

SIGNING AGAINST MEDICAL ADVICE: IS IT IN THE BEST INTEREST OF MINORS? – A CASE REPORT.

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Abstract

Background: Hospitalized patients leaving the hospital before being certified fit to go occur in many countries and its prevalence varies globally. There are several reasons why patients discharge themselves against medical advice. Some hospitals ensure that the patient signs a form designed for this purpose to prevent any legal action of negligence.

Case Summary: A three-year-old boy sustained an injury while playing with resultant pain in the right forearm. He was taken to a traditional bone setter who applied some herbs and tied sticks around the affected forearm. The patient developed gangrene when the stick was removed. He was taken to the hospital; but his caregivers then took a decision and signed against medical advice.

Conclusion: Discharge against medical advice is a global public health problem that needs to be addressed. It is worse when the decision is taken by a parent, guardian or relative/caregiver on behalf of a patient that cannot make a decision e.g. minors, unconscious patients and the mentally ill.

Keywords: Signing against medical advice, caregivers.

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INTRODUCTION

Patients discharging themselves from the hospital before they are certified fit to go home are a worldwide problem. It poses a challenge to healthcare professionals and constitutes a public health problem as the patient is at risk of adverse medical outcome including increased morbidity and mortality¹⁻¹². Patients are admitted and managed as in-patients to provide intensive care that cannot be done on an out-patient basis such as requirement for parental medications, infusions and blood transfusion⁸.

Patients discharging themselves from the hospital is known in different hospitals as discharge against medical advice (DAMA), signing against medical advice (SAMA), leaving against medical advice (LAMA), discharge against own risk (DAOR) and

discharge on request (DOR) and this accounts for a significant number of patients discharged from hospital⁴. This poses serious clinical, ethical and legal challenge to the attending doctor and hospital. Discharge against medical advice (DAMA) can be defined as a situation where the patient decides to leave the hospital before discharge is recommended by the managing physician^{1,6,9,11,13}. It is sometimes unbelievable that a patient who trusts the medical expert to provide appropriate management decides to leave before being certified medically fit¹¹. However, patients reserve the right to leave the hospital whenever they will⁵.

The prevalence of discharge against medical advice varies from country to country and even

within the same country it varies from hospital to hospital^{9,10}. Various studies have been conducted on DAMA, some among a specific population, medical specialty or illness while some in an entire hospital. The prevalence of DAMA was 4.01% in a Saudi study¹⁴, 3.7% among asthmatic patients in the United States of America⁸, 4.4% in Iran², 2.4% in the emergency and 15% in the intensive care unit in North India³, 9.4% in paediatric patients in the Kingdom of Bahrain⁹, 0.95% in a public hospital in Hong Kong⁵. In various Nigerian studies on DAMA, the prevalence of DAMA ranged from 0.02% - 7.5%. It was 7.4% at Federal Medical Centre (FMC) Owo¹⁵, 7.2% in the medical wards of FMC Ido-Ekiti⁷, 5.8% among Orthopaedic patients at the Nnamdi Azikiwe University Teaching Hospital Nnewi⁸, 4.2% among surgical emergencies patients at the Ilorin University Teaching Hospital¹¹, 3.2% at the State Specialist Hospital Ondo¹⁶, and 2.1% at the Federal Staff Medical Centre Abuja where four departments were studied. In the Abuja study, 44.6% were paediatric patients. In Paediatric patients where the decision to discharged against medical advice, the prevalence was 3.1% at the Enugu State University Teaching Hospital¹, 6.3% at the St. Phenomena Catholic Hospital (SPCH) Benin City¹⁷, 5.3% in the Special Care Baby Unit at the FMC Birnin Kebbi¹⁸ and 7.5% at Niger Delta University Teaching Hospital all in Nigeria¹⁹. In a study at the paediatric department in a hospital in Kuwait, the prevalence of DAMA was 8.46%¹⁰.

There are many reasons why patients choose to discharge themselves against medical advice. These include being unhappy with the medical management administered, family concerns and obligations, patient feeling better and therefore requesting to go home, financial constraints, dissatisfaction with hospital facilities and services, superstitious beliefs, ignorance, deteriorating clinical state, strained doctor-patient relationship and the inconvenience of hospitalization^{3-5,7,8,10,11,13-17}. In paediatric patients, the reasons for DAMA in addition to those mentioned earlier include, concern about care of other children at home, not wanting to name a child in the hospital or miss the naming ceremony and failure to consult the child's father prior to hospitalization^{9,17}.

