

Discharge Against Medical Advice From Surgical Emergency Wards In Yaounde – Cameroon

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Mots clés

Service des urgences, fracture, sortie contre avis médical, moyens financiers

Résumé

Introduction : Le but de cette étude était de retrouver les raisons de sortie contre avis médical des malades du Service des Urgences du CHU de Yaoundé.

Patients et Méthodes : dans cette étude, les malades sortis contre avis médical étaient enregistrés de façon prospective entre août 2008 et septembre 2009 au Service des Urgences. Nous avons retenu l'âge, le sexe, les pathologies et les raisons de sortie contre avis médical des malades et leurs destinations.

Résultats : sur les 2320 patients reçus au Service des Urgences, 70 ont sollicité et obtenu une sortie contre avis médical. Il s'agissait de 38 malades de sexe masculin et 32 de sexe féminin. L'âge variait de six à 52 ans (moyenne : 45,5 ans). La tranche d'âge de 21 à 40 ans était la plus touchée. Le traumatisme était la cause la plus fréquente de la sortie contre avis médical et la fracture des os longs représentait la lésion la plus rencontrée (87,3%). Les autres lésions étaient les lésions des parties molles et les brûlures. Le manque de moyens financiers pour payer les frais des soins médicaux était la raison la plus fréquente de sortie contre avis médical, suivi de l'absence de garde-malade, et la peur de perdre un membre par amputation thérapeutique.

Conclusion : nous avons tiré la conclusion que la sortie contre avis médical pouvait être réduite si le financement des soins de santé pouvait être amélioré par les pouvoirs publics.

Introduction

The scarcity of resources worsened by the global recession of the 1980s, forced developing countries to start adjustment programmes as prescribed and supervised by the International Monetary Fund (IMF) and the World Bank. The consequence was that of reducing spending both for the

countries and for individuals. Unfortunately, health care systems also suffered with a reduction in the resources for production and for obtaining health care. Free medical care does not exist [1]. Invariably, somebody pays. The State contributes a large share – training personnel, building and equipping most health units. She does not control the movement of patients nor pays for immediate care. These must be done by the patients themselves.

Care is not always followed by clinical improvement. But medical care fees must be paid. The outcome of the care seems less important than its actuation [2]. Most patients in our environment have no health insurance, no social security, and must therefore pay for their health care from their scarce resources [3,4]. No state can assume 100% free health coverage for its citizens [5, 6].

Health is a basic human right but the patient reserves the right to accept or refuse medical care [6, 7]. The decision to discharge a patient is usually taken by the physician, family members and managers of health care with sometimes the consent of the patient. When a decisionally capable patient opts to discharge himself against medical advice, he is exercising this right [5, 8]. Such a decision can be disastrous, consequence a patient losing a limb or dying for lack of care. This study was carried out to determine the principal reasons of such decisions in our emergency unit.

Methods

The study was carried out in the surgical unit wards of the Yaounde University Teaching Hospital in Cameroon. The patients that were received and subsequently discharged against medical advice (DAMA) between August 2008 and September 2009 were recruited. Those who absconded were not included in the study. To observe the phenomenon, a register was opened to prospectively record the name, age, diagnosis, duration of hospitalisation, the level of education of the patient and the reasons for the DAMA.

Results

Within the period of study, 2320 patients were admitted into the Surgical Emergency wards, 70 of them (3.01%) asked and obtained discharge against medical advice. There were 38 males (54.29%) and 32 females (45;71%) giving a sex ratio of 1:2.

Table I: Pathologies of patients discharged against medical advice.

Pathology	Number (N ^o)	Percentage (%)
Fracture of long bones	53	75.7
Soft tissue injuries	11	15.7
Burns	2	2.9
Other pathologies*	4	5.7
TOTAL	70	100

*Other pathologies included one case of cancer of the pancreas, two intestinal obstructions, and one case of diabetic foot.

Table II: Reasons for patients discharged against medical advice.

Reasons	Number (N ^o)	Percentage (%)
Lack of medical care fees	34	48.6
Absence of a care-taker	20	28.6
Fear to lose a limb	4	5.7
Other reasons*	12	17.1
TOTAL	70	100

* Other reasons included run away from judicial investigations, dissatisfaction of treatment, on transits, need to be near the family, need to go to hospital of choice, wish to be treated by traditional healers.

The ages of the patients ranged from 6 to 52 years. The mean age was 45.5 years. The age group that mostly asked for DAMA was the 31 – 40 years age group with 21 out of the 70 cases (30%). The 21 – 30 years age group was equally affected with 17 out of 70 cases (24.29%). DAMA was scanty after 50 years.

Trauma with mostly fracture of the long bones of the lower limb was the commonest pathology in the group of patients discharged against medical advice with 53 out of the 70 cases (75.7%) followed by soft tissue injuries with 11 cases (15.7%)(Table I).

The duration of hospitalisation ranged from 3 hours to 3 days. Most of the cases that were discharged before the second day of hospitalisation had a fracture (47.14 %).

Lack of medical care fees was recorded as being the reason for DAMA in 33 out of the 70 cases (47.14%). No care-taker was recorded as the other reason in 20 cases. The fear to lose a limb, and dissatisfaction for medical care offered were the other reasons. (Table II).

Discussion

This study was carried out in the Emergency wards of the Yaoundé University Teaching Hospital between August 2008 and September 2009, a period of 12 months that was judged long enough for us to have a good representative sample.

This study showed that all age groups were affected especially the 21 – 40 years age groups.

This is the age group mostly affected by trauma in most series [3, 9, 10]. There was a male predominance. Other studies have shown that young male adults most often have long bone fractures [3]. The fact that gynaecological obstetrical and paediatric emergency cases were received in other units could also account for this.

The notion that a decisionally capable patient may ask for discharge is universal but has peculiarities in resources limited developing countries. Among the peculiarities, the most frequent appears to be the lack of medical care fees which appears to be out of reach for many people even in Cameroon [11]. Most patients do not have a health insurance or a social welfare cover [3, 4]. Trauma with mostly fractures of the long bones of the lower limb constituted the pathology for which DAMA was sought. The operative care of fractures usually costs a lot of money especially in emergency situations. This could account for the high number of cases requesting for DAMA. The other reason is that our patients still believe in the tradipractitioners in the management of fractures of long bones. A third reason could be that the patients were on transit [12]. This was seen in OHANA’s study, in Nigeria. Gangrene and malignancy did not account for a good number of the DAMA cases as in OHANA’s study in Nigeria.

The inability to provide medical care fee accounted for the greatest cause for DAMA. According to Gertler and Van der Gaag it is related to the limited resources of the developing countries. Patients cannot pay for their health care. The second reason was the lack of a caring family member [11]. He noted that the management of some diseases were highly subsidized but with recession patients paid for their services. He therefore recommended improvement in national resources to overcome the DAMA dilemma with its consequences.

Conclusion

The study concluded that the improvement in health financing, the encouragement of individuals to obtain health insurance, or social security facilities and the saving of money for one’s treatment can all contribute to reduce

discharge against medical advice in Emergency Units in Yaoundé, Cameroon.

Authors' contributions

PTC, NNM, EPW, NDS, BM, WMP, conceived and designed the study and substantially revised the manuscript, carried out the laboratory investigations and conducted the literature search. TS and SMA substantially revised the manuscript. All authors read and approved the final manuscript.

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