

Reasons for patients leaving against medical advice in emergency department at a tertiary hospital, Nepal

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ABSTRACT

Introduction: Leaving Against Medical Advice (LAMA) presents significant challenges in planning and delivering healthcare services. It often leads to worsened patient outcomes and increased rates of readmission. This study aimed to identify the reasons behind patients leaving against medical advice in the emergency department of a tertiary hospital. **Methods:** A descriptive cross-sectional study was conducted at a tertiary hospital in central Nepal from February 1, 2024 to July 31, 2024. Patients who requested to leave the healthcare setting without complete treatment and arrange further care or treatment elsewhere were included; 214 participants were included in this study. Data were collected using a self-structured questionnaire developed based on a review of previous studies and analyzed using SPSS version 20 for descriptive statistics. **Results:** Among the 214 participated in this study. LAMA cases were predominantly observed among men (62.1%), married individuals (83.6%), those who were employed (68.7%), and those who were self-paying (97.7%). Two important reasons for LAMA were financial constraints (30.8%) and the perception of improved health (26.2%). Other reasons included personal issues such as caregiving and work commitments (10.7%), lack of health insurance (8.4%), preference for outpatient treatment (6.1%), dissatisfaction with high hospital charges (3.3%), delays in specialist consultations (1.9%), and poor communication about the treatment plan (0.5%). **Conclusions:** Financial difficulty was identified as the primary reason for LAMA followed by the perception of feeling better. These findings can help healthcare providers plan targeted interventions and implement measures to reduce LAMA rates and improve patient outcomes.

Keywords: Financial constraints, health insurance, LAMA, tertiary care center.

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INTRODUCTION

Leaving Against Medical Advice (LAMA) refers to a situation where a patient decides to leave the healthcare setting before the treating doctor recommends discharge. The risks associated with LAMA patients are significantly higher compared to normal discharge patients.¹ LAMA is a well-known concern of all healthcare institutions especially in developing countries. Again, the magnitude of this issue depends on the various aspects such as patient-related factors, hospital factors, environmental factors, and social issues.²

LAMA is a widespread issue in healthcare institutions, particularly in developing countries. Various reasons were identified as factors associated with LAMA, Younger age, male gender, low educational levels, lack of insurance, and lack of response to voice or pain.^{3,4} Most of the LAMA patients were diagnosed with conditions, immune, endocrine, psychiatric, neurological and circulatory disease, admitted with condition such as road traffic accidents, fall, diabetic foot, assault, neoplasm and infection.^{5,6} In Brahian, studies show major reasons for LAMA in adults were 31.6% Improved health

condition, 23% long waiting time, and 16.1% children at home. Another study shows that lack of finances (40.6%) was the most common reason for patients leaving the hospital, 34.3% of cases revisited hospital within 30 days, and 60.5% of patients who revisited the hospital developed morbidity.^{7,8}

Few qualitative studies results shows various reasons for patients going on LAMA such as feeling better, healthcare professionals inadequate care, lack of providing information on prognosis of patient condition, crowded wards, lack of emotion attachment of staff to patients, drug seeking patients, patients in lot of pain, other obligation such as taking care of children, attending work and other responsibilities, waiting time, doctors rudeness towards patient, healthcare settings leading to confusion and frustration among patients and visitors, and communication problem between healthcare providers and between patient and providers.^{9,10} Thus, this study aims to identify the reasons for patients leaving against medical advice and provide valuable findings to the organization to take appropriate decisions and to provide quality patient care that meets patient satisfaction.

METHODS

A descriptive cross-sectional study was conducted in a tertiary hospital in central Nepal over six months, from February 1, 2024, to July 31, 2024. Patients who expressed the desire to leave the healthcare setting without complete treatment or further care and treatment elsewhere were included in this setting. Patients from the pediatrics, gynecology, and obstetrics departments, and those below 18 years and unwilling patients were excluded from this study.

During six months, a total of 6,025 patients visited the Emergency Department of Chitwan Medical College. Among them, 2,800 patients were admitted for further care and treatment, 70 patients were referred to other hospitals due to the unavailability of services, 2,504 patients were discharged after showing improvement in their medical condition, 38 cases resulted in death, and 613 patients left against medical advice (LAMA) for various reasons and among these, through convenience sampling 214 patients participated in this study.

Data collection was done using a self-structured questionnaire. The questionnaire was divided into two sections: The first section was about sociodemographic information; this section captured basic details of the patients. The second part focused on identifying the reasons behind the patient's or their relatives' decision to leave the hospital. Nursing staff from the emergency department

collected data from patients or their relatives who decided to leave the hospital against medical advice. The reasons for LAMA provided were recorded on a structured data collection sheet.

Data was collected across all shifts: morning, evening, and night by designated nursing staff. To ensure accurate data collection, the nursing staff received training on the objective of the study, the questionnaire, and the method of informed consent. They were oriented on how to collect data in a non-biased manner to ensure the reliability of responses. Completed data were entered into Microsoft Excel and later transferred to Statistical Package for the Social Sciences (SPSS) version 20.0 for descriptive analysis. This analysis aimed to identify and categorize the reasons why patients or their relatives decided to discontinue treatment in the healthcare setting.

