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Hospital Discharges of Children against Medical Advice

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Summary

Oyedeji GA. Hospital Discharges of Children against Medical Advice. *Nigerian Journal of Paediatrics* **1986; 13:1.** One hundred and seventy-nine children discharged against medical advice from the Wesley Guild Hospital, Ilesa, over a seven-year period, were reviewed. Sixty-six per cent of the 179 were neonates and 82.1% were infants. Fifty-one (74%) of the 69 fathers whose social classes were computed, belonged to social classes IV and V. The commonest diagnoses were prematurity, neonatal jaundice and tetanus, while the mean length of hospital stay was greatest in premature babies. The mothers were the signatories to the discharges in 62.6% and the fathers in 37.4% of the cases. Sixty-nine per cent of the patients were still very ill at discharge. Long hospital stay, the nature and severity of the illnesses, competing family needs and a number of social problems were the main factors identified as the probable reasons for the discharges against medical advice.

Introduction

THE Wesley Guild Hospital, Ilesa, is the only government hospital providing specialist children's services to an estimated population of over half a million people in Ilesa town and its environs. Only very sick children are admitted into the paediatric units because of the paucity of hospital beds and such children are kept along with their mothers. This enables the mothers to assist in the management of their children; they also provide psychological support for the sick children in their times of stress. However, such admissions of children with their mothers have serious social and economic implications. One of these implications is the discharge for various reasons, of some children against medical advice, by their parents. The present study was undertaken to examine some of the factors associated with discharges against medical advice.

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Materials and Methods

A list of all children discharged against medical advice (DAMA) from the children's wards of the Wesley Guild Hospital, Ilesa, between January 1978 and December 1984, was compiled from the admissions and discharges registers. The case notes of the children so discharged were obtained and analysed. The data extracted from the case notes included the sexes, ages and diagnoses of the children, the occupations of the

parents and reasons or circumstances surrounding their discharges. The occupations of the fathers were used to place them in social classes I to V thus:

I. Senior public servants, professionals, managers, businessmen and contractors.

II. Intermediate grade public servants and senior school teachers.

III. Junior grade public servants, junior school teachers, drivers and artisans.

IV. Petty traders, labourers, messengers and similar grades.

V. The unemployed, students, and subsistence farmers.

Where relevant, statistical comparison of data was undertaken, using the chi-squared test.

Results

Ages, yearly distribution and domiciles of the patients

One hundred and seventy-nine patients consisting of 96 males and 83 females (M:F ratio 1.2:1) were discharged against medical advice during the study period; this represents 0.96% of a total 18,606 children admitted during the seven-year period. Ninety-nine were from Ilesa township and the rest from surrounding towns and villages which were within 40 kilometre radius of the hospital.

Table I shows the yearly and sex distribution of discharges against medical advice in relation to the annual admissions. The annual percentage of admissions that ended in discharges against medical advice varied between 0.5% in 1979 and 1.6% in 1981.

One hundred and eighteen (65.9%) of the patients were aged 0–4 weeks, 29 (16.2%) 5 weeks to 12 months, 13 (7.3%) 13–24 months, 6 (3.4%) 25–36 months, 4 (2.2%) 37–48 months, 1 (0.6%) 49–60 months and 8 (4.5%) were over 60 months in age. The great preponderance of neonates who were discharged against medical advice is further highlighted by the fact that, according to details which were only available for the three years, 1982–1984, neonates constituted only 29.1% (2,291 patients) of a total 7,873 admissions during the period. In the same three years, 88 (49.2%) of the total 178 discharges against medical advice cases studied, were admitted and 60 (68.2%) of them were neonates. Thus, a significantly higher percentage of those patients discharged against medical advice were neonates when compared with other age groups. ($X^2 = 63.8759$; $p<0.001$).

