

Retrospective Report of Discharge against Medical Advice and Emerging Roles of Medical Social Workers in Nigeria

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Abstract

The study presents a retrospective report of cases of DAMA and the emerging roles of Medical Social Workers in Nigeria using a teaching hospital as a case.

Data of 553 DAMA cases were retrieved from the social case-note of the Medical Social Workers between a period of five years (June, 2015 to December, 2019) at University College Hospital, Ibadan

Reasons for DAMA were mostly because of financial constraints. Medical Social Worker's intervention were hovering around education and facilitating legal procedure to DAMA to prevent litigation to the hospital. There was an association between socio-demographic characteristics and rates of DAMA ($p < 0.05$), diagnosis of patient was also significantly associated with rate of DAMA in the hospital ($p < 0.05$) and there was an association between gender and social work interventions to cases of DAMA at the University College Hospital ($p < 0.05$).

The study concluded that high rate of DAMA in Nigerian hospital is as a result of differences in socioeconomic characteristics of patients and severity of their diagnosis. Therefore, hospital admission processes should be person-centered care services and inclusion of Medical Social Workers in the flow-chart of granting DAMA to patients.

Key words: Discharge against medical advice, medical social workers

Introduction

Discharge Against Medical Advice also called DAMA is used in healthcare facilities in a situation where a patient refuses care or decide to leave the hospital out of his/her will and against the advice of a healthcare professional (Alfandre, 2010). All over the world, DAMA is major ethico-legal issue contributing to adverse health outcome of patients in hospitals (Bioku, Obalim, Igwilo, Adewumi, Aremu, Adamu, Ezeichila & Aiyekomogbon, (2015) and also representing about 2% of the total number of discharges (Ibrahim, Kwoh & Krishnan, 2007). Studies have reported that discharge against medical advice is related to increased morbidity and mortality of patients in low and middle-income countries (Saitz, Ghali &

Moskowitz, 2000), also they often result in the readmission of patient in the hospital followed by clinical complication, high cost of treatment and extended stay in the hospital (Choi, Kim, Qian, & Palepu, 2011). Oftentimes, patients who have been diagnosed of asthma but were discharged against medical advice have 4times possibilities of readmission in less than 30day in resource constraints environments where there is structural healthcare services provide emergency services (Baptist, Warriar, Arora, Ager, & Massanari, 2007).

In developed countries like the United State of America, the prevalence of discharge against medical advice is between 1% and 2% from community hospital centres (Duffy, 1990; Smith & Telles, 1991; Saitz, Ghali & Moskowitz, 2000). The prevalence of DAMA is most common in developed countries especially among patients with psychiatric morbidities with reasons that poor readiness to cope with the treatment plan and lack of health insurance coverage (Brook, Hilty, Liu, Hu, Frye, 2005). Similarly, patients who DAMA most are about 0.8%-2.2% which most results from acute care hospitals in the United State giving reasons that relating to perceived clinical improvement, alternative therapist, trust and communication (Weingart, Davis & Phillips, 1998), additionally, DAMA have possibility to be higher in urban areas where hospitals are located than in suburban areas and it is also higher is community-based hospital settings than in the teaching hospital (Smith & Telles, 1991). Furthermore, DAMA case is higher among the general medical outpatients who are resident in the disadvantaged inner-city population most especially with patients with HIV/AIDS (Anis, Sun, Guh, Palepu, Schechter & O'Shaughnessy, 2014)

However, in a developing African country like Nigeria, cases of Discharge against medical advice (DAMA) are mostly resulting from financial constraints, poor access to health insurance (Onkwugha, Shaya, Sauders & Weir, 2009), deteriorating health condition of patient, poor communication between the patient and the doctor (Weingart, Davis & Phillips, 1998). Studies from different part of the country indicated that the prevalence of DAMA ranges from 0.002% to 5.7% among patients with different diagnosis (Eze, Agu & Nwosu, 2010). From an hospital-based retrospective study in Enugu State among adult and pediatric patients reported a prevalence of 0.002 and prevalence among children showed about 1.5%, 5.7% and 1.2% respectively (Okoromah & Egri-Qkwaji, 2004). Another study

conducted in the south southern part of Nigeria at the Emergency Department of the University of Calabar Teaching Hospital, Calabar indicated 2.6% while similar reported in Sagamy to be 2.8% which is the South-Western part of Nigeria.