RESULTS

Among 214 patients, the median age of the patients was 46.5 years (ranging from 18 to 97 years), a major proportion of the patients were in the age group of 61 and above, 69 (32.2%). Among sex, the proportion of male patients was high 62.1%. Among total patients, 179 (83.6%) were married, while 15.4% were unmarried, and 43.5% had primary education. (Table 1)

Table 1: Sociodemographic characteristics of LAMA patients (N=214)

Variables	Frequency n(%)
Age group (in years) [median=46.5]	
18-20	14(6.5%)
21-30	42(19.6%)
31-40	34(15.9%)
41-50	25(11.7%)
51-60	30(14%)
61 & above	69(32.2%)
Sex	
Male	133(62.1%)
Female	81(37.9%)
Marital Status	
Married	179(83.6%)
Single & Unmarried	35(16.4%)
Education	
Primary (below 8)	93(43.5%)
Secondary (8 th Std-12 th Std)	36(16.8%)
Tertiary (Bachelor & Above)	13(6.1%)
uneducated	72(33.6%)
Occupation	
Unemployed	67(31.3%)
Employed	147(68.7%)
Residence	
Within District (Chitwan)	99(46.3%)
Outside District	115(53.7%)

The primary mode of payment was self-payment, which was reported by 97.7% of the participants. Decisions to go LAMA were mostly made by relatives (75.2%). Overall, 94.9% of LAMA cases were satisfied with their stay in

hospital, and length of stay was evidenced <4 hours (60.3%) in the emergency. (Table 2)

Table 2: Hospital-related factors influencing LAMA (N=214)

Variables	Frequency n(%)
History of Previous admission	
No	20 (94.9%)
Yes	11(5.1%)
Mode of Payment	
Self	209(97.7%)
SSF	5(2.3%)
Decision taken for LAMA	
Patient	53(24.8%)
Relatives	161(75.2%)
Satisfaction during stay	
Yes	203(94.9%)
No	11(5.1%)
Length of stay in Emergency	
<4 hours	129(60.3%)
4 and above	85(39.7%)

Trauma was the most common disease type among LAMA patients (19.6%), followed by gastroenterological (15.9%), respiratory (14.0%), and neurological conditions (12.6%). LAMA cases among renal and cardiology patients were 10.7% and 9.8%, respectively. Less common disease types among LAMA patients included hematological conditions, sepsis with shock, and burns. (Table 3)

Table 3: Disease type among LAMA cases (N=214)

Disease Type	Frequency n(%)
Trauma	42(19.6%)
Gastroenterology	34(15.9%)
Respiratory	30(14.0%)
Neurology	27(12.6%)
Renal	23(10.7%)
Cardiology	21(9.8%)
Substance abuse	16(7.5%)
Hematology	9(4.2%)
Psychiatric	5(2.3%)
Sepsis with septic shock	4(1.9%)
Burns	3(1.4%)

According to the line graph, the highest counts of LAMA cases occurred at 4 PM and 7 PM.(Figure1)

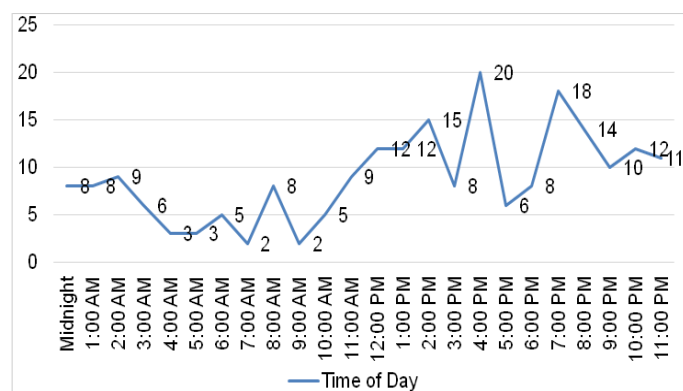


Figure 1: Timing of LAMA among ER patients (N=214)

The main reasons for LAMA included financial constraints (30.8%) and the perception of improved health (26.2%).

Other reasons were personal responsibilities, such as caregiving or work commitments (10.7%), lack of health insurance (8.4%), preference for outpatient treatment (6.1%), dissatisfaction with high hospital charges (3.3%), delays in specialist consultations (1.9%), and poor communication regarding the treatment plan (0.5%). (Table 4)

Table 4: Reasons for LAMA among ER patients (N=214)

Reasons	Frequency n (%)
Lack of money	66(30.8%)
Feeling of better condition	56(26.2%)
Personal issue*	23(10.7%)
Unavailability of health Insurance	18(8.4%)
Want to take treatment in another healthcare facility	14(6.5%)
Want to take treatment in OPD basis	13(6.1%)
Refused to do admission	11(5.1%)
High investigation charges compared to other hospital.	7(3.3%)
Lack of timely consultation by specialist doctor	4(1.9%)
lack of communication about your treatment plan is a reason for going on LAMA.	1(0.5%)
A crowded ward by medical students	1(0.5%)

