

# LEAVING AGAINST MEDICAL ADVICE IN PAEDIATRIC UNIT OF AMINU KANO TEACHING HOSPITAL, KANO, NIGERIA

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**Background:** Children are vulnerable and cannot make decisions about their health care. There are many cases of parents leaving against medical advice (LAMA) and this can lead to adverse health problems in the children.

**Objective:** The study was aimed at determining the prevalence of, and factors associated with, leaving against medical advice at the Paediatric Unit of the Aminu Kano Teaching Hospital, Kano.

**Methods:** All patients who left against medical advice were included in the study. The study was a prospective one and information sought were age, sex, duration of hospital stay, socio-economic class of parents and reasons for leaving against medical advice over a five-year period (Jan. 2001 to Dec. 2005).

**Results:** Prevalence rate of LAMA was 2.2%, comprising 68 patients of 3,095 discharges, HIV/Pulmonary tuberculosis 17(23%) were the commonest causes of admission in the group of patients aged (10months-12years). Seventy-five percent of the patients were discharged within two weeks of admission. Sixty patients (88.2%) belonged to the lower socio-economic class.

**Conclusion:** LAMA has multifactorial aetiology. Low social economic class, poor financial support and unpreparedness for hospital admission are risk factors.

**Key words:** Leaving against medical advice, Paediatrics, Kano

## Introduction

Leaving against medical advice (LAMA) prevents the patients from deriving the full benefit of services that are rendered by health facilities such as hospitals<sup>1</sup>. It is a well recognized problem which applies to hospitalized children who, despite medical advice, are forced by parents to undertake irregular discharges before fitness is certified by the physician<sup>2,3</sup>. The decision to leave against medical advice places the child at medical risk from parental search for harmful alternative care from spiritual homes or herbalists<sup>4,5</sup>. Experience and observation show that children involved in LAMA are usually not brought back for hospitalization by parents in the event of deterioration or relapse of the illness<sup>6,7,8</sup>. Weingart *et al.*<sup>9</sup> however, noted that 54% of their patients who left against medical advice were later readmitted to hospital. Oyedeji<sup>10</sup> noted a prevalence LAMA prevalence of 0.96% in a seven years review in Ilesha in the southwest part of Nigeria.

The majority of studies about LAMA have been done in adults. This study was therefore aimed at determining the prevalence, socio-demographic pattern and care-giver perception associated with LAMA in children at the Aminu |Kano Teaching Hospital, Kano.

## Materials and methods

All children who left against medical advice from the Paediatric wards were included in the study. The study period was from Jan. 2001 Dec. 2005. A profoma for the study included age, sex, duration of stay in the hospital and the social class of the patients, using the scheme by Oyedeji.<sup>10</sup> The scheme is based on the occupation and the highest educational attainment of each parent. Socio-economic index scores were awarded to each child based on

the occupations and educational attainment of parents or care-giver. The mean of the whole scores to the nearest whole number was the social class assigned to the child. Further information extracted were diagnosis, clinical conditions, and duration of hospital stay and reasons for the leaving against medical advice.

## Results

During the period under review, January 2000-December 2005 there were 3,095 admissions into Emergency and Paediatric Medical Wards. Sixty-eight (2.2%) fulfilled the criteria for LAMA. There were 37 males and 31 females giving a Male:Female ratio of 1:0.8. Their ages ranged from 10 months-12years.

The diagnosis of the children who left against medical advice were HIV/Pulmonary tuberculosis accounted for 17 (25%), protein energy malnutrition 16 (23.5%) septicaemia 13 (19.1%), Bacterial meningitis 12 (17.6%), congenital heart disease 40 (147%) and malignancies 8(11.8%). It is to be noted that some patients had more than one diagnosis.

The duration of admission of the children before LAMA ranged from 7- 40 days. Twenty-seven (39.7%) children left against medical advice by the seventh day of admission, 24(35.3%) children LAMA by the 10<sup>th</sup> day of admission. Most of the patients [51(75%)] left against medical advice by the third week of admission.

The clinical state on discharge showed that 58(85.2%) were still ill while 5(7.4%) had deteriorated. Most of the patients were mainly patients with malignancies, HIV/PTB, congenital cardiac defects and protein energy malnutrition.

The commonest reason for leaving against medical advice as given by the parents and guardians of

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these children was poor finance while the least reason was refusal of blood transfusion (Table 1).

An analysis of the social class of the 68 children showed that 60(88.2%) were from the low social classes (class IV and V), while 6(8.8%) came from the middle social class (Social Class III) and 2(3%) came from the upper social classes (Class I & II).

Table 1: Reasons for LAMA

Reason	Male	Female	Total
Poor finance	30	14	44
Perceived poor prognosis	15	10	25
Other's illness/delivery	10	4	14
Grand Parent instruction	7	2	9
Refused blood	4	3	7

\* Some cases had multiple reasons.

#### Discussion

Leaving against medical advice occurs in patients with diverse conditions. In this study, HIV and pulmonary tuberculosis accounted for about 25% of cases. This differs from the study by Oyedeji<sup>10</sup> which documented prematurity as the commonest condition for which LAMA was requested. However, this study was carried out in patients admitted into Emergency Paediatric Unit and Paediatric Medical Ward (PMW). The prevalence in this study is 2.2%, it is higher than that of 0.96% and 1.8% by Oyedeji<sup>10</sup> and Ikefuna and Emodi<sup>5</sup>, respectively. Reasons for the difference in the prevalence rate by Oyedeji and present

study may be due to free treatment or minimal cost of services in 1980's when the study was carried out. The prevalence was higher in south eastern Nigeria (Enugu) where the study was done in the year 2000. Illnesses treated free in the 80's included protein energy malnutrition (PEM), tuberculosis and malignancies; hence these groups of patients could afford to stay longer in hospital. However, this programme of free treatment has been stopped in our hospital; patients are made to pay their full medical bills making it difficult for them to cope financially.

Duration of hospital stay reveals that 75% of the children leave against medical advice within the third week of admission. This figure is comparable to the study by Oyedeji<sup>10</sup> in Ilesha (South West Nigeria) who noted that 70.9% were leaving within the first two weeks of admission. However, in the study by Ikefuna and Emodi<sup>5</sup> (South Eastern Nigeria) 76.1% of the patients left against medical advice in the first two weeks. In this study, the maximum hospital stay was 40 days while in Oyedeji's series the maximum hospital stay was 63 days.

With the introduction of hospital fees for paediatric patients, the lean resources of the parents are depleted early, especially as they had to pay for various laboratory test and drugs. Poor finance was therefore, the commonest reason for LAMA in this study as well as that of Oyedeji.<sup>10</sup> Most of these patients are from the low social class (88.2%). Associated with low social class is ignorance of safe health, higher frequency of illnesses and poverty which may contribute directly or indirectly to attitudes about health decision making.<sup>11,12</sup> Parents of these children would need adequate health education and counseling in order to minimize LAMA.

This study reveals that the factors associated with LAMA depend on the nature of the illness, most of the patients in this study had chronic illnesses that were associated with long hospital stay.

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