Patients who consider Discharge Against Medical Advice(DAMA) often have reasons and conditions which are financial constraints, non-accessibility to health insurance services, problematic doctor-patient relationship, persistent deteriorating clinical condition of the patient (Onkwugha, Shaya, Sauders & Weir, 2009; Duñó, Pousa, Sans , Tolosa, Ruiz, 2003; Ogera, Fasanmade, Ohwovoriole, Adediran, 2006), some of the reasons that make patients to consider DAMA is because of racial differences, severity of illness condition, poor quality of care in the hospital and lack of specialist in the clinical field (Seaborn Moyse, Osmun, 2004; Mabilia-Babela, Nika; Ollandzobo , Louaka , Mouko, Cardorelle, 2011). Other reasons include believe in traditional medicine, long stay in the hospital as well as the residential location of the patient (Baptist, Warriar, Arora, Ager, & Massanari, 2007, Ibekwe, Muoneke, Nnebe-Agumadu, & Amadife, 2009). Patients readmitted, as a result, the severe condition makes family member incur extra cost on the health care service system which makes it a critical issue in health care management in resource constraints environment (Kabirzadeh, Rezazadeh, & Mohseni Saravi, 2011).

Although there had been paucity of study investigating the implication of DAMA in social work practice all over the world after careful assessment from Google Scholar, Science Direct, Social Work Info and African Journal of Social Science. However, few among the studies were focusing on the roles of social workers in discharge planning and provision of psychosocial support to patients in the hospital. Parmer, (2014) reported that medical social workers coordinate the discharge planning while in the hospital and prevent DAMA through rapport and creation of a conducive environment for patient enjoy. Medical Social Workers perform a critical role in the pre and post-discharge care management of patient requesting for DAMA as they provide education about the implication of their decision on the health and wellbeing, social worker provides alternative options for DAMA for patients and their family members, explain the medico-legal implication of considering DAMA in a case of when patient is in critical health condition and conduct capacity to make decision about opting for DAMA in case of minor, older person

or patient with poor judgment to make decision about health care (Hwang, Gupta, Chein & Martin, 2003; Okoromah & Egriokwaji, 2004). The roles of medical social workers cannot be overemphasized in the prevention of DAMA, provision of services during pre and post-discharge planning of patients in the hospital, linking patient to community resource when DAMA was the considered suitable for the patient. Preventing DAMA inpatients has proven to benefit the patient and the health system (Saitz, Ghali & Moskowitz, 2000). Most of the medical social worker address DAMA cases which presented itself as a result of personal or family problems which often make them consider leaving the hospital for traditional healthcare (Alfandre, 2009).

There can be medico-legal implications to patients requesting for Discharge against medical advice as oftentimes caregivers might be granted protection from any malpractice that might occur during the care services (Devitt, Devitt, Dewan, 2000). However, there are very little literatures on medico-legal issues in DAMA cases of patients in the hospitals. In Nigeria for example, there is a release form for patient or their caregiver which they are allowed to read and sign before leaving the hospital against medical advice, relieving the healthcare workers from complication relating to consequences following the decision of the patient or the caregiver (Akiode, Musa, Shonubi, Salami & Oyelekan, 2005), unfortunately, most healthcare providers do not the forms signed by patient or caregiver do not have strong protective value as it may expose patient may be expose to danger of complications and possibility of readmission (Devitt, Devitt & Dewan, 2000). The legal standard for the protection of the care provider from legal cases is through thorough documentation of events and signing of DAMA form and it not a safe road to the protection against clinical malpractice and court immunity. The trust of the study explores reasons for discharge against medical advice in patients presented in the hospital, emerging roles of medical social workers in cases of DAMA in a Nigerian teaching hospital in Ibadan.

Research Objectives

The overall aim objective is to retrospectively examine the emerging roles of medical social workers in cases of Discharge against medical advice in a Nigerian teaching hospital, Ibadan.

