



Reasons Why Trauma Patients Request for Discharge against Medical Advice in Wesley Guild Hospital Ilesha.

E.A. Orimolade¹, O.O. Adegbehingbe¹, L.M. Oginni¹, J.E. Asuquo², O. Esan¹

¹Department of Orthopaedic Surgery and Traumatology Obafemi Awolowo University, Ile-Ife

²Department of Orthopaedic Surgery and Traumatology Obafemi Awolowo University Teaching Hospitals' Complex (OAUTHC) Ile- Ife.

Correspondence to: Dr Orimolade E.A, Email: ayodeleorimolade@yahoo.com

Background: *The aim of this study was to find out the reasons why trauma victims with Orthopaedic injuries take their discharge against medical advice.*

Methods: *This was a prospective study conducted on Trauma victims presenting to the Wesley Guild Hospital Ilesha who took their discharge against medical advice (DAMA) over a 2 year period. A questionnaire was designed that was used to retrieve information on the patients biodata, their injuries and the reasons why they DAMA.*

Results: *A total of 49 patients were interviewed over this period. The mean age of the patients was 36.7 years. Students (22.4%), traders (20.4%) and artisans (24.5%) were commonly involved in this practice. Eighteen (36.7%) of the respondents claimed to have taken DAMA due to hospital cost, 18 (36.7%) also DAMA because of their believe in Traditional Bone Setters. Eleven patients (22.4%) simply said they want treatment near home while one patient each gave the fear of amputation and hospital protocol as their reasons for DAMA.*

Conclusion: *Cost of treatment and believe in traditional bone setters were the 2 main reasons why most patients with fracture DAMA. Measures to reduce the cost of treatment and patient's education about the dangers with unorthodox treatment of fractures and dislocations should help to reduce this behaviour.*

Introduction

Discharge against medical advice (DAMA) describes a situation in which a patient chooses to leave the hospital before the treating physician recommends discharge¹. Research shows that against medical advice discharges represent as many as 2 percent of all hospital discharges^{1,2}. Those patients represent an at-risk group for both morbidity and mortality³⁻⁶. A patient is said to discharge against medical advice when the patient has been well informed of the diagnosis, options of treatments and the risks, the patient should be mentally competent to take his or her decision without any coercion.

There are many reasons why a patient may want to discharge against medical advice. This may be due to financial problems especially in countries where patients pay for medical services on their own without medical insurance coverage. Some patients on treatment for chronic illnesses without hope of a cure or who have not seen remarkable changes in their condition may want DAMA. Patients on medications which have serious side effects or severe reactions may end with DAMA⁶⁻¹¹. The reasons for DAMA among patients in different subspecialties show similarities and differences. Information on the reasons why patients go for DAMA will help in working out the strategies to reduce this undesirable action. The aim of this study is to find out the reasons why trauma victims with Orthopaedic injuries take their discharge against medical advice with a view to minimizing this deleterious action.

