



ORIGINAL ARTICLE

Factors associated with patients leaving against medical advice from in-patient psychiatric facility.

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ABSTRACT... Objective: To understand and recognise why some patients leave the medical facility against physicians medical advice as it has clear significance in identifying those at risk and planning interventions for them beforehand. **Study Design:** Exploratory Research. **Setting:** Department of Psychiatry, Gujranwala Medical Collage/ Teaching Hospital. **Period:** September 2018 to September 2019. **Material & Methods:** The record included 73 cases that left against medical advice. **Results:** Highest ratios of variables present in the patients who left AMA were educational level of patients up to matriculation (34.2%), unemployment (54.8%), primary diagnosis of schizophrenia (20.5%), residence in Gujranwala (57.5%), attending physician's residence up to 2 years (27.4%), and non availability of attendants (16.4%). **Conclusion:** Knowing what variables perpetuates the patient's need to leave against medical advice can help in taking preliminary measures to prevent it.

Key words: Discharge Against Medical Advice, LAMA, Self-discharge.

INTRODUCTION

Patients who leave against medical advice are both a worry and a test for experts in the medical care facilities. Leaving against medical advice may open patients to an expanded danger of unfavourable results including mortality.¹ It mirrors a lack of commitment and comprehension regarding terms between the doctor and the patient.

Leaving against medical advice, in which a patient leaves the medical facility before the treating doctor suggests release, is an issue for some doctors who treat hospitalized patients.² The subject of importance to warrant a hazard is how common is LAMA?

It has noted to be a documented difficult in medicinal practice¹, occurring in inpatient as well as outpatient departments. However it has been noted that only a number of studies have been conducted in the outpatient department, with majority of researches targeting inpatient

department. Perceptive of the threat for LAMA serves the purpose of preliminary step in designing intervention to reduce it as much as possible. The literature sheds light on the long standing research on LAMA and the contributing elements to it, yet most researches focused on affirmations for liquor, drug issues, and psychiatric issues. Patients at hazard for leaving against medical advice regularly can be recognized on the premise of their therapeutic histories or on the premise of their conduct while in the facility.³ The early markers or pointers showed by the patients who LAMA ought to caution the doctors to the likelihood of an impending LAMA. Frequently the most consisting indications of such conduct can be found in the nursing notes.¹

Literature has demonstrated that indicators of LAMA falls in two general classes: (1) patient variables – diagnosis, social attributes, treatment history, conduct; and demeanour toward treatment – and (2) provider variables – medical setting and structure, staffing, policies

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of admission as well as discharge, and doctors' clinical style and experience. With respect to demographics of the patients, results have been various and at times clashing. Notwithstanding, certain patterns have developed; more youthful age, male sexual orientation, low financial status, liquor and medication mishandle, psychiatric illness, people with less social support (single), absence of essential care giver and previous history of LAMA all have been accounted for as risk factors for LAMA.⁴ Low financial class, male sex, more youthful age, no insurance, and substance mishandle associates of LAMA release have had sensibly steady outcomes after some time. Additional associates of LAMA incorporate patient-revealed variables, for example, monetary issues and illnesses in the family. Patients revealed explanations behind leaving AMA frequently incorporate these sorts of individual or budgetary commitments.⁵

Some studies consider that most instances of LAMA reflect inability to achieve agreement between the attending doctor and patient in regards to the need for medical care-giving. This disappointment may reflect, to some extent, poor correspondence and lack of trust between the doctor and the patient. Specialists are concerned more, where the LAMA rates have been found to surpass 20% instead of under 4% for medicinal confirmations. Some information is additionally accessible on the assessed total cost of the social insurance arrangement of such releases; be that as it may, numerous reviews have found that patients who leave against medicinal advice are at a hazard for early readmission bringing about higher, unnecessary health care services costs.⁶ They are likewise more inclined to come back to medical centre, regularly for the same or a related condition.⁷

Very little has been done in Pakistan as far as research in this domain is concerned. The reason for this review was to decide upon the magnitude of issues regarding LAMA in psychiatric populace and to investigate any current relationship with statistic and illness related factors. The data acquired would help clinicians in early distinguishing proof of patients at higher hazard

for such releases. This thus would enable clinicians to mediate prior to start preventive measures keeping in mind the end goal to counteract morbidity and health care costs.