Specific objectives are to:

1. examine the rate of discharge against medical advice among patients in a teaching hospital in Nigeria

2. investigate the association between socio-demographic and rate of discharge against medical advice in a teaching hospital in Nigeria
3. ascertain the association between clinical diagnosis and rate of discharge against medical advice in a teaching hospital in Nigeria
4. Examine the gender differentials of social work intervention on rate of discharge against medical advice in a teaching hospital in Nigeria

Research Questions

1. What is the rate of discharge against medical advice among patients in a teaching hospital in Nigeria
2. What is the association between socio-demographic and rate of discharge against medical advice in a teaching hospital in Nigeria
3. What is the association between clinical diagnosis and rate of discharge against medical advice in a teaching hospital in Nigeria
4. What are the gender differentials of social work intervention on rate of discharge against medical advice in a teaching hospital in Nigeria

Methods

Study design

The study employed a cross-sectional survey using all consecutive patients who were charged against medical advice and were referred to the medical social services department of the University College Hospital, Ibadan and a total of 553 patient were registered and seen within a period of five years (i.e June 2015 to December 2019).

Study Location

The study was conducted at the Medical Social Services Department, University College Hospital, Ibadan. The hospital was established by an August 1952 Act of Parliament in response to the need for the training of medical personnel and other healthcare professionals for the country and the West African Sub-Region. The Medical Social Services Department is an arm of the Clinical Services of the University College Hospital, Ibadan and was established in 1952. The department has a total number of 38 trained and qualified Medical Social Workers providing clinical social services, research and training in the hospital. Oftentimes, the department receive

referral letters from the doctors, nurses and other healthcare professionals in the hospital including from the Hospital Management board as a form of psychosocial investigation of a patient or member of staff.

Sampling and Sampling Technique

The study employed purposive sampling technique of the total number of cases of Discharge Against Medical Advice (DAMA) at the Medical Social Services Department, University College Hospital, Ibadan. A total of 553 patient were seen and purposively selected for the study retrospectively within a period of June 2015 to December 2019).

Method of data collection

Data were retrieved from the social case note of the Medical Social Workers which contain patient's socio-demographic information including educational level, religion as well as that of significant other family member, the case note also entail, information about source of referrals, medical diagnosis, review showing reasons for requesting for discharge against medical advice and appropriate social work intervention for the patient. The institutional ethical committee's approval was obtained from the UI/UCH Research and Ethics Committee including from the Director, Medical Social Services Department, University College Hospital, Ibadan.

Data Analysis

The data were analysed using the Statistical Package for Social Science version 22 for Windows. α value ≤ 0.05 was considered significant. Continous variables were presented as frequency and percentages.

Results

Table 1 Socio-Demographic Information of Patients N= 553

Variables	Categories	Frequency	Percentage
Age	< 15years	152	27.5
	21-25years	80	14.5
	26-30years	32	5.8
	30-35years	75	13.6
	36-40years	91	16.5
	above 41 years	123	22.2
Gender	Male	274	49.5
	Female	279	50.5
Occupation	Trading	155	28.0
	Schooling	124	22.4
	Teaching	123	22.2
	Civil servant	60	10.8
	Security officer	91	16.5
Religion	Christian	187	33.8
	Islam	270	48.8
	traditional	32	5.8
	others	64	11.6
State of origin	Oyo	36	6.5
	Osun	7	1.3
	Lagos	29	5.2
	Ekiti	64	11.6
	Edo	26	4.7
	Sokoto	113	20.4
	Kaduna	86	15.6
	Zamfara	5	.9
	Kano	148	26.8
	Cross-river state	8	1.4
	Enugu	16	2.9
	Ebonyin	10	1.8
	Abia	5	.9
Length of stay on admission	Less than 5months	305	55.2
	6-10month	220	39.8
	above 11month	28	5.1
Level of education	No formal education	96	17.4
	Primary school education	151	27.3
	Secondary school education	151	27.3
	Tertiary education	91	16.5
	Other forms of education (vocational training certificates)	64	11.6