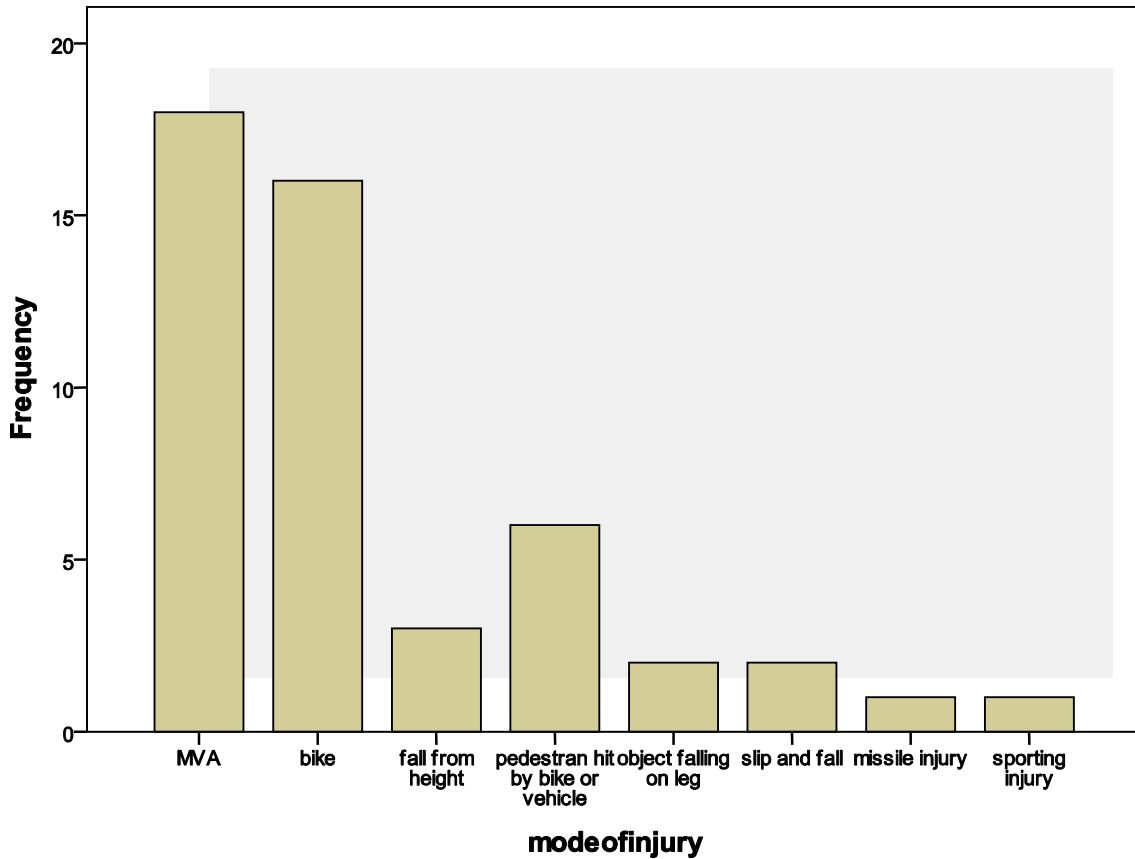
Patients and Methods

This was a prospective study conducted on trauma victims presenting to the Wesley Guild hospital Ilesha who took their discharge against medical advice over a 2 year period (July 2004-June 2006). Patients presenting with orthopaedic injuries were managed in line with the Advanced Trauma Life support protocol. After the patients were well resuscitated, investigated and in stable clinical conditions, they were informed about their diagnosis, our treatment plans and other options of treatment and the possible complications. Those patients who decided to DAMA during the course of treatment despite our counsel, were recruited into this study by filling questionnaire on them. A questionnaire was

designed that was used to retrieve information on the patients’ biodata, their injuries and the reasons why they took their discharge against medical advice. Data analysis was done using SPSS version 19.

Results

Forty nine patients were interviewed over this period; the mean age of the patients was 36.7 years. Thirty three were males while 16 were females with a M: F 2:1. Majority of the patients, 83.7% were Yorubas. Twenty six patients (53.1%) took DAMA within 24 hours of admission. Up to 77.6% (37) of the patients who discharged against medical advice did so within 72 hours. While the remaining (11) 22.4% discharged themselves after 72 hours. The patients often waited to be well resuscitated before taking AMA discharges.



Thirty seven of the 49 patients had their educational level recorded 17 had primary education, 15 had secondary school education while 5 patients had tertiary education. In 12 patients the level of education were not recorded. The injuries were sustained most often from motor vehicular accidents, Motor cycle accidents and pedestrians hit by motor vehicles or motor bikes as shown in Figure 1.

Table 1. Occupation of Patients Discharged Against Medical Advice (DAMA)

Occupation	Frequency (%)
Artisans	12 (24.5)
Students	11 (22.4%)
Traders	10 (20.4)
Civil Servant	6 (12.2)
Others	6 (12.2)
Total	49 (100)

Table 2. Distribution of Fractures and Dislocations

Parts involved in injury	Frequency
Femur	14
Tibia	19
Humerus	5
Radius and Ulnar	6 (2Galleazi, 1Monteggia)
Complex Hand injuries	2
Joint Dislocations	2 Hips, 2 Elbows

Table 3.Reasons Given for Requesting DAMA.