Note: * taking care of children & old age parents (8), travelling outside (6), work commitments (5), and family conflict (4)

DISCUSSION

This study was conducted to identify the reasons for patients leaving against medical advice using cross sectional study among patients visited Emergency. This study observed a LAMA rate of 10.17%, which is higher compared to similar studies conducted in Iran (5.6%),² North India (3.3%),⁴ Canada (1.11%)¹² California (2.7%)¹³ Ghana (2.5%)¹⁴ and Kathmandu (5.96%).¹⁵ This may be attributed to several factors such as financial constraints, dissatisfaction of hospital services, cultural and social factors. A majority of the LAMA cases in this study involved male patients (62.1%), a trend similar to that reported in previous studies.³⁻⁵

Findings from this study indicate that patients with no formal education (33.6%) and those with low educational attainment (43.5%) were tended to leave against medical advice. Additionally, most LAMA cases were observed among self-paying patients (97.7%), a pattern consistent with similar research.^{3,8} However, this study noted that employed patients accounted for 31.3% of LAMA cases, which is lower compared to findings from other studies reporting 49.6%, 56.1%, and 51.1% respectively.^{2,7,18}

This study also revealed peak times for LAMA occurrences at 4 PM and 7 PM, with 94.9% of these cases involving first-visit patients. Contrasting pattern was evidenced in study conducted in similar setting of Nepal showing 8 PM to 8 AM.¹⁵ These findings also align with studies conducted in

Bahrain and Switzerland.^{7,19}

Regarding disease categories, most LAMA cases were among trauma (19.6%), gastrointestinal (15.9%), and respiratory or infectious diseases (14%) patients. However, studies from North India and Beirut reported higher LAMA rates among patients with infectious diseases, at 33.7% and 10.1%, respectively.^{4,11} Contrasting findings from other studies suggest that patients with alcohol and substance abuse issues frequently leave against medical advice.^{12,13}

The primary reason for LAMA in this study was financial constraints (30.8%), followed by the perception of improved health (26.2%) and personal obligations such as childcare and work commitments (10.7%). Additionally, 8.4% of patients left due to a lack of insurance coverage. Other studies identified similar reasons, including financial constraints (40.6%),¹⁶ improved health (57%),² preference for herbal treatments (28.1%), and inability to afford investigations (23.3%).¹⁴

Consistent with this study, financial difficulties have been a predominant reason for LAMA across various global studies.^{14-16,20} However, qualitative research highlights additional factors such as preference for a specific physician, prolonged waiting times, external socio-environmental influences, drug-seeking behavior, pain management issues, dissatisfaction with doctor behavior, and inadequate communication in teaching hospital settings.^{10,17} The reasons for LAMA may vary in different settings due to variations in healthcare systems, socioeconomic conditions, and cultural contexts between countries.

In this study, 6.5% of patients opted to seek treatment at another healthcare facility, and 6.1% intended to follow up in outpatient departments (OPDs). Similar findings were reported in studies conducted in Pakistan (9.8%) and Bahrain (9.9%).^{16,18} Additionally, some patients expressed a preference for OPD services (30.2%) over hospital admission.¹⁵

Overall key reasons for LAMA included financial difficulties, perceived recovery, personal obligations, and lack of insurance. The findings from this study can guide healthcare providers in planning interventions and addressing gaps in the operation of emergency services. Strengthening the healthcare system through measures such as mandatory health insurance, targeted health education, and support from governmental and non-governmental organizations could help reduce LAMA rates and improve the overall quality of healthcare services.

This study was limited to a single-center setting and

focused exclusively on the healthcare providers and patient population of the emergency department. As such, the findings may not be fully generalizable to other hospital departments or healthcare settings. It is important to note that patients who leave against medical advice from inpatient wards or other clinical areas may present different patterns, reasons, and challenges. Including such patient groups in future research could provide additional insights and valuable perspectives for policymakers and healthcare institutions, ultimately contributing to more comprehensive strategies to reduce LAMA occurrences across the entire healthcare system.

CONCLUSIONS

In conclusion, this study highlights the common characteristics and reasons for patients LAMA in the emergency department of a tertiary hospital. LAMA cases were predominantly observed among men, married individuals, patients with low or no education, those who were employed, and those who were self-paying. Patients with trauma, gastrointestinal, and respiratory conditions were more likely to leave against medical advice compared to those with other illnesses. The most significant reason for LAMA was financial difficulties, a major challenge for both healthcare providers and patients, particularly in developing countries like Nepal. Other reasons included the perception of feeling better, personal obligations, and a lack of health insurance coverage. These findings can guide healthcare providers in planning interventions and addressing gaps in the day-to-day operations of emergency services.

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AUTHORS' CONTRIBUTIONS

RPSG did Concepts, study design, intellectual content, literature review, data acquisition, manuscript preparation, manuscript editing and finalization. SKA contributed in literature search, data collection, manuscript review and manuscript editing. LR worked on data analysis, interpretation, manuscript finalization.

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