and may agonize from a life threatening sickness or ailments. The suitable counseling of patients seems to be more effective in this case. Additional studies and researches are obligatory for complete understanding of consequences and prevalence of LAMA. The understanding of patient psychology is also of great concern in order to reduce the risk of LAMA in a community.

**Keywords:** LAMA, its prevalence, consequences, adverse outcomes and risk factors.

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1

## INTRODUCTION

It's the challenge for the personnel in health care fields to control the highly incidence of patients to leave against medical advice. Now, a day it is of great concern because it can leads to the worse outcomes and adverse events in both morbidity and mortality. Children of young age are more vulnerable to such worse adverse events [1]. Unfortunately, there's not more studies are observed in communities for those patients. The one aim of this review is to influence the health care personnel to conduct more studies on LAMA and try to control these adverse outcomes of community by proper patient counseling [2]. LAMA is simply defined as the patients who leave against treated term to leaving term and escape from hospitals [3].

LAMA is a very well define and well known situation in medical practice. It may occur in emergency wards and also in IPD. The studies show the more chances of LAMA to inpatients as compared to out-patients. LAMA is a global problem found in both urban and rural hospitals. Clinically LAMA is depending on patient's situation and type of treatment the patient was receiving. According to previous studies LAMA founds >20% in large urban hospitals especially most common in psychiatric, drug abuse and alcoholic patients, more than <4% in medical admitted patients and 1% in small rural hospitals. as shown in figure 1. LAMA in children is more frequent and scanty [4].

The alcoholic, psychiatric and drug dependent patients are more vulnerable to LAMA. The preventive measures should be taken before admitting these patients in hospitals. The incidence of LAMA may observed by the patient behavior in the hospital and its entire medical assessment. The LAMA predictors fall in two major categories including firstly, patient variables (treatment history, behavior, diagnosis) and secondly, providers variables (staffing patterns, hospital structures and patterns, policies of patients admission and discharge, physician experience and clinical style) [5].

The risk factor of LAMA include alcohol and drug abuse patient, younger age peoples, less social support, suffer by any psychiatric disease, lack of primary care by physician these sort of peoples are more vulnerable towards LAMA [6].

While among the providers variables studies cite failure, threatening atmosphere, inadequate staff, behavior of physician towards patient, patient ignorance by physician may influence the patients to leave from hospital without proper treatment [7]. There is also patients reported by in ruminative studies who have serious illness and diagnoses but leave from the hospital without fulfill proper treatment policy [8].

## METHOD

### Search selection;

The impartial of this study was to appraise the Incidence of leaving against medical advice (LAMA) among patients admitted at the emergency and accidents wards of health care sectors in order to outcome the adverse outcomes and risk factors of patients that leave against medical advice. All of the data were collected from the previous literature studies of PubMed and Elsevier of 2 years retrospective data. Chief psychiatric admissions and admissions for cleansing or substance abuse were omitted. The search was achieved by using the MeSH heading *release* and then uniting it with the next key words: *in contradiction of medical advice, consent, abscond, hospice, and self-discharge*. Indexes of all articles were combed for related lessons.

### Inclusion and exclusion criteria:

The inclusion criteria for this review was reflect the patients whom are mentally uneven and leave against medical advice or the peoples whom didn't recognize the necessity to be self-proclaimed in hospital under health care command. Some patients with reasonable and trust issues on physicians and staff also included in a study. The barriers criteria was not so perominently observed and all of the patients observed added under enclosure of the study.