Reason	Frequency (%)
Hospital cost	18 (36.7)
Believes TBS treatment is better than Orthodox	18 (36.7)
Wants treatment near home	11 (22.4)
Hospital protocol	1(2.04)
Fear of amputation	1(2.04)
TOTAL	49 (100)

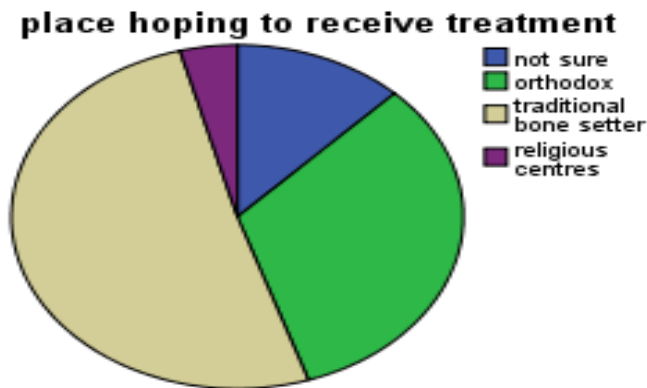


Figure 2. Place Where DAMA Patients Wanted to go after Leaving Hospital.

Twenty three patients had closed fracture, 24 had open fracture while 2 presented with elbow dislocation. Among patients with open fractures 54.2% of them had Gustillo Anderson type 3 injuries. Most of the fractures were in the lower limbs involving the femur and the tibia. Two patients with fractures had associated Hip dislocations which were reduced prior to taking discharge against medical advice. Fifteen of the patients (30.6%) had associated head injury. The reasons given for taking DAMA is as presented in Table 3. We were interested in the post discharge plan of the patients or relatives and they were asked about where the discharged patients will be treated. The responses were captured in Figure 2.

Discussion

Discharge against medical advice is seen in our practice and involves people of different ages and strata in the society. The average age of 36.7 years among people that DAMA is in keeping with the peak age that are most often involved in trauma. The active and productive age group where most often involved in trauma and this may explain the predominance of students, artisans, traders and civil servants among the patients that DAMA. Also males were found to be twice more involved in this act than females. This may be due to the fact that males are more involved in trauma¹². it may also mean that female patient are more cooperative and more concern about their health than the male counterpart. Some

studies have reported Younger age, male sex, poor social support, lack of health care coverage, psychiatric illness, drug or alcohol abuse to be frequently associated with discharge Against Medical Advice^{6,7,9-11,13-16}.

Motor vehicular accidents and motorcycle accidents were the cause of most injuries. Contrary to the believe that most patients with open fractures receive treatment in the hospital because these group of patients are most likely to suffer infective complications of fracture in addition to other complications.

We however, observe that patients with open fractures were equally involved in DAMA; as nearly half of the patients with fracture that DAMA had open fractures majority of which were severe grades (Gustillo-Anderson type III). Cost of treatment was the reason given for discharge against medical advice in 36.7% of the patients. In our practice there is no provision for free treatment of trauma victims. Medical insurance is not available to most injured patients. Treatments are paid for by the patients and their relatives. The difficulty of sourcing for unplanned expenses or inability to secure funds for treatment is the reason why some patients discharge themselves from the hospital prematurely against the wish of the Doctor. Provision of medical insurance to care for trauma victims will reduce DAMA among this group of patients.

Another 36.7% of the patients that DAMA claimed they prefer treatment with the Traditional Bone Setters. While the fear of amputation was advanced to be the reason for DAMA in one patient who also discharged to receive treatment with the TBS. The reasons why some patients opt for treatment with the TBS is multifactorial, payment for treatment is easier as they pay in bits over time, some due to fear of operation, some believe their treatment is faster, some believe their treatment is more holistic caring for both the physical and spiritual aspect of their treatment. In our environment, traditional bone setters after destroying the limbs of injured patients with obvious gangrene send them to the hospital to have amputation, when such patients eventually are amputated by the Orthopaedic surgeon. Such patients are often used to discourage patients with fractures from seeking orthodox treatment because only Orthodox Doctors does amputation. Hence the fear of amputation is used by TBS to recruit patients to their own practice.

