

Assessment of the Causes of Discharge against Medical Advice in Hospitalized Patients in Emergency Department

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Abstract

Introduction: When the patient discharges from the hospital against medical advice because of dissatisfaction, the treatment will not be complete and can lead to serious complications for the patient.

Objective: This research is done, with the aim of reviewing the reasons of discharging against medical advice of hospitalized patients in emergency department in Razi hospital, Rasht, 2016-2017.

Materials and Methods: The type of research is descriptive and retrospective. Sampling of this study was done by census method so that all patients discharged against medical advice from emergency department of Rasht, Razi hospital in 2016-2017, were evaluated. To collect the data, we used the information in discharging forms against medical advice, available in the discharged patient's files.

Results: In this research, most of the discharged persons against medical advice were males (60/9%), and married (81/3%) with 49/7% of them were admitted at night shift. A number of important reasons for discharging against medical advice were unwillingness to continue treatment (39/4%), general improvement (19/3%) and continued treatment in the private center (11/7%).

Conclusion: Based on the results, it seems better to review and rewrite the form of discharge from the hospital against medical advice. The option of unwillingness to continue treatment that is ambiguous should be replaced with more detailed questions and further details. Also, giving the necessary information to the treatment staff about discharging against medical advice and its outcomes, how to properly write the forms of discharging against medical advice and legal issues related to this matter, are all highly recommended.

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Extended Abstract

Introduction: Discharge with the consent of the person means relinquishment of the patient from the permission previously given to the medical staff and can be one of the signs of patient dissatisfaction (1). Discharge with the patient's consent begins with untimely discontinuation of treatment by the patient or his parents and in some cases, this may lead to patient readmission or even death (2). The best situation is, of course, that the patient's treatment process is fully completed and that he is discharged by the treating physician and any discharge with personal consent is considered inappropriate. This type of discharge can have medical or non-medical causes.

Objective: The causes of discharge with personal consent vary in different areas and medical centers depending on the types of disciplines, departments and facilities of those centers.

Therefore, the present study aimed to investigate the causes of discharge with personal consent of patients admitted to the emergency department of Razi Hospital in Rasht in 2016.

Materials and Methods: This study is a descriptive, retrospective study. The study population included all patients who were admitted to the emergency department of Razi Hospital in Rasht in 2016 and left the hospital with personal consent. Sampling was done by census method. All the discharged patients with personal consent were evaluated in the emergency department of Razi Hospital in Rasht in 2016. In this study, information on 1040 cases was recorded and reviewed. After receiving the Code of Ethics with the Registration Number 2085 from the University, the files were reviewed. Also, in terms of ethical issues, the names of patients, physicians and nursing staff were not disclosed and the data were made generally available after analysis. Then, by entering each patient's file number into the Razi Hospital's archive system, it was allowed to scan the patient's case file pages. Using this information, the desired variables were recorded in each patient's file. Data about age, sex, education, diagnosis or cause of hospitalization, length of stay, reason for leaving hospital with personal responsibility (discontent with the hospital environment, hospital equipment failure, dissatisfaction with the staff, continuing treatment in the private sector, discontent with the doctor, not being visited by a specialist, not wanting to continue treatment, personal reasons, general improvement and more), were extracted for the person for discharge. At the

same time, records of the patients' marital status, insurance status, place of residence, and occupation were saved. After data collection and classification, the data were entered into SPSS software version 14 and analyzed using descriptive and inferential statistics.

Results: Among the 1190 cases that had left the hospital with personal consent in 2016, 607 were in the hospital emergency department and 583 were in the poisoning ward. The mean age of patients in emergency department was 60.39 years with a standard deviation of 11.20, in patients in poisoning ward 23.38 years with a standard deviation of 2.18 and in all these patients the mean age was 72.48 years with a standard deviation of 4.22. In both emergency and poisoning wards, males were more than females, with 9.60% of males overall. 3.81% of patients were married. 85% of patients had insurance. 8.98% of patients lived in Guilan province. In patients admitted to the emergency department and discharged with personal consent, gastrointestinal diseases were the most common causes of hospitalization. In the poisoning ward, the most common cause of hospitalization was drug poisoning. Most of the patients (9.45%) were admitted to the emergency department within one to three days and were discharged with personal consent, but in the poisoning ward, 3.67% of patients stayed in the hospital for less than a day. In both emergency and poisoning wards, the number of hospitalizations for night shifts was higher. The most discharges with personal consent have been in the evening shift. In both emergency and poisoning wards, reluctance to continue treatment was the most common reason for discharging patients with personal consent. In the emergency department, the second reason for patients being discharged with personal consent was that they wanted to continue their treatment in the private sector. In the poisoning ward, improving patients' general condition was the second most important reason for discharge with personal consent. Overall, in both emergency and poisoning departments, the reluctance to continue treatment was the highest (4.39%) of patients' reasons for the interruption of treatment and discharge with personal consent. Other important reasons were improvement of general condition (3.19%) and continuation of treatment in private sector (7.11%). The cause of 3.19% of personal consent discharges was unclear and was not mentioned in the patient consent form. Among the reasons examined, non-visits by a specialist physician had the lowest percentage (7%) (Table 1).

Table 1: Frequency of Personal Satisfaction Reasons to Leave Hospital Despite Completion of Treatment in Emergency and Poisoning Patients in Razi Research Center in Rasht in 2016

Cause Mentioned For Personal Consent In Leaving The Hospital	Department					
	Poisoning		Emergency		Total	
	Frequency	Percent	Frequency	Percent	Frequency	Percent
Dissatisfaction With The Hospital Environment	9	5.1	29	8.4	38	2.3
Hospital Equipment Failure	1	2	9	5.1	10	8
Dissatisfaction With The Staff	3	5	11	8.1	14	2.1
Continuing Treatment In The Private Sector	26	5.4	113	6.18	139	7.11
, Discontent With The Doctor	5	9	20	3.3	25	1.2
Not Being Visited By A Specialist	2	3	6	0.1	8	7
Not Wanting To Continue Treatment	232	8.39	237	0.39	469	4.39
Personal Reasons	23	9.3	35	8.5	58	9.4
General Improvement	187	1.32	43	1.7	230	3.19
Others	20	4.3	17	8.2	37	1.3
Unknown	75	9.12	87	3.14	162	6.13
Total	583	100	607	100	1190	100

Conclusion: Evaluation of discharge with personal consent despite not completing the treatment process is one of the ways of knowing patients' satisfaction with environment and treatment system. Given the high percentage of personal consent in this study and comparing it with other treatment centers, it is better to provide solutions to improve conditions and as patient consent increases, statistics on hospital discharge with personal consent will decline. According to the data

obtained from this study, it seems that among the causes that lead to hospital discharge with personal consent, the reasons that are most related to the patient themselves are prioritized. After that, the hospital facilities and environment are annoying for patients. According to the statistics, it seems that the dissatisfaction with the treatment staff comparing to other problems seems to cause less discomfort to the patients.

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