## RESULTS

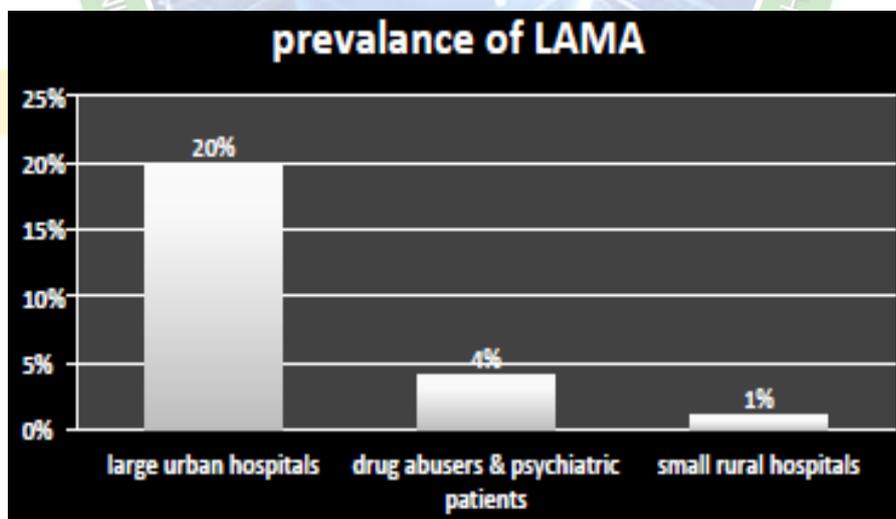


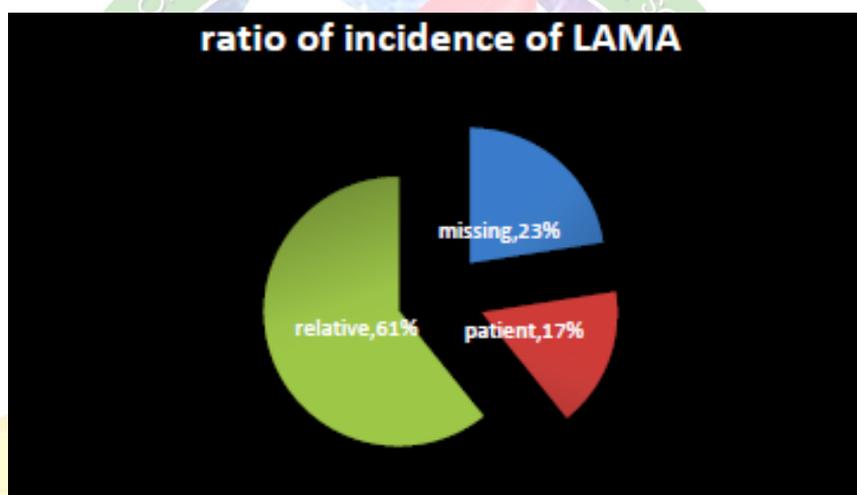
Fig.1: Prevalence of LAMA

The number and ratio of patients in general and neonatal ward whom discharge, died and leave against medical advice is shown as in table 1.

**Table 1: numbers of patients in general and neonatal wards whom expose to LAMA:**

	Death		Discharge		LAMA	
	G	N	G	N	G	N
<b>Birth anoxia</b>	73	188	85	335	53	30
<b>Septecaemia</b>	33	72	33	190	20	20
<b>Birth anoxia &amp; septicaemia</b>	3	12	3	36	3	4
<b>G.E</b>	12	2	65	50	16	2
<b>Bronchopneumonia</b>	11	9	21	36	8	5
<b>Neonatal jaundice</b>	3	7	8	40	5	1
<b>Prematurity</b>	23	42	23	76	11	7

The ratio of incidence of LAMA are shown in **figure 2**.



**Figure 2: ratio of LAMA incidence**

**Causes of LAMA:**

LAMA has multifactorial causes and involves a variety of reasons that influence patients to leave against medical advice. Initially the reported reasons include the dissatisfaction of patient, family and financial problems, averment of hospitals, problems on hygiene of hospitals that influence patients to move towards another hospital [9]. Children often expose to LAMA by the reasons of false parental judgment of improvements, living far away from hospital, taking care of siblings at home, prolong hospitalization, stubborn behavior of child. [10]. The other causes of LAMA include poor interaction between patient and pharmacist and lack of patients trust on medical care [11].

