

REASONS FOR LEAVING AGAINST MEDICAL ADVICE: A CASE STUDY OF DIVISIONAL HOSPITAL, MARUTHAMUNAI

¹P.M. Mohamed Zameem and ²P.M. Nasrudeen

¹Postgraduate Scholar, Eastern University, Sri Lanka

²Nursing Officer, Divisional Hospital, Maruthamunai

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Introduction

Discharge against medical advice has become a major problem in health care delivery in hospitals. Some patients want to be discharged even though they are in danger of adverse medical effects.^{[1], [2]} The number of patients leaving against medical advice is increasing day by day in hospitals and thereby readmission also increases considerably. Children, elderly people, women are the greatest victims in this regard, because they are mentally and physically weak in decision making. It is difficult for the doctors and nurses to find out the reason why patients discharge themselves. This situation may cause severe problem or side effect on the patients while they are at home.^[3] Patients admitted to the hospital should be advised and counseled reiterating the aftermath of leaving against medical advice. In some situation patients take medicines as they wish without considering side effects. Therefore this kind of activities should be prevented.^[4] On many occasions both patients and hospital source like doctors and nurses do not consider it a very serious matter in practice. They take it as a light matter until they face big problem. Regardless youth, elderly people, the educated and the uneducated, the poor and the rich every one discharges against medical advice. Reason for this is yet to be neglected or researched in many hospitals in Sri Lanka so that preventive measures could be taken. Therefore it is considered as a serious and prevalent issue. Reason for this should be found out to prevent the people from leaving against medical advice. Therefore This study was carried out with the intention of finding the reasons for discharge against medical advice in Maruthamunai Divisional Hospital.

Methodology

Data related to the study were collected from primary source – discussion, interview, observation and questionnaire and secondary source – unpublished data from the office of Regional Director of Health Services and hospital staff. This study was targeting population from among those patients receiving treatment in ward no 01 and 03 from Divisional Hospital, Maruthamunai. Randomly 60 patients were selected among those discharges against medical advice from Divisional Hospital, Maruthamunai. Collected data through various sources and tools were analyzed quantitatively. Weighted average method was included in order to arrive at sufficient conclusion. The choices given to respondents for each question and asked them to choose one of them as their answer it took several forms are called ordinal. In this study one of the ordinal measures called five points rating scale (likert scales) is used to require respondents to order their answers as shown in table 1. Mean value (P_i) of sources of left against medical advice (P_i where $i = 1, 2, 3, 4, 5$) is the average of the value of respondents. Then effectiveness of sources related to leave against medical advice would be evaluated as shown in table 2.

Table 1 Scale and Indicators

Status of quantity of life measure	Value
Strongly disagree	1
Disagree	2
Neutral	3
Agree	4
Strongly agree	5

Table 2 Data Evaluation for Sources of Left against Medical Advice

Range	Levels of effectiveness
$1 \leq P_i \leq 2.5$	Ineffectiveness
$2.5 < P_i \leq 3.5$	Moderate effectiveness
$3.5 < P_i \leq 5$	Effectiveness

Discussion and Conclusion

In this study only 60 patients involved and age group in between 31 – 55 was highly responded 67% of male and 33% of female patients had responded. 78% married and 22% unmarried patients had also involved. Most of the patients had secondary level of education and among those responded in the study, 73% of patients were employed and 27% unemployed. Most of the employed come from private sector which was 19. Most of the patients' monthly income level of families was below 5000/= and Only 3 patients' families had above 20000/= monthly income. Further from this study it could be concluded that there were two variables effectively involved as reasons for leaving against medical advice. The first effective reason was fear of disease and 66.7% of patients had agreed with this reason and its mean value was 3.733. The second effective reason was negligence and improper manner of some staff and 56.8% of patients had agreed with this reason and its mean value was 3.633. There were two variables of moderate effectiveness as reasons for leaving against medical advice. The first moderately effective reason was for personal interest of patient and 56.7% of patients had agreed with this reason and its mean value was 3.433. The second moderately effective reason was priority for treatment and 58.3% of patients had neutral opinion on this reason and its mean value was 2.683. There were seven variables ineffectiveness as reasons for leaving against medical advice. The first ineffective reason was state of wounds and diseases and 71.8% of patients had disagreed with this reason and its mean value was 2.433. The second ineffective reason was inadequate X - ray examination service and 48.3% of patients had disagreed with this reason and its mean value was 2.350. The third ineffective reason was dissatisfaction on taking medicine and 80% of patients had disagreed with this reason and its mean value was 2.033. The fourth ineffective reason was no satisfaction with services provided by staff including labour and attendant and 61.8% of patients had disagreed with this reason and its mean value was 1.783. The fifth ineffective reason was lack of facilities in the lavatories and lack of cleanliness and 80% of patients had strongly disagreed and 20 % of patients disagreed with this reason and its mean value was 1.200. The sixth ineffective reason was noise and rush – hospital close to Main Street and 86.7% of patients had strongly disagreed and 13.3% of patients disagreed with this reason and its mean value was 1.133. The seventh ineffective reason was rush in wards due to narrow space and low number of beds and 91.7% of patients had strongly disagreed and 8.3 % of patients disagreed with this reason and its mean value was 1.083. In general, overall mean value was 2.318. This was indicating that all the variables taken under study

are as ineffective reasons for leaving against medical advice. Thus, this study provides a test for analyzing the reasons for leaving medical advice and how health authority will make the necessary solutions in order to prevent the patients from leaving against medical advice.

References

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