

Self-discharge against medical advice: your views count!

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Past studies have found that up to 1.5 per cent of patients decide **not** to follow health professionals' advice and were known to have discharged themselves from hospital.^(1,2) This is significant when almost 15 million patients were admitted in the UK between 2009 and 2010.⁽³⁾ Furthermore, self-discharge appears to be more prevalent in particular departments, such as psychiatry, with particular sections of society thought to be more vulnerable to self-discharging, eg young males, and black and minority ethnic groups.^(4,5)

The reasons given for self-discharge include long waiting time, poor bedside manner, and failure of communication amongst hospital staff.⁽⁶⁾ As a result, self-discharge has been framed in negative terms, particularly as these patients have higher readmission and in-hospital mortality rates.⁽⁷⁾ Yet, self-discharge could be perceived as an expression of patients' rights. If patients are perceived as duty-bound to follow medical advice, self-discharge could offer a way of 'equalling' the balance of power between the two.

Self-discharge is likely to be more prevalent than the reported figures suggest. A number of the 'patient' population are not captured within the reported self-discharge figures, such as those who decide to leave before being seen by a health professional, or those who have been admitted to hospital, but do not inform anyone of their decision to discharge themselves. Also, there is not a standard self-discharge process across the NHS, nor a consistent policy between departments, wards, and hospitals, thereby making it difficult to ascertain exactly how many people are choosing to leave hospitals, at what stage of the treatment process they are leaving, and for what reasons. Furthermore, there is little insight into how hospital management make sense of self-discharge, or how health professionals perceive self-dischargers and the concept of self-discharge.

Funding has been received from Lancaster University to explore how self-dischargers, health professionals and hospital management understand and make sense of the concept of self-discharge, self-dischargers, and the self-discharge process. LM is collaborating with Dr David Warriner, a specialist registrar in cardiology at Sheffield Teaching Hospitals (STH), who has recently written on the topic of self-discharge.⁽⁸⁾ They plan to conduct qualitative interviews with people who have discharged themselves from hospital, and health professionals and hospital managers at University Hospitals of Morecambe

Bay (UHMB) and STH. Ethical approval has been granted from Lancaster University and the NHS, and Research and Development approval has been given for UHMB and STH. Further information can be found on the project website: <http://www.lancs.ac.uk/amsd>

So, if you would like to discuss your views on patients discharging themselves against medical advice, please contact Laura on 01524 594 973 or email: l.machin@lancaster.ac.uk. The interview would take place on a date and time convenient for you, likely to last up to an hour, and be tape-recorded. Your interview would be completely anonymous and confidential.

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