**Consequences of LAMA:**

The consequences of patients to leaving against medical advice include greater costs, return visits and inappropriate treatment care. If hospital is not hygiene and don't care about patient

properly the patient's condition become worse and then patient require readmission [12]. For serious ailments like untreated meningitis, endocarditis, diabetes, ketoacidosis, pneumonia the patient condition becomes fatal. Overall cost of treatment for LAMA is higher than normal inpatient. Therefore the prevention of LAMA is beneficial for both patients and health care practitioners [13].

#### **Medico-legal implications of LAMA:**

The medico-legal implications of LAMA need serious consideration. Several hospitals have released form for the patient to leave before hospitals and patients should read it carefully prior to discharge from hospitals [14]. The hospital authorities should confirmed that patient should sign the discharge papers before leaving the hospitals [15]. The laws and regulations should be following carefully in order to continue good clinical practice. The discharge from hospital without thorough and follow documentation is not a safe route for patient [16]. This might be acceptable in case of normal diseases which are not life threatening. In the case of child the parents are consider as the legal guardian of child [17].

#### **Prevention of LAMA:**

The leaving against medical advice is represented as medical failure. The proper counseling is requiring for the patients who want to leave against medical advice. Such as, psychiatric consultation for psychiatric patients and also alter some hospitals rules and regulation like allow the patient to wear normal street clothes so that patient feels comfortable in hospital [18]. The patient who airs more defenseless to consent against medical advice should be extensively counsel by physician. Patients compliance is also a great factor to control LAMA. The communication between patient and physician should be strong enough [19]. The family care hospitals are also one of the preventable measures for LAMA. The incidence of LAMA could be reducing by the improvement of hospital facilities and patient education. The patients of LAMA may be readmitted in a same hospital in some casesThe patients leaving against medical advice may change their opinion to health care system and become agreed on it. It's the challenge for physicians to maintain professional standards with patient access enhancement [20].

#### **Reducing the risk of adverse outcomes of LAMA:**

These further points summarize the guidelines which are recommended to reduce the risk of LAMA. Firstly, a careful thorough well documented assessment is a best defense to reduce the risk of LAMA. Secondly, the illness severity and severity of risk in case for LAMA patient should be carefully assessed. Thirdly, the physician should give more time to the patient and make a good interaction with patient so that the patient has no more desire to leave hospital

before complete treatment. It is also valuable to explore the thinking of patient about his/her discharge from the hospital. Before leaving the hospital the physician should confirmed that patient has no need to further hospitalization and medical assessment [21]. The outcomes of LAMA are shown in table 2.

**Table 2: ratio of LAMA reasons**

Parameters	Ratio
Disagree about treatment	29.4%
Financia; constraints	19%
Sociocultural belief in TBS	18%
Desire to transfer	14%
No relation accessible to support care	9%
Slow improvement	7%
Communication gap between patient and healthcare worker	4%
other	2%

## DISCUSSION

Some patients are more vulnerable to leave against medical advice which includes young age, male, illiteracy, uneducated persons, poor hospital facilities etc. this review suggests that the patient leaving against medical advice may depends on the department of hospital as the patients admitted in psychiatric wards are more susceptible to leave against medical advice. It was also observed that the patient of alcohol usage and drug abuse is of great concern to leave against medical advice. The poor information about alcohol usage and drugs usage makes us to prohibited further studies on this topic. It was observed that the male patients of young age are most exposing to the case of LAMA. A significant increase in LAMA mostly observed in a holy month Ramadan and Eids season because these are the holy occasions for Muslims. Comorbid conditions are of great incidence to LAMA. Physician must be trained to encourage the patients whom not wants to stay in hospital because of any personal issue or needs the physician and hospital staff should cooperate with the patient so that the patients feel encouragement and return back to the hospital after fulfill and addressing the needs. Once if patient have to leave hospital the physician should ensure the complete thorough documentation of discharge papers. It was confirmed that the patient at discharge risk should be begin the discharge process as soon as possible after admission. This review may assist to reduce the risk and outcomes of patients leaves against medical advice and also support and helpful for the physician care towards this case so that also reduce the resources wastage and could develop a good and responsible staff and patients In any community.