Some hospitals have special forms to be signed by patients or their caregivers who decide to DAMA that states that the patient or caregiver takes responsibility for the consequence of their action, thus protecting the healthcare professionals and hospital^{6,15,16,20,21}.

When a patient leaves the hospital against medical advice, it means that further in-patient care is still required^{8,14}. DAMA without proper documentation can lead to legal suits by patients for negligence as the patients/caregivers can deny they did not understand what was written on the DAMA form¹¹. This is a case report of a three-year-old boy who presented with gangrenous left forearm. The child's mother, aunty and uncle who brought the child to the hospital signed against medical advice and took the patient away.

CASE PRESENTATION

Caregivers (mother, aunty and uncle) brought a three-year-old boy to a Nigerian hospital. The patient fell down one week prior to presentation while playing with his peers. After the injury, there was associated pain and inability to use the left forearm. The child was taken to a traditional bone setter who massaged the affected limb, applied some herbs and tied some sticks on it. Four days after the application of the herbal concoction and tying of the sticks the caregivers noticed that the affected limb had developed blisters and turned black. They went back to the traditional bone setter to remove the sticks he tied on child's left forearm.

On examination the patient was in painful distress, pale with the distal two thirds of the left forearm gangrenous with blisters. A diagnosis of wet gangrene of the left forearm was made. The patient was placed on analgesics, tetanus toxoid, intravenous fluids and antibiotics.

Investigations requested were complete blood count and serum electrolytes, urea and creatinine. X-ray of the affected limb showed no fracture. Twenty-four hours after presentation in hospital, the patient's caregivers signed against medical advice and took the patient away despite profuse

counselling. The child's caregivers said they will bear the risk and consequences of their action.

DISCUSSION

Some patients cannot make health-related decisions for themselves e.g. minors, psychiatric and unconscious patients. It is a worse situation in developing countries like Nigeria where the extended family system is practiced and sometimes the decision is made by the eldest member of the family or the person who pays the bills¹¹.

Children receiving healthcare are vulnerable as minors⁶ as in this case were the patient was a three-year-old boy. Children are dependent on their parents and guardians, therefore some decisions taken concerning health for a child may have negative consequences¹⁸. In the index case, there was already wet gangrene of the affected limb which if left untreated may affect the entire upper limb. It could also lead to sepsis, amputation of the whole affected limb and ultimately death. There is the possibility of readmission in hospital following worsening clinical state after signing against medical advice¹. Discharge of children against medical advice may be frustrating to the attending doctor as the doctor usually wishes to do his or her best for the child. Often, discharging a child against medical advice has negative effects on the child leading to worsening morbidity and mortality¹⁷.

Discharging children against medical advice is a serious public health issue¹⁷. The harm done to the patient was inflicted by a traditional bone setter. Children sometimes end up in wrong places like in the index case, where the manipulation of the limb by the traditional bone setters results in gangrene of the affected limb. This may lead to psychological problems in the child later in life especially if amputation is done. In a study at Ilorin, Nigeria some patients with gangrene of the limb also discharged themselves against medical advice because of the need for amputation of the affected limb¹¹.

In Nigeria, there is so much faith in alternative than orthodox medicine¹¹. Some patients prefer alternative therapy such as traditional bone setting

for various reasons which include fear of surgery especially amputation, it is cheaper and may possibly resolve their problems both physically and spiritually⁴. The myth of the powers possessed by traditional bone setters continues to pose challenges to orthopaedic practice in Africa despite the fact that the traditional bone setters lack the basic knowledge of human anatomy and physiology¹³.

When children are discharged against medical advice, the healthcare professional is in a dilemma to either respect the decision of the parents/guardians or his/her desire to provide complete medical care for the child¹⁰. This is the ethical issue in paediatric practice since the parents and guardians are considered to be legal guardians and have power to give consent⁶.

More research into the causes of discharge against medical advice, continuous enlightenment of the public on the importance of seeking proper medical care and the complications that arise from using alternative medical and traditional practices will help reduce the rate of DAMA^{2,3,7,11}. Especially in children who cannot make decisions on their own concerning their health as minors.

CONCLUSION

Worldwide, DAMA is a serious problem facing healthcare professionals and doctors in particular. In children the decision is made by the caregiver therefore there is the ethical dilemma that the physician faces especially when the patient is entitled to medical care. In the case discussed, the patient is a minor who had wet gangrene of the left upper limb. The decision taken by the mother and caregivers was not in the best interest of the child since gangrene when not treated can lead to septicaemia, loss of the entire limb and even death.

