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# INCIDENCE OF LEAVING AGAINST MEDICAL ADVICE (LAMA) AMONG PATIENTS ADMITTED AT THE ACCIDENT AND EMERGENCY UNIT OF THE UNIVERSITY OF CALABAR TEACHING HOSPITAL, CALABAR, NIGERIA.

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## ABSTRACT:

**Background:** The causes and incidence of the commonly observed phenomenon of leaving against medical advice (LAMA) in our hospitals have not been studied. This retrospective study was aimed at evaluating its incidence and pattern in order to suggest possible solutions.

**Methodology:** The case files of patients who left against medical advice at the Casualty unit of the University of Calabar Teaching Hospital between July 2002 and December 2003 were retrieved from the Medical Records Department and information regarding age, sex, education/occupation, religion, diagnosis, reason(s) for leaving and duration of stay in casualty were extracted.

**Results:** A total of 3708 patients were seen at the casualty unit within this period. Ninety-seven patients left against medical advice but only ninety case notes were analyzable. Seven folders had incomplete information. Male /Female ratio was 2:1 and the ages ranged between 7 and 70 years (average 31.5 years).The average duration of stay in Hospital was 2.4 days (110days). Sixty-five patients (72.2%) were those who had various forms of trauma while 8 (8.8%) had general surgical problems. 19% (17) patients had medical emergencies.

**Conclusion:** The youths are the most vulnerable group and the principal causes in our environment are ignorance and poverty. Because of poor documentation in our centres, it was not possible to know where these patients go and the results of their treatments. There is therefore a need for further studies.

**Key Words:** Incidence, Leaving against medical advice (LAMA), Casualty.

## INTRODUCTION

To leave against medical advice means a conscious rejection of expert medical opinion/treatment and subsequent discharge of oneself from that care.[1,2,3] The patient and or relation must be fully aware of the implications and risks involved in taking such decisions.[4,5,6] In Nigeria and indeed other parts of Africa, because of the high illiteracy rate, even when attempts are made to explain things, the patients may not comprehend.[7]

The aims of the study were to determine the demographic incidence of LAMA and the categories of patients that leave against medical advice. The study was also interested in finding out why these patients
leave and their destinations. In any society where there is inadequate health planning, poverty, ignorance and superstition leaving against medical advice without the knowledge of the implications would not be lacking.

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## PATIENTS AND METHOD:

This was a retrospective study done at the Casualty unit of the University of Calabar Teaching hospital between July 2002 and December 2003.

The case files of patients who left against medical advice at the Casualty unit of our hospital during this period were retrieved from the Medical records Department. Information on age, sex, education/occupation, religion, diagnosis, duration of stay in casualty and reason(s) proffered by patients for leaving against medical advice were noted and analyzed. All the patients who left against medical advice in this study were adequately informed of the negative implications by the medical staff.

## RESULTS:

Out of 3708 patients seen in casualty during the study period, ninety-seven patients (2.6%) left against medical advice giving an incidence of about 1 per every 38 admissions. Only 90 of their case notes were analyzed, 7 case notes were not analyzable because they had incomplete information. . Male /Female ratio was 2:1 and the ages ranged between 7 and 70 years (mean 31.5 years).

The mean duration of stay in Hospital was 2.4 days (110days). Seventy patients (78%) had some formal education (18 primary, 43 secondary & 9 tertiary). There were 48 (53%) unskilled workers (motorcyclists, farmers, businessmen etc.), 32 Government employees and 10 students. Eighty-three (92%) patients were Christians of various denominations, 3 were Muslims while 4 were not stated. Traumatic emergencies were 65 (72.2%), medical emergencies 17 (19%) and general surgical emergencies 8 ( 8.8%). Forty one patients were in the age group 21-30 and 15 patients were aged 31-40 years. 72.2% were those who had accidental injuries and were mostly youths (21-40yrs) who engaged in commercial motorcycling. Ten patients (11%) claimed to have left because they lacked money to pay for treatment while 4(4.4%) left because of poor facilities and 2 (2.2%) due to lack of prompt treatment. Reasons why 73 patients (72.4%) left against medical advice were not indicated in their case files. None of the records indicated where these patients went to and it was not possible to trace the outcome of their actions.

*Table 1:* **Age and Types of Emergencies**

| AGE RANGE | TRAUMATIC EMERGENCIES | MEDICAL EMERGENCIES | GEN. SURGICAL EMERGENCIES | TOTAL |
|---|---|---|---|---|
| 1—10 | 1 | ----- | ------- | 1 |
| 11—20 | 6 | 1 | 4 | 11 |
| 21—30 | 38 | 2 | 1 | 41 |
| 31—40 | 12 | 1 | 2 | 15 |
| 41—50 | 8 | 4 | 1 | 13 |
| 51—60 | ------- | 5 | ---- | 5 |
| 61—70 | ------ | 4 | ------ | 4 |
| **Total** | **65** | **17** | **8** | **90** |

*Table 2:* **Analysis of Traumatic Emergencies That LAMA**

| INJURY | Number | PERCENTAGE (%) |
|---|---|---|
| RTA with fractures/ dislocations | 42 | 64.6 |
| RTA with crainiospinal injuries | 6 | 9.2 |
| GUNSHOT injuries | 3 | 4.6 |
| Assaults | 8 | 12.3 |
| Burns | 3 | 4.6 |
| Others | 3 | 4.6 |
| **Total** | **65** | **100%** |