Understanding why patients leave the medical facility AMA has clear significance to the possibility to recognize those at higher risks and consequently to plan for intervention beforehand.²

MATERIAL & METHODS

An exploratory research was conducted using the data from September, 2018 to September 2019, taken from the hospital record of psychiatry department, Gujranwala Medical Collage/ Teaching Hospital. The record included 72 cases that left against medical advice. Non probability purposive sampling technique was utilized. The sample included 41 males and 32 females ranging in age from 12 years till the age of 66 and above. Data collected was entered and analysed using SPSS version 10. Furthermore, descriptive analysis was employed to obtain the results in frequencies and percentages.

RESULTS

The descriptive analysis showed frequencies of various variables including education, occupation, residence of the patients, as well as the years of residence of the attending physician. The results helped in analysis which variables may predict leaving against medical advice. Highest number of patients that left against physician's medical advice was during the month of November, 2018 (13 patients; 17.8%). Next highest rate of LAMA cases being 9 patients (12.3%) was found during the months March, August, July, and December. The least number of LAMA cases were noted to be in the month of August (1 patient: 1.4%) (See Table-II) 33 patients stayed long enough for the complete history to be taken by the physician (45.2%), however, 40 patients had left against the medical advice even before giving the complete history of illness (54.8%). (See Table-III)

The educational status of the patients that left against medical advice included matriculation (25 patients: 34.2%), middle school (13 patients: 17.8%), F.A (12 patients: 16.4%), Primary (4

patients: 5.5%), and B.A (4 patients: 5.5%). The sample also included 14 uneducated patients (19.2%) (See Table-IV). The highest rate in terms of occupation was noted to be unemployment (40 patients; 54.8%) among the sample. Only 4.1% (3 patients) of the sample was found to be employed on the government job, and only one patient on a retired student (21.9%) (See Table-V).

The analysis for the residence of the patients who left against medical advice showed the highest rate of LAMA cases were of patients who belonged to Gujranwala (42 Patients; 57.5%). After Gujranwala, the second highest number of LAMA cases belonged to Okara (5 Patients; 6.8%). Among the sample, patients belonging to Faisalabad, Saikot, Layyah, Hafizabad, Multan, Vehari, Chinyot, and Bhakar had the least no of LAMA cases, nearly as less as 1 case for each city (1.4%) (See Table-VI)

Schizophrenia as primary diagnosis had the highest rates among other diagnosis of the LAMA cases. More patients with a diagnosis of schizophrenia (15 Patients; 20.5%) left against medical advice than patients with any other diagnosis such as conversion disorder (12.3%), bipolar affective disorder (11.0%), Major depressive disorder and Poly-substance abuse (9.6%) (See Table-VII)

In current study sample mood disorders (Bipolar disorders and depressive disorders) dominated both the groups (42.8% for ER and 53.9% for Non ER). Conversion disorder was much higher (7.9% vs 3.6%) in the patients admitted via ER, pointing towards the emergent nature of the presentation of the syndrome. Overall the length of stay for both the groups remained short (8.2 and 11 days) attributable to the way that cost of psychiatric treatment in the private sector is viewed as high and the social conviction of the general population towards a medicinal/healing centre based model of psychiatric treatment stays negative in this nation as in numerous different nations. The analysis showed that 14 patients (19.2) left against medical advice before their primary diagnosis could have been established. (Table-VIII)

Furthermore, among all the LAMA cases, those patients who had the duration of illness up to six months had the highest ratio (32 patients; 43.8%). Patients, who had the duration of illness up to 3 years, had the lowest ratio (4 patients; 5.5%) (See Table-IX). Furthermore, only 15 patients had co-morbid illnesses (20.5%) (see Table-X). Only 1 patient among the LAMA cases had been referred through board, (1.4%), 4 from neurology (5.5%), 2 from other hospitals, 4 were referred by consultant physicians (5.5%), 7 from the emergency, and with the highest ratio of 55 (75.3%) from the outpatient department of the hospital (See Table-XI)

The number of LAMA cases was found to be less when the attending physician was in fourth year of residency (4 patients; 5.5%), however the number of LAMA cases increased with the less number of residency years of physicians. The years of residency training and the number of LAMA cases were noted to have a reciprocal relationship. The highest ratio of LAMA cases (20 patients; 27.4%) were noted to be of patients seen by physicians in their second year of residency training. Furthermore, patients of physicians in third year of residency training had the second highest ratio of LAMA cases (16 patients; 21.9%). The number of LAMA cases for physicians in first year of their residency training in psychiatry was noted to be 15 (10.5%) over the duration of one year (See Table-XII)

Furthermore, it was highlighted the highest ratio of patients leaving without even informing the staff or physician (34 Patients; 46.6%). After leaving without informing, the most common reason for leaving against medical advice was non availability of attendants (12 Patients; 16.4%). No satisfaction towards the treatment was noted to be another common reason for patients to leave against the medical advice (10 Patients; 13.7%). Compliance issues (9 patients; 12.3%), and physicians' neglect (8 patients; 11.0%) were noted to be least common reasons among patients to leave against medical advice (See Table-I).