TABLE I

Yearly and Sex Distribution of Cases discharged against Medical Advice

Year	No of Admissions			No discharged against Medical Advice			% of Admissions
	Male	Female	Total	Male	Female	Total	
1978	1229	858	2087	11	5	16	0.8
1979	1874	1435	3309	8	8	16	0.5
1980	1623	1199	2822	10	9	19	0.7
1981	1454	1061	2515	22	18	40	1.6
1982	1519	1135	2654	18	9	27	1.0
1983	1735	1349	3084	13	18	31	1.0
1984	1161	974	2135	14	16	30	1.4
Total	10595	8011	18606	96	83	179	0.96

Occupations and social classes of the parents

Information concerning the occupations of the fathers was available in 69 (38.5%) cases. Of these, 3 were in social class I (one engineer, one bank-manager and a business proprietor), five were in social class II, 10 in social class III, 16 in social class IV while the remaining 25 fell into social class V.

Diagnoses, duration and cost of stay in hospital

The admission diagnoses are shown in Table II. The two commonest diagnoses were prematurity and neonatal jaundice made in 74 (41.3%) and 64 patients (35.8%) respectively. There were many instances of multiple diagnoses resulting in a total of 297 diagnoses in the 179 patients. The diagnoses of prematurity and neonatal jaundice coexisted in the same patients in 20 instances.

The patients stayed in hospital before discharge from 1 to 63 days (mean, 12.2 days). Fifty-two (29.1%) patients stayed in hospital for over two weeks. The mean length of time spent in hospital and the amount of money paid, were greatest in children with the diagnosis of prematurity (the commonest diagnosis made) whose mean duration of admission was 23.9 days compared with an overall mean of 12.2 days.

The amount of money paid to the hospital by the parents/guardians ranged from ₦1.00 to ₦94.50 with a mean of ₦13.35. Thirty-seven (20.7%) of the parents paid over ₦20.00 each.

TABLE II

Admission Diagnoses in 179 Cases of DAMA

Diagnoses	*No of Patients in whom made**	*% of Total*
Prematurity	74	41.3
Neonate jaundice	64	35.8
Tetanus	23	12.8
Pneumonia	22	12.3
Neonatal sepsis	16	8.9
Congenital malformations	14	7.8
Protein-energy malnutrition	11	6.1
Gastroenteritis	10	5.6
Measles	9	5.0
Anaemia	8	4.5
Failure to thrive	5	2.8
Congestive heart failure	5	2.8
Birth asphyxia	4	2.2
Others	32	17.9

DAMA = Discharges against Medical Advice

* There were many instances of multiple diagnoses.

Signatories and the clinical state at the time of discharge against medical advice

The signatories of documents for discharges against medical advice were the mothers in 112 (62.6%) cases and the fathers in 67 (37.4%) cases. At the time of discharge, 108 (60.3%) patients were still very ill and 15 (8.4%) were actually moribund. The remaining 56 (31.3%) had improved clinically from the status at admission, but were not yet considered ready for discharge. The children described as moribund were critically ill and seemed clinically to be running a downward course to death. Of the 15 in this category, 5 had neonatal jaundice with kernicterus, 8 had severe tetanus with continuous spasms in spite of treatment and 2 had terminal-stage malignancies.

Reasons for DAMA

One hundred and seven (59.8%) of the parents gave no reasons for asking for the discharge of their children. The reasons given or implied by the remaining 72 (40.2%) parents are shown in Table III. Two of the 4 parents who disagreed with planned treatment, were Jehovah witnesses who refused blood transfusion for their severely anaemic children. One other parent refused surgical amputation of a gangrenous limb whilst one refused planned barium enema for his child. Prolonged hospital stay was a factor in the 74 premature babies who constituted 41.3% of all DAMA cases. Four mothers who were divorced and two who were separated from the fathers, discharged their children against medical advice because they feared that the fathers might blame them for the children's illnesses and quarrel with them for having such children hospitalised without paternal consent.