Adequate education of the populace on the advantages of Orthodox treatment and the dangers inherent in receiving treatment with TBS while making provision for medical insurance coverage for all trauma victims will reduce the number of patients taking discharge against medical advice. Patients who want treatment near home constituted 22.4% of the patients taking DAMA. Some patients have obligations which they have to fulfil. Receiving treatment in a distant place may make this impossible. Also in our setting there is still strong family support system for patients, Patient relatives help with funding, feeding and caring for the family of the injured to some extent. This support is always better when patient is being treated near his place of abode or home. If treatment is made easier for victims, fewer patients will press for DAMA due to distance away from home.

Only one patient gave hospital protocol as the reason for discharge. Though this constituted a small proportion of patient that DAMA, simplifying hospital protocol and making it patient friendly will make it easier for patients to access treatment and reduce the practice of DAMA.

Where DAMA becomes inevitable, the Doctor should discuss the likely harms of premature discharge, the benefits of inpatient treatment, and all possible options of treatment with the patient. Where possible a follow up plan like collecting the patient's telephone number may help reduce complications which often follow this practice. This is particularly important as signing of DAMA form does not completely protect the Doctor against litigation.¹⁷

Conclusion

Cost of treatment and believe in traditional bone setters were the 2 main reasons why most patients with fracture take their discharge against medical advice. Measures to reduce the cost of treatment so as to

make orthodox treatment affordable as well as patients' education about the dangers with unorthodox treatment of fractures and dislocations should help to reduce this behaviour.

References

1. Alfandre DJ. "I'm Going Home" : Discharges Against Medical Advice. *Mayo Clin Proc.* 2009; 84(3): 255–260.
2. Taqueti VR. Leaving against medical advice. *N Engl J Med.* 2007; 357(3):213-215.
3. Carrese JA. Refusal of care: patients' well-being and physicians' ethical obligations: "but doctor, I want to go home". *JAMA* 2006; 296(6):691-695.
4. Berger JT Discharge Against Medical Advice: Ethical Considerations and Professional Obligations *Journal of Hospital Medicine.* 2008;3(5):403-408.
5. Hwang SW, Li J, Gupta R, Chien V, Martin RE. What happens to patients who leave hospital against medical advice? *CMAJ* 2003; 168(4):417-420.
6. Baptist AP, Warriar I, Arora R, Ager J, Massanari RM. Hospitalized patients with asthma who leave against medical advice: characteristics, reasons, and outcomes. *J Allergy Clin Immunol.* 2007; 119(4):924-929.
7. Fadare JO, Jemilohun AC. Discharge against medical advice: Ethico-Legal implications from an African Perspective. *S. Afr J BL.*2012;5(2):98-101.
8. Moy E, Bartman BA. Race and hospital discharge against medical advice. *J Natl Med Assoc.* 1996; 88(10):658-660.
9. Green P, Watts D, Poole S, Dhopes V. Why patients sign out against medical advice (AMA): factors motivating patients to sign out AMA. *Am J Drug Alcohol Abuse* 2004; 30(2):489-493.
10. Nwokediuko SC, Arodiwe EB, Discharge Against Medical Advice In Enugu, South Eastern Nigeria – Some Ethical and Legal Aspects. *Journal of College of Medicine* 2008; 13(1):34-38.
11. Aliyu ZY. Discharge against medical advice: sociodemographic, clinical and financial perspectives. *Int J Clin Pract.* 2002; 56(5):325-327.
12. Elias A, Tezera C. Orthopaedic and Major Limb Trauma at the Tikur Anbessa University Hospital, Addis Ababa Ethiopia. *East and Central African Journal of Surgery* 2005; 10 (2):43-50.
13. Franks P, Meldrum S, Fiscella K. Discharges against medical advice: are race/ethnicity predictors? *J Gen Intern Med.* 2006; 21(9):955-960.
14. Saitz R. Discharges against medical advice: time to address the causes. *CMAJ* 2002;167(6):647-6
15. Long JP, Marin A. Profile of patients signing against medical advice. *J Fam Pract.* 1982; 15(3):551, 556.
16. Wylie CM, Michelson RB. Age contrasts in self-discharge from general hospitals. *Hosp Formul.* 1980; 15(4):273, 276-277.
17. Devitt P, et al Does Identifying a Discharge as Against Medical Advice Confer Legal Protection, *J Family Practice*, 2000; 49(3):224.