## CONCLUSION

Introductory, the LAMA cases are considered as a great challenge for physician and health care providers. The patient of LAMA may put themselves in a very serious life threatening risk. The entire conclusion of this review is the skillful communication, good hospital management, maintenance of patient compliance, improving hospital facilities and good legislative thorough documentation could reduce the risk of LAMA. Further studies and researches are required for complete understanding of consequences and prevalence of LAMA. The understanding of patient psychology is also of great concern in order to reduce the risk of LAMA in a community.

## CONFLICT OF INTEREST:

There is no conflict of interest.

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## REFERENCES

1. Moyse HS (.2004 ) Discharges against medical advice: a community hospital's experience. ( 9) 148-153
2. Brook M, Hilty DM, Liu W, Hu R, Frye MA. (2006) Discharge against medical advice from inpatient psychiatric treatment: A literature review. *Psychiatric Services* ;57: 1192-1198.
3. Akiode O, Musa AA, Shonubi AM, Salami BA, Oyelekan AA. (2005) Trends of discharges against medical advice in a suburban surgical practice in Nigeria. *Trop Doct* ;35: 51-52
4. Saitz R, Ghali WA and Moskowitz MA (1999). Characteristics of patients with pneumonia who are discharged from hospitals against medical advice. *American Journal of Medicine*: 107; 507-509
5. Franks P, Meldrum S, and Fiscella K.( 2006). Discharges against medical advice: Are race / ethnicity predictors? *J Gen Intern Med* ; 21: 955-960.
6. Okoromah CN and Egriokwaji MTC (2004). Profile of and control measures for the paediatric discharges against medical advice. *Nigerian Postgraduate Medical Journal*; 11:21-2.
7. Engel BT (1980). Leaving the hospital against medical advice. *JAMA*; 244: 550
8. Jones AA, Himmelstein DU (1979). Leaving a county hospital against medical advice. *JAMA*; 242: 2758.

9. Alebiosu CO and Raimi TH (2003). Discharge against medical advice. *Tropical Doctor*; 33: 191-192.
10. Al Jurayyan NM, Al Nasser MNS. (1995) Children's discharge against medical advice: Is it a problem? *Saudi Medical Journal* ; 16: 391-393.
11. Saitz R (2002). Discharges against medical advice: Time to address the causes. *CMAJ* ; 167: 647.
12. Vincent C, Young M, Phillips A (1994). Why do people sue doctors? A study of patients and relatives taking legal action. *The Lancet*; 343: 1609-1613.
13. Saitz R, Ghali WA, Moskowitz MA (2000). The impact of leaving against medical advice on hospital resource utilization. *J Gen Intern Med*; 15: 103-107
14. Devitt PJ, Devitt AC, Dewan M (2000). An examination of whether discharging patients against medical advice protects physicians from malpractice charges. *Psychiatric Services* ; 51: 899-902.
15. Al Siddique AA (2004). Medical liability: the dilemma of litigations. *Saudi Med J*; 25: 901-906.
16. Babekir AE( 1991). Leave against medical advice – how common is it? *Emirates Medical Journal*; 9: 192-194.
17. Letterie GS, Markenson GR, Markenson MM. (1993) Discharge against Medical Advice in an Obstetric Unit. *Journal of Reproductive Medicine*; 38: 370374
18. Devitt PJ, Devitt AC, Dewan M. (2000) Does identifying a discharge as “Against Medical Advice” confer legal protection? *J Fam Pract* ; 49: 224-227.
19. Weingart SN, Davis RB, Phillips RS. (1998) Patients discharged against medical advice from a general medicine service. *J Gen Intern Med* ; 13: 568-571
20. Targum SD, Capodanno AE, Hoffman HA Foudraine C. (1982) An intervention to reduce the rate of hospital discharges against medical advice. *Am J Psychiatry*; 139: 657-659.
21. Hwang SW, Li J, Gupta R, Chien V, Martin RE. (2003) What happens to patients who leave hospital against medical advice? *CMAJ*; 168: 417-420.