TABLE III

Reasons for Discharge in 179 Cases of DAMA

Reasons	*No of Patients*	*% of Total*
Other children of mother sick and/or need attention at home	25	13.9
Patient moribund	15	8.4
No one to donate urgently needed blood for transfusion into child	13	7.3
Patient has obvious and deforming congenital abnormality	6	3.4
Serious social problems in the family complicated by child's admission	6	3.4
Parent disagrees with planned treatment or investigation	4	2.2
Patient deteriorated and becomes irrational and confused	2	1.1
Parent wishes to try the traditional healers	1	0.6
No reason	107	59.8
Total	179	100.0

Discussion

Researchers who were mainly from developed countries have reported on patients discharged against medical advice (DAMA)[1-3]. Most of such reports have however, dealt with adult psychiatric patients[4-8]. In any age group, termination of hospitalisation by DAMA is often dramatic and can be an unfortunate event. This is particularly so when it is a child who is being signed out by an adult.

The percentage of admissions discharged against medical advice in Nigeria is unknown but 0.96% of the children admitted over a period of seven years were involved in the present study. The incidence which varied from year to year reached the lowest value of 0.5% in 1979 and the highest of 1.6% in 1981. Since then, it never fell below 1%. Increases in hospital fees and the adjustment in pay schedule might have been partly responsible for the rate remaining at or higher than 1% since 1981. The hospital fees payable per day in respect of admitted children increased from 50 kobo to ₦1.00 in 1981 and again to ₦1.50 kobo in 1983. Furthermore, the payment of a pre-admission bulk deposit of ₦30.00 was introduced in 1981 and this was increased to ₦50.00 in 1983. As there was no commensurate improvement in the quality of services rendered, consumer dissatisfaction is a possible underlying factor for some of the discharges against medical advice.

One reason given for DAMA was the need for the mother to go home in order to attend to her other children. Our practice of admitting children into hospital with their mothers has serious economic and social implications. There are usually some problems about who would run the home and cater for the needs of the other members of the family at home, particularly where such families are monogamous. The cost of maintaining herself and the child in hospital is quite often a serious problem for a lower social class self-employed mother who is out of work. Even for the public-employed ones, there is the apprehension that long absenteeism from work may cost them their jobs.

With regard to patients with deforming congenital abnormalities who were discharged against medical advice, experience shows that grotesque abnormalities are curiosities which invite many visitors. This is likely to embarrass the parents who may consequently ask for discharge. This is why parental counselling should be an important and early aspect of the management of deforming congenital abnormalities.

Some children were taken home because there was no one to donate the much needed blood for transfusion. This points to parental poverty as an underlying cause. Parents who are unable or unwilling to donate or who could not provide relations to do so, usually get blood donated through the agency of commercial donors at costs varying from ₦50.00 to ₦250.00 per pint depending on the rarity of the blood group. The main reason why this unhealthy practice of blood

trafficking is thriving in many hospitals is the unavailability of well-organised blood donation, banking and transfusion services.

The position of the illiterate father who refused amputation operation on the child is understandable; he would be looking for an alternative form of treatment. Also, two Jehovah witness parents refused transfusion of available blood into their children. The problems surrounding Jehovah witnesses in this and other respects have been documented[9-11]. Perhaps, government legislation should be introduced especially in so far as it affects children's lives.

Long periods of admission was the commonest reason associated with discharges against medical advice in this study. Some parents were just fed up staying in hospital. Such long periods of hospital stay mean greater financial costs, more worry about the family at home, more time off work and more risk to mother's own health. It must be remembered that mothers of newborns are usually weak from the rigours of childbirth and are least fit to sleep in the rather uncomfortable facilities provided.

To decrease the numbers of discharges against medical advice, the period of hospital admission should be as short as possible; only for as long as there remain aspects of the management that cannot be satisfactorily undertaken at home. This also helps to economise hospital resources. The open visitation of hospitalised children and their mothers should continue to be encouraged as this helps the mother to feel less cut off from home. Presently, it is difficult to allow the mothers of premature babies away from the newborn units for more than a few hours at a time because of the need to breast-feed their infants. However, mothers of older children might be able to go home to rest for a few days at a time if some other relations can relieve them.

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