REFERENCES

1. Ndu IK, Asinobi IN, Ekwochi U. Discharge against medical advice (DAMA) among the paediatric age group in Enugu State University Teaching Hospital, Parklane, Enugu. *J Experiment Res.* 2016;4(1):55-62.

2. Tabrizi J, Ranai A. Discharge against medical advice: an interventional study. *Inter J Hosp Res.* 2014;3(2):89-92.
3. Gunchan P, Gunctam PL, Rubina K, Paul BS. Prospective evaluation of patients leaving against medical advice of a tertiary hospital: comparison of emergency and intensive care units. *Int J Med Public Health.* 2018;8(1):18-23.
4. Jimoh BM, Obalim-Chris A, Igwilo C, Adewumi O, Aremu G, Adamu H et al. Prospective evaluation of cases discharged against medical advice in Abuja, Nigeria. *Sci World J.* 2015; article ID 314817-5. doi: 10.1155/2015/314817.
5. Wong TW, Lee KM, Chan R, Lau CC. A study of patients who leave an accident and emergency department against medical advice. *Hong Kong J Emerg Med.* 2000;7:22-26.
6. Ayed IA. What makes patients leave against medical advice? *J Taibah Uni Med Sci.* 2009;4(1):16-22.
7. Fadare JO, Babatunde OA, Olarewaju T, Busari O. Discharge against medical advice: experience from a rural Nigerian Hospital. *Ann Nig Med.* 2013;7(2):60-65.
8. Baptist AP, Warriar I, Arora R, Ager J, Massanari MR. Hospitalized patients with asthma who leave against medical advice: characteristics, reasons and outcomes. *J Allergy Clin Immunol.* 2017;119:924-929.
9. Feras HA, Farooq M, Elshehry AF, Hassan MA, Jawaid RF. The rate and reasons for discharge against medical advice. *Bahrain Med Bull.* 2017;39(3):140-145.
10. Malek VAE, Alexander S, Anezi FA. Discharge against medical advice among children admitted into paediatric wards at Al-Jahra Hospital, Kuwait. *Kuwait Med J.* 2014;46(1):28-31.
11. Nasir AA, Babalola MO. Clinical spectrum of discharges against medical advice in a developing country. *Indian J Surg.* 2008;70:68-72.
12. Alfandre DJ. 'I'm going Home' discharges against medical advice. *Mayo Clin Proc.* 2009;84(3):255-260.
13. Ndukwu CU, Ogbuagu CN, Ihegihu CC, Ugezu AI, Chukwuka CN. Discharge against medical advice amongst Orthopaedic patients in Nnewi, South-East Nigeria and its public Health implications. *Orient J Med.* 2014;26(1):9-15.
14. Adel Y. Factors associated with discharge against medical advice in a Saudi teaching Hospital. *J Taibah Uni Med Sci.* 2012;7(1):13-18.
15. Ahmed LA, Akinboye O, Ilesanmi OS, Adeleke O, Olatunde L, Udonwa N. Determinants of discharge against medical advice in a tertiary hospital in a semi-urban area of south-western Nigeria. *Inter J Caring Sci.* 2015;8(3):519-529.
16. Akinbodewa AA, Adejumo OA, Adejumo OA, Adebayo FY, Akinbodewa GO, Alli EO, Benson MA. Evaluation of administration of discharge against medical advice: Ethico-legal considerations. *Niger Postgrad Med J.* 2016;23:141-5.
17. Onyiriuka AN. Paediatric discharge against medical advice, experience from a Nigerian secondary healthcare institution. *Med J Islamic Rep Iran.* 2011;25(4):194-199.
18. Aliyu I, Lawal TO. Signing against medical advice in a special care baby unit in a tertiary centre in northwestern Nigeria. *Trop J Med Res.* 2017;20:16-19.
19. Duru CO, Peterside O, Ududua AO. Paediatric discharges against medical advice at a tertiary centre in Bayelsa State, Nigeria. *Nig J Paed.* 2014;4(2):90-95.
20. Saia M, Buja A, Mantoan D, Bertonecello C, Baldovin T, Callegaro G, Baldo V. Frequency and trends of hospital discharges against medical advice (DAMA), in a large administrative database. *Ann Ist Super Sanita.* 2014;50(4):357-362.
21. Hayat AA, Ahmed MM, Minhas FA. Patients leaving against medical advice: an inpatient psychiatric hospital-based study. *J Coll Physic Surg Pak.* 2013;23(5):342-346.