The table indicated above showed that majority of the patients are less than 15years, while 22.2% of the respondents are above 41years. This implies that majority of the patients who request for DAMA are mostly requested by their parents or caregivers. Most of the patients are female, 28% of the patients are traders while, 22.4% are schooling, 22.2% are teachers, 16.8% are security officers and 10.8% are civil servants. 48.8% of the patients are from the Islamic religion while 33.8% represents the Christian region, 5.8% are from the traditional religion while 11.6% are from the other religion in Nigeria. Over 26% of the patients that request for DAMA are from Kano State which is a Northern region of Nigeria while 20.4% come from Sokoto State, 15.6% come from Kaduna while less than 20% of the patients that request for DAMA are from the Southern region of Nigeria which are Oyo, Osun, Lagos, Ekiti, Edo, Cross-River States. In terms of length of admission, 55.2% have spent less than five months while 39.8% have spent between 6-10month, this implies that majority of the patients have spent less than five months on admission before requesting for DAMA. Most of the patients had a basic level of education while 16.5% of the respondents had tertiary level of education and 11.6% had other forms of education, although 17.4% of the respondents had no formal education.

Table 2 Reasons for Discharge Against Medical Advice as presented by patients N= 553

Reasons for DAMA	Frequency	Percentage
financial constraints	64	11.6
feeling of complete recovery	215	38.9
lack of required facilities	124	22.4
prolonged treatment process	32	5.8
dissatisfaction with the hospital	86	15.6
others	32	5.8
Total	553	100.0

Table 2 presented above indicated that 39% of the reasons for request for DAMA is mostly associated with feelings of complete recovery in the hospital, 22% is related is with lack of required facilities while 15% is as a result of dissatisfaction with the hospital services, 12% is as a result of financial constraints and 6% is a result of prolonged treatment process

Table 3 Medical Social Work Intervention for Cases of DAMA

N= 553

Medical Social Work Intervention	Frequency	Percentage
Counselling	92	16.6
Education	140	25.3
Advocacy	107	19.3
Family meeting and education	43	7.8
Facilitating legal procedures to DAMA	139	25.1
Other interventions	32	5.8
Total	553	100.0

The result indicated above revealed that most of the intervention of the medical social workers in the case of DAMA centres around facilitating medico-legal procedures of DAMA, while 25.3% focused on educating the patients and their caregivers about the implication of DAMA, 16.6% were counselling services, while 7.8% were meeting with family members and 5.8% were other intervention services like home visiting, follow-up to prevent deterioration of the clinical condition of the patient and to ensure consistent attendance in support group meetings.

Table 4 Rate of Discharge against Medical Advice in a teaching hospital

Rate of Discharge Against Medical Advice	Frequency	Percentage
High	236	42.7
Mild	167	30.2
Low	150	27.1
Total	553	100.0

The result presented in the table above indicated that DAMA is 42.7 per cent high in the teaching hospital, 30.2 per cent mild and 27.1 per cent low in the teaching hospital. This implies that there is a high prevalence of Discharge Against Medical Advice cases in the teaching hospital.

Table 5: Association between socio-demographic and rate of discharge against medical advice in a teaching hospital in Nigeria
N= 553

Variables	Categories	Rate of DAMA Presentation			R	p-value
		High	Mild	Poor		
Age	< 15years	108(45.8%)	44(26.3%)	0(0%)	0.73	0.04
	21-25years	32(13.6%)	32(19.2%)	16(10.7%)		
	26-30years	32(13.6%)	0(0%)	0(0%)		
	30-35years	0(0%)	75(44.5%)	0(0%)		
Gender	36-40years	32(13.6%)	0(0%)	59(39.3%)	0.81	0.00
	above 41years	32(13.6%)	16(9.6%)	75(50%)		
	Male	80(33.9%)	44(26.3%)	150(100%)		
	Female	156(66.1%)	123(73.7%)	0(0%)		
Occupation	Trading	80(33.9%)	32(19.2%)	43(28.7%)	0.61	0.01
	Schooling	60(25.4%)	32(19.2%)	32(21.3%)		
	Teaching	48(20.3%)	16	59(39.3%)		
	Civil servant	0(0%)	60(35.9%)	0(0%)		
Religion	Security officer	48(20.3%)	27(16.2%)	16(10.7%)	0.70	0.00
	Christian	32(13.6%)	91(54.5%)	64(42.7%)		
	Islam	140(59.3%)	76(45.5%)	54(36%)		
	Traditional	0(0%)	0(0%)	32(21.3%)		
Level of education	Others	64(27.1%)	0(0%)	0(0%)	0.78	0.02
	No formal education	32(13.6%)	64(38.3%)	0(0%)		
	Primary school education	92(39%)	32(19.2%)	27(18%)		
	Secondary school education	32(13.6%)	44(26.3%)	75(50%)		
Other forms of education like vocational training certificates	Tertiary education	64(27.1%)	27(16.2%)	0(0%)	0.00	0.00
	Other forms of education like vocational training certificates	16(6.8%)	0(0%)	48(32%)		