		Frequency (%)
Valid	Compliance Issue	9 (12.3%)
	No Satisfaction towards treatment	10 (13.7%)
	Non availability of Attendants	12 (16.4%)
	Dr's Neglect	8 (11.0%)
	By own without informing	34 (46.6%)
	Total	73 (100.0%)

Table-I. Reason Of LAMA as mentioned by the patients or attendant at the time of leaving.

		Frequency (%)
Valid	Jan	3 (4.1%)
	March	9 (12.3%)
	April	1 (1.4%)
	May	2 (2.7%)
	Jun	5 (6.8%)
	July	9 (12.3%)
	August	9 (12.3%)
	September	5 (6.8%)
	October	8 (11.0%)
	November	13 (17.8%)
	December	9 (12.3%)
	Total	73 (100.0%)

Table-II. Number of patients leaving against medical advice in each month during one year.

		Frequency (%)
Valid	no	40 (54.8%)
	yes	33 (45.2%)
	Total	73 (100.0%)

Table-III. Patient's Complete History taken during hospital stay.

		Frequency (%)
Valid	Uneducated	14 (19.2%)
	Primary	4 (5.5%)
	Middle	13 (17.8%)
	Matriculation	25 (34.2%)
	F.A	12 (16.4%)
	B.A	4 (5.5%)
	M.A	1 (1.4%)
	Total	73 (100.0%)

Table-IV. Patient's educational status.

		Frequency (%)
Valid	student	16 (21.9%)
	unemployed	40 (54.8%)
	Self employed	13 (17.8%)
	Government job	3 (4.1%)
	Retired	1 (1.4%)
	Total	73 (100.0%)

Table-V. Occupation of the patients

		Frequency (%)
Valid	Gujranwala	42 (57.5%)
	Shiekhpora	4 (5.5%)
	kasur	2 (2.7%)
	okara	5 (6.8%)
	Narowal	3 (4.1%)
	Lahore	3 (4.1%)
	faislabad	1 (1.4%)
	nankana sahib	2 (2.7%)
	sailkot	1 (1.4%)
	Bhawal Nagar	2 (2.7%)
	Layyah	1 (1.4%)
	Hafizabad	1 (1.4%)
	Sahiwal	2 (2.7%)
	Multan	1 (1.4%)
	Vehari	1 (1.4%)
	Chinyot	1 (1.4%)
	Bhakar	1 (1.4%)
Total	73 (100.0%)	

Table-VI. Place of Residence of patients mentioned in demographic profile of patients chart.

		Frequency (%)
Valid	MDD	7 (9.6%)
	conversion	9 (12.3%)
	schizophrenia	15 (20.5%)
	bipolar	8 (11.0%)
	Poly substance abuse	7 (9.6%)
	OCD	2 (2.7%)
	delusional disorder	1 (1.4%)
	Disability case/board case	1 (1.4%)
	Not Present on Notes	14 (19.2%)
	intellectual disability	1 (1.4%)
	Organic Brain Syndrome	4 (5.5%)
	13	4 (5.5%)
	Total	73 (100.0%)

Table-VII. Preliminary diagnoses of the LAMA patients.

		Frequency (%)
Valid	1 to 2 days	21 (28.8%)
	3 to 4 days	18 (24.7%)
	5 to 6 days	12 (16.4%)
	7 and above	8 (11.0%)
	Zero	14 (19.2%)
	Total	73 (100.0%)

Table-VIII. Days Of Monitoring & recording of Vital Signs during hospital stay.

		Frequency (%)
Valid	1 to 6 month	32 (43.8%)
	7 to 12 month	10 (13.7%)
	2 to 3 years	4 (5.5%)
	4 to 5 years	6 (8.2%)
	6 years and above	11 (15.1%)
	not present on file	10 (13.7%)
	Total	73 (100.0%)

Table-IX. Duration of Illness mentioned by the patients or attendants, prior to getting admitted to hospital.