*Table 3:* **Analysis of Medical Emergencies That LAMA**

| Emergency | No. of Cases | Percentage (%) |
|---|---|---|
| Malaria fever | 1 | 5.88 |
| Meningitis | 1 | 5.88 |
| Viral hepatitis | 1 | 5.88 |
| Severe hypertension | 2 | 11.76 |
| Diabetic ketoacidosis | 2 | 11.76 |
| Gastroenteritis | 3 | 17.64 |
| Cerebrovasc. accident | 3 | 17.64 |
| Acute asthma | 1 | 5.88 |
| Immunosppression(AIDS) | 2 | 11.76 |
| Multiple myeloma | 1 | 5.88 |
| **Total** | **17** | **100%** |

## DISCUSSION

Ninety patients left against medical advice in eighteen months, an average of five (5) per month and an incidence of about one in 38 admissions. Some of the factors influencing the patronage of 'alternative' medicine (i.e., traditional, trado-medical, spiritual healing homes and 'quack' Clinics) in our society include ignorance, poverty and lack of proper healthcare plan and the pattern of LAMA also relates closely with these.[2,3,7]

The consequences of ignorance and poverty commonly observed in our society are as follows:

1. Patients with traumatic emergencies and fractures would patronize traditional bonesetters because of the erroneous belief that bones heal faster by these methods than with orthodox treatment.[2]
2. There is a strong superstitious belief that problems such as stroke, convulsions, fractures from road traffic accidents and diabetes mellitus are caused by remote "evil forces", therefore should be handled by those who have power over

these forces.[3,5]

3. Patients with convulsions, stroke, Tetanus etc, usually prefer spiritual therapy.[5]

It is generally claimed that these alternative treatment methods are cheaper and act faster.[2,7] Eighteen percent of the patients took their actions because of lack of financial support, inadequate facilities and failed expectations. This finding is in contrast to what obtain in developed world. In most of the studies done outside Africa, the highest incidence is seen among psychiatric patients, Drug addicts and HIV/AIDS victims who are covered by health insurance and are treated in well equipped hospitals.[1,2,3,4,5,6] Incidence is also high among those with poor social support and housing status.[8,9,10,11,12] Ohanaka in Benin observed a high rate of LAMA among people with malignancies and other chronic illnesses whose relations would rather save funds for expensive burial ceremonies than medical treatment. This group also believes and probably spends more on alternative medical treatment.[13] In our study the highest rate (72.2%) was found among those who had acute trauma.

In our series 53% of the patients who left were of the low income group (motorcyclists, petty farmers, laborers). The level of education and religious inclinations did not seem to influence the incidence as 78% of patients were educated and 92% were Christians. The phenomenon cuts across all levels of education and faith.[2, 10,13] The reasons for leaving against medical advice were not recorded in 72.4% of the cases, these calls for proper information documentation by Medical staff in our Hospitals. There was no information on the post discharge destination of these patients; this made it impossible to follow up the outcome of their treatments. In order to elucidate this information there is a need for a prospective study incorporating a post discharge questionnaire on this subject.

Forty-four percent (44%) of the patients were in the age group 31-40 years and all of them had accidental injuries compared to the 1-20 years and 41-70years groups which contributed only 13% and 25% respectively. In Ohanaka's series 8.6% of LAMA were from among those who had gunshot injuries in Benin city.[14] His male: female ratio was 11:2 in contrast to our 2:1. This may be so because his study encompassed all clinical departments while we concentrated only on the Accident and Emergency unit. The ratio of Traumatic, Medical and General surgical patients that LAMA in our series was 8:2:1 respectively (Table 1). This is not surprising as most of the trauma victims prefer traditional treatments.[1,7,13]

There were few children in this series because these are handled at the children emergency unit of our hospital. The elderly groups that left against medical advice were those who had medical emergencies such as malignancy, diabetic ketoacidosis and hypertensive encephalopathy (Table 3). Those may have been taken away by the relations out of hopelessness.[13,14] There is an urgent need for intensified health education in Nigeria and Africa as a whole, because our findings may be just a tip of the iceberg. The medical social workers should integrate themselves to the day to day care of the patients. It should be part of their duties to arrange talk sessions with patients in the Clinics, wards, Accident and emergency rooms etc. Government in Africa should take steps to reduce the rate of road traffic accidents, poor state of health institutions and poverty in our society.[7] In the present day of advancing information technology, there is an urgent need for a unified/computerized system of information collection and storage in our health systems.

## CONCLUSION

Leaving against medical advice is a dangerous phenomenon. The complications arising from it are usually undesirable. The youths are the most vulnerable group.

In our environment the principal cause is ignorance and poverty. The problem of inadequate documentation is hereby highlighted and should be corrected to enhance meaningful health system research. Patients may also leave Government hospitals to the "ALTERNATIVE" medicine homes because of lack of facilities and prompt attention. Provision of basic medical facilities could prevent or reduce these. The role of the medical social worker in creating awareness and reorientation of the minds of Nigerians is very important. There is a need for a prospective multiple-centre research on this subject.

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