The table presented above indicated that age of the patient had a relationship with the rate of discharge against medical advice ($r=0.73$, $p < 0.05$), also Gender of the patient is also related with rate of request of DAMA among the patient ($r=0.81$, $p < 0.05$), occupation of the patient is significantly associated with the rate of ($r=0.61$, $p < 0.05$), religion of the patient is significantly associated with the rate of DAMA in the teaching hospital ($r=0.7$, $p < 0.05$) and level of education had a major relationship with the rate of DAMA ($r=0.78$, $p < 0.05$). The result implies that there is a strong association between demographic information of the patients and the rate of discharge against medical advice among patients at the University College Hospital, Ibadan.

**Table 6: Association between diagnosis and rate of discharge against medical advice in a teaching hospital in Nigeria
 N= 553**

Diagnosis	Rate of DAMA Presentation		R	p-value
	High	Mild		
Retroviral infection and Tuberculosis	3(1.3%)	27(16.2%)	0.85	0.03
Severe malaria	2(0.8%)	0(0%)		
Facial injuries due to Road Traffic Accident	10(4.2%)	4(2.4%)		
Open left tibia fracture due to Road Traffic Accident	55(23.3%)	14(8.4%)		
Knee dislocation	35(14.8%)	23(13.8%)		
Mild head injury	32(13.6%)	27(16.2%)		
Multiple congenital anomalies	36(15.3%)	22(13.2%)		
Acute osteomyelitis	5(2.1%)	13(7.8%)		
Meningitis	1(0.4%)	0(0%)		
Acute leukemia	12(5.1%)	0(0%)		
Traumatic distal plaknseal amputation	6(2.5%)	0(0%)		
Avulsion injury to chest due to Road Traffic Accident	12(5.1%)	25(15%)		
Deep flame burns	7(3%)	8(4.8%)		
Neonatal jaundice with sepsis	20(8.5%)	4(2.4%)		
		Poor		
		11(7.3%)		
		0(0%)		
		5(3.3%)		
		33(22%)		
		14(9.3%)		
		15(10%)		
		24(16%)		
		1(0.7%)		
		0(0%)		
		3(2%)		
		0(0%)		
		29(19.3%)		
		0(0%)		
		15(10%)		

The result presented in the table above indicated that diagnosis of the patient is significantly associated with the rate of discharge against medical advice among patients presented at the University College Hospital, Ibadan ($r=0.85$, $p < 0.05$).

Discussion

Table 1 on the demographic information of the patients indicated most the patients in demand for DAMA are majorly less than 15years, this is consistent with the report of Alfandra, (2009) that request for DAMA is mostly common among children and adolescents which is done by their caregivers or parents. A similar study was reported by Gunasekaran, Muthusamy, & Elder, (2013) that young people often have dissatisfaction about care services as a result request for DAMA in the hospital. Most of the patients are female this is consistent with that of Adebayo, (2017) genders is significantly important in making a decision about DAMA in Nigeria. 28% of patients are traders and are mostly from the Islamic religion. Request for DAMA is mostly prevalent among patients who are from the Northern region of Nigeria than that other States of the federation. Overall, the majority of the patients have spent at least five months on admission. All the patients had the basic level of education which should that they have a grasp of understanding about the implication of requesting for DAMA after the education of the healthcare professional.

Table 2 result also indicated reasons for requesting for Discharge Against Medical Advice as feelings of complete recovery from illness while 22% reported lack of required facilities, 15% reported dissatisfaction with the hospital services and 12% reported financial constraints, the result is in line with that of Aliyu, (2002) that desire to leave the hospital against the doctor's wish is because of the perceived wellness, followed by financial constraints which are due to the widespread of poverty among the Nigerian and lack of access to National Health Insurance Scheme (NHIS). Similar study conducted in Nigeria indicated DAMA in another hospital in Benin-city is mostly as a result of dissatisfaction with care services been provided by the hospital healthcare personnel (Onyiriuka, 2007), this is also consistent with that of Okoromah & Egri-Qkwaji, (2004) that request for DAMA in selected pediatric oncology wards is due to financial constraints and lack of required facilities for medical treatments.