		Frequency (%)
Valid	no	55 (75.3%)
	yes	15 (20.5%)
	not present on file	3 (4.1%)
	Total	73 (100.0%)

Table-X. Co-morbid Illness identified in LAMA cases.

		Frequency (%)
Valid	Psychiatry OPD	55 (75.3%)
	Consultant	4 (5.5%)
	Neurology	4 (5.5%)
	Other Hospitals	2 (2.7%)
	Board cases	1 (1.4%)
	Hospital emergency	7 (9.6%)
	Total	73 (100.0%)

Table-XI. Modes of referral of patients who left against medical advice

		Frequency (%)
Valid	Not mentioned*	18 (24.7%)
	1Year Residence	15 (20.5%)
	2 Year Residence	20 (27.4%)
	3 Year Residence	16 (21.9%)
	4 year Residence	4 (5.5%)
	Total	73 (100.0%)

**Table-XII. Frequency of LAMA cases with respect to year of residency training of attending physician
*not mentioned in patient's file.**

DISCUSSION

A review highlighted that generally patients leave against medical advice amid the times of Ramadan and Islamic events, for example, Eid-ul-Azha. Among all the occasions, most patients left AMA amid months of Eid-ul-Azha and Eid-ul-Fitr.⁸ The examination uncovered a critical ascent in the rate of release AMA happened at the season of Eid Al-Azha. The time of Eid-ul-Azha is exceptionally sacred for Muslims to commend which may clarify the expanded hazard in our review. Moreover, the need to deal with individual

or familial affairs, for example, holy events was observed to be prescient of LAMA as found by many reviews.

Prior reviews showed that patients LAMA for reasons like disappointment with the care provider.⁹ It relates with the finding of the review that less LAMA cases were accounted for when attending doctors' residency years were more.

In addition, patient's convictions that the condition was terminal, or span of sickness over 6 months were observed to be profoundly prescient of LAMA as found by the analysis of results as well as literature.⁹ It was likewise anticipated by different reviews that factors, for example, inability to situate patients to hospitalization and inability to set up a strong supportive relationship may encourage LAMA.

Another review uncovered number of explanations behind guardians who accept their kids against medicinal advice in particular; issue of care of kin at home, false parental judgment of change, living far from medical facility, frequent blood drawing, guardians living outside the territory, patient declining to stay, and delayed hospitalization.¹⁰ Furthermore, it was discovered, reliable with the finding of the review that among every one of the illnesses, bipolar, depressive, and psychotic disorder had most astounding episodes of LAMA.¹¹ The discoveries of the review and literature has made it crucial to put forth that a few factors among others, can anticipate LAMA cases and consequently interventions could be arranged beforehand to diminish the dangers of LAMA.

LIMITATIONS

It is imperative to say that the finding of the study could help in devising policy plans for health care services in order to ensure measures taken beforehand. Keeping in sight the importance of promoting health care and devising strategies to reduce the number of LAMA cases, the study should be conducted on a broader level so that predicting factors for leaving AMA can be analysed and controlled beforehand. For further dimensions to be explored, the sample could be

inclusive of patients who did not leave against the medical advice so that the predicting factors could be highlighted. As important as it is to take measures, the area need to be more carefully analysed and studied.

CONCLUSION






It was highlighted in the descriptive analysis that most common and highest ratios of variables present in the patients who left against medical advice were educational level up to matriculation (34.2%), unemployment (54.8%), and primary diagnosis of schizophrenia (20.5%). Furthermore, the highest ratio of LAMA cases belonged to Gujranwala (57.5%). The number of LAMA cases was found to be less when the attending physicians' residence was 4 years (4 patients; 5.5%), however the number of LAMA cases increased with the less number of residency years of physicians. Moreover, after leaving without informing, the most common reason for leaving against medical advice was non availability of attendants (16.4%).

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AUTHORSHIP AND CONTRIBUTION DECLARATION

No.	Author(s) Full Name	Contribution to the paper	Author(s) Signature
1	Aysha Butt	A. Substantial contribution to conception or design of the work or the acquisition analysis or interpretation of data for the work.	
2	Saqib Miraj Bajwa	B. Drafting of the work or revising it critically for important intellectual content.	
3	Muhammad Imran	C. Final approval of the version to be published.	
4	Nadia Haroon	D. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.	
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