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Original Article

Why do people leave against medical advice and what happens to them later? A study on 50 consecutive patients in India

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ABSTRACT

Background: Leaving against medical advice (LAMA) is not uncommon worldwide. However there are very few studies on this problem in India so we conducted a prospective study on its occurrence in our department.

Patients and methods: Between January and December 2015, we followed 50 consecutive surgical patients who left against medical advice either from our department (24) or from another hospital (26) subsequent to getting admitted under our care. We used a standard questionnaire which we gave to the patients or their relatives. The patients were followed up till their three days after their discharge or death.

Results: During the study, the total number of admissions in our department were 966 and of these 24 (2.5%) went LAMA. The largest number of these patients (out of the total of 50 who went LAMA i.e. 24 of ours and 26 from elsewhere) had necrotizing pancreatitis (20%; n = 10), widespread metastases from various carcinomas (12%; n = 6) and intestinal obstruction (12%; n = 6). They came to our department from elsewhere in search for better treatment (n = 12; 46%) and went LAMA from ours mainly for financial reasons (n = 19; 79%). Only 18% (n = 9) of them were insured, 80% (n = 40) paid from their own funds and one used a combination of both methods of payment. Of the 26 patients who came to our department from elsewhere, 21 left the hospital in a stable condition and 5 died during admission. Of those who left our hospital (n = 24), 19 were admitted to other healthcare facilities (2 were lost to follow up) and 3 died.

Conclusion: In India the search for better healthcare and financial problems were the main reasons for leaving hospitals against medical advice. This is an unfortunate consequence of the lack of affordable, high quality and universal healthcare in this country.

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1. Background

Leaving against medical advice (LAMA) is a term used in health care institutions when patients discharge themselves from a hospital against the advice of their treating physicians.[1,2] The incidence of LAMA accounts for 0.8–2.2% of the total discharges from acute care hospitals in the United States and is mainly for psychiatric reasons, dissatisfaction with the treatment given or having an erroneous assumption that no further hospital care is necessary.[3,4] Similar data is available from many other developed countries which usually have a well funded free public healthcare system or where health insurance covers most of the remaining population.

In India the public system is underfunded and short of facilities with long queues and waiting lists for admission. Thus it has been estimated that 74.4% of patients pay out of pocket for their healthcare expenses and are forced to seek help from doctors and hospitals with widely varying standards.[5] However there has been no systematic examination of why patients in India take LAMA. Furthermore, self discharge also adds to the financial burden of the patients as readmission costs are 56% higher than expected from the first hospitalization.[6] This subject is important because these patients have a high readmission rate as well as an increased mortality.[7,8]

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We conducted a prospective study on patients taking LAMA and their relatives in our department in a tertiary care, non-profit, Trust hospital in Delhi, India to determine why they left other hospitals to come to ours and our hospital to go elsewhere and what happened to them subsequently.

2. Patients and methods

Between January and December 2015, we studied 50 consecutive LAMA patients – 26 who had left other hospitals to come to our department and 24 who had left ours to go elsewhere. Once their decision to leave had been taken we administered a standard questionnaire (Annexure 1 in the Supplementary material) to them consisting of certain questions (e.g. was the decision taken for financial reasons, dissatisfaction with the treating staff etc.) to the patient or, if he or she was incapacitated, to an accompanying relative or a friend. The relatives were consulted in minors (age < 18 years), patients who were on ventilator support or moribund (ASA grade 3 or higher) or mentally incapacitated (intellectual disability or psychiatric illness). We also recorded who took the decision i.e. patient, relative or friend, to remove the patient from the hospital.

Similarly, patients who came to us also had given a similar questionnaire to analyze their reason to leave other hospitals. All the patients and their relatives were counseled about the questionnaire before giving them and assured that all the information were kept confidential and only for academic purpose.

The Sir Ganga Ram Hospital is a not-for-profit tertiary care institution run by a Trust in which 20% of the beds are free and 50% subsidized. Our unit into which these patients were admitted deals with complex problems in Surgical Gastroenterology and Liver Transplantation.

2.1. Follow up

The patients who came to us from other hospitals were followed up till their discharge or death and those who left our institution were contacted telephonically three days after they left. We compared the two groups i.e. those who came to us from elsewhere with those who left, for the reasons for LAMA and their subsequent outcomes.

3. Results

During the study period the total number of patients admitted to our department was 966 out of whom 24 (2.5%) patients took LAMA.

3.1. Patient characteristics (Table 1)

Those who came from other hospitals and those who left to go elsewhere were almost similar i.e. (came vs. left) their mean ages (range) were 49 (19–73) vs. 47 (8–84) years, the male: female ratios were 16:10 and 17:7 and they had been admitted to hospital for 5.5 (2–42) vs. 7.5 (2–31) days. Three quarters of them were in a stable condition when they moved but the others were transferred from intensive care units or left us while under intensive care. Their main diagnoses were acute necrotizing pancreatitis (20%) and others included widespread metastases, intestinal gangrene, bowel obstruction and chronic pancreatitis .

3.2. Decision makers (Table 2)

The decision to take the patient away was a joint one made by the entire family in 22 cases and by a single individual in the remaining 28 who was the husband, son, brother or father. This judgment was made by mainly 22 (78.5%) male members of the family. In the remaining 6 patients who were females the wife (n = 3) and the daughter (n = 3) decided. The majority had finished a school education and a quarter of them had postgraduate qualifications. Their payment mode was cash in 40 (80%) and health insurance in the remaining 10 (20%) .

3.3. LAMA data

3.3.1. Reasons for moving (Table 3)

The main reason for coming to our hospital from elsewhere was the hope for better treatment in our hospital in 12 (46%; p = 0.0001) and the main reasons for leaving our hospital were financial issues in 19 (79%; p < 0.0001) and the lack of hope for survival in 3 (12%; p = 0.5184). 50% (n = 25) of the patients were not able to afford treatment expenses, which became the main reason to take LAMA .

Table 1
Baseline Characteristics.

Variables	Patients who took LAMA from our hospital N = 24 (48)	Patients who came to us after taking LAMA from elsewhere. N = 26(52)	Total N = 50 (100)
Age (Years)[a]	47.25 (8–84)	49 (19–73)	
Length of stay (Days)[b]	7.5 (2–31)	5.5 (2–42)	
Male/Female	17/7	16/10	
Condition of the patient at the time of LAMA			
Stable	18 (75)	20 (76)	38 (76)
In ICU	6 (25)	6 (23)	12 (24)
Diagnosis			
Acute necrotising pancreatitis	3 (12.5)	7 (26.9)	10 (20)
Wide spread metastasis with primary in Ovary, Colon, Pancreas, Gall bladder and Cholangiocarcinoma	4 (16.6)	2 (7.6)0l	6 (12)
Mesenteric ischaemia	2 (8.3)	2 (7.6)	4 (8)
Intestinal obstruction	2 (8.3)	4 (15.3)	6 (12)
Chronic pancreatitis	2 (8.3)	1 (3.8)	3 (6)
Other causes[c]	11 (45.8)	10 (38.4)	21 (42)

Data expressed as n (%).
[a] Mean of age (minimum to maximum).
[b] Median of length of stay (minimum to maximum).
[c] Other causes like Chronic liver disease, Colon cancer, Intestinal perforation with multiple comorbidity, Hepatocellular carcinoma etc.

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