Table 4 indicated the types of social work interventions with patient requesting for DAMA, most of the patient has benefited from educational while, 25.1% also benefited from social workers facilitation with legal procedures when handling DAMA cases, advocacy services were also provided to patient having issues access to services in the hospital, community, workplace and family issues, counselling was also important to preventing DAMA cases among patients in the teaching hospital. Patient often benefits from family meeting and education towards preventing DAMA while patient often benefits from other intervention like follow-up services to prevent deterioration. This is supported with the findings of Cannon, (2010) that most social workers intervention in developing countries hovers around providing counselling services, advocacy, family education and meetings. In Nigeria, Medical Social Worker provides counselling services to patients and their family members through counselling, advocacy services, education, home-visit and contact tracing in cases default in clinic days or communicable diseases that might affect a community (Okoye, 2019). Furthermore, Ezeh & Mbah, (2004) emphasized the importance of medical social workers in the hospital settings like communicating policies to patients and family member, facilitating financial assistance to indigent patients who might be requesting for DAMA as a result of financial constraints.

The result of table 4 indicated that age of the patient had a relationship with the rate of Discharge against medical advice, this corroborates the Onukwughu, Saunders, Mullins, Pradel, Zuckerman, & Weir, (2010) that age is a major determinant of the rate of request for DAMA in developing African countries. Also, Gender of the patient is also related with rate of request of DAMA among the patient, this is also consistent with the view of (Nasir & Babalola, 2008), occupation of the patient is significantly associated with the rate of DAMA among patient in the hospital, this is in tandem with the findings of Doescher, Saver, Franks & Fiscella, (2000) that occupation of patient or caregiver is one of the main reasons for requesting for DAMA in aching hospital. Furthermore, the religion of patient is related to the rate of DAMA in the teaching hospital and the level of education had a major relationship with the rate of DAMA. The result implies that there is a strong association between demographic information of the patients and the rate of discharge against medical advice among patients at the University College Hospital, Ibadan. The result is consistent with the findings of Ibrahim, Kwoh, & Krishnan, (2007) socio-demographic is significantly associated with reasons why patients who are an acutely ill person request for DAMA.

Similarly, Ikefuna, & Emodi, (2002) socio-demographic information have a significant impact on the prevalence of DAMA among pediatric patients in Enugu.

Table 5 showed that the diagnosis of patients is significantly associated with the rate of discharge against medical advice among patients presented at the University College Hospital, Ibadan. The result corroborates with the findings of Roodpeyma, Eshagh & Hoseyni, (2010) that patients with facial injuries or other acute health condition mostly request for DAMA in a community health centre. A similar study was reported in Saudi Teaching Hospital, that most of the patients requesting for DAMA are acutely ill (Youssef, 2012)

Conclusion and recommendation

The study indicated that there is a high rate of discharge against medical advice (DAMA), there was an association between socio-demographic characteristics and rate of DAMA, diagnosis of the patient were significantly associated with the rate of DAMA and gender of patient is significantly related with medical social work intervention. Considering the significance of promoting complete recovery of patients both during and after hospital admission, there is need for person-centred care services for patients as well as inclusion of medical social services in the flow-chart of granting DAMA to patients in the hospitals so as to provide information about the complications and adverse consequences of DAMA on recovery of patients. Strengthening of health insurance scheme for the benefit of indigent patients in the hospital towards reducing the rate of DAMA in the hospital and healthcare workers should be able to create an excellent interpersonal relationship with patient towards preventing DAMA. **Compliance with Ethical Standards:**

The researcher obtained ethical approval from the management of University College Hospital, Ibadan/ University of Ibadan (IRB/061) before commencement of the study.

Conflict of interest statement:

The authors declare no conflict of interest.

Role of funding source:

There is no funding for this study as it was self-sponsored by the researchers

Ethical Approval:

IRB/UH/UI/061

Informed Consent [optional]:

The researcher did not obtain informed consent from the patients since it was a retrospective study and the use of Medical Social Worker's case-notes.

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