

**[Ethical Issues – March]****Leaving Against Medical Advice: What's a Nurse to Do?**

*Strategies and ethical considerations for discharge planning.*

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**Abstract**

Each year approximately 1% to 2% of patient acute care discharges in United States hospitals are described as against medical advice (AMA). AMA discharges are associated with higher patient morbidity, increased risk of readmission, and higher mortality. Most discussions dealing with AMA discharge tend to focus on physicians. However, nurses have a pivotal role in the care process and in ensuring the safety of patients. The aim of this paper is to increase awareness regarding nurses' ethical responsibilities when confronting AMA discharges. We highlight nurses' leadership role in discharge planning and argue that they have moral obligations to promote as safe a discharge as possible. Such obligations are consistent with nursing codes of ethics, according to which nurses have a primary moral duty to promote patients' well-being. Moreover, nurses' training, expertise, and scope of practice place them in an ideal situation to address problems related to AMA discharges. We also offer suggestions that can contribute to helping nurses to fulfill their ethical responsibilities in this context.

## Introduction

Recent evidence indicates that over 1% of hospitalized patients in the United States are discharged against medical advice (AMA).<sup>1,2</sup> Though AMA discharges are relatively infrequent, these patients are at an increased risk for negative outcomes, compared to planned discharge cases, including higher mortality rates and risk of readmission.<sup>2</sup> Also worrisome is the fact that AMA discharges are more common among patient populations that are already disadvantaged. Patients without insurance coverage, those admitted with complications of unhealthy substance use, and those facing socioeconomic difficulties have more frequent rates of AMA discharges.<sup>3</sup> These negative outcomes also impose economic burdens on the health care system, with a 56% higher average cost for patients leaving AMA than for patients with planned discharges.<sup>4</sup> Of course, health care professionals also have to struggle with their own emotional responses to these negative outcomes for patients.

Despite the professional relevance of AMA discharges for nurses, most discussions on this topic focus on the role or experiences of physicians. Nurses are, however, a crucial part of an interprofessional team approach and the discharge-planning process. They have a pivotal role in the care process, including ensuring the safety of patients, and are commonly the first to identify patients who wish to leave AMA. Their role in recognizing factors that lead patients to such a decision is significant, as is their ability to find solutions that can lead patients to stay or that would minimize harms if they do leave. At the same time, some evidence suggests that nurses are less likely than physicians to believe that AMA patients should receive medications and follow-up.<sup>5</sup> Clearly, such a perspective also calls for examination.

The aim of this paper is to increase awareness regarding nurses' ethical responsibilities when confronting AMA discharges. We explore the nurse's role when a patient chooses to leave AMA and highlight the steps nurses can take to fulfill their ethical obligation to prioritize the patients' well-being and advocate for the patient's interests. We argue that nurses have moral obligations to promote as safe a discharge as possible. Such obligations are consistent with nursing codes of ethics, which specify that a nurse's primary moral duty is to promote patients' well-being. We also offer some suggestions that can help nurses to fulfill their ethical responsibilities.

## Ethical Challenges of AMA Discharges

The American Nurses Association *Code of Ethics for Nurses with Interpretive Statements*<sup>6</sup> serves as a guide for ethical decision-making and establishes a framework for nursing practice, including the nurse's duty toward the patient. Furthermore, obligations relating to patient discharges are set forth in the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation for Hospitals (42 CFR § 482.43).<sup>7</sup>

AMA discharges often pit the patient's right, as strongly emphasized in the ANA Code of Ethics, to make autonomous decisions about their own care against nurses' duties to promote patients' well-being, also clearly articulated in the ANA Code.<sup>6</sup> This conflict, however, can be managed in better or worse ways. Respecting a patient's right to autonomy requires a nurse to give appropriate attention to a range of issues and priorities (see Table 1).

**Determining a patient's capacity to make decisions.** First, it is necessary to consider whether the decision to leave against medical advice is, in fact, a capacitated decision. This is especially important when such a decision is thought to be particularly risky for a patient's well-being. Capacity is a clinical determination and refers to a patient's ability to understand relevant information, including risks and benefits as well as possible alternatives; to appreciate the

implications of the decision in light of their values and goals; and to communicate the decision in question.<sup>8</sup> Capacity is the basis of a free and informed consent.

Although the attending physician is primarily responsible for determining capacity, doing so often requires a collaborative approach involving an interdisciplinary team. Because nurses undertake many of their patient-related duties in a face-to-face manner, they can assess patients' reasoning about and appreciation of the consequences of their choices and provide important clues about a patient's capacity. Indeed, they may often be the first to recognize that a patient does not seem to understand the planned testing and/or treatment.

**An autonomous decision is an appropriately informed one.**<sup>9</sup> Nurses' regular in-person engagement with patients makes them well-placed to ensure that patients have necessary information about their condition, including about the diagnosis, treatment options, and the potential consequences of leaving the hospital without completing recommended diagnostic interventions or treatment. Information relevant to self-care, medications, and warning signs or symptoms that require immediate attention or show a deterioration in health status should be communicated to patients so that they can take appropriate measures.

Moreover, nurses are adept at establishing rapport and are well-positioned to engage patients in patient-centered communication. They can help in clarifying the patients' perspective, get a deeper understanding of their concerns, and identify sources of conflict or dissatisfaction that may be contributing to a decision to leave AMA. Ultimately, however, competent patients have a right to refuse further medical interventions—and indeed, patients' decisions to leave against medical advice can be reasonable.

**A decision to leave doesn't erase the nurse's obligation to the patient.** Although a patient's decision to leave might be both capacitated and fully informed, this does not put a stop to a nurse's ethical obligations toward the patient. The ethical standards for the profession include the obligation not only to respect patients' inherent dignity and right to self-determination, but also to promote patients' health and well-being and minimize harms to patients. While AMA discharges limit health care teams' ability to actively promote patients' health, the ethical obligation to minimize harm to patients constrains hospital or team choices that can place patients at risk. For example, this obligation should hinder attempts to coerce patients into remaining in the hospital by threatening to limit access to follow-up appointments, discharge medications, or transportation. In addition, failing to adequately provide discharge instructions, withholding copies of medical records, or threatening to refuse to provide AMA patients care in the future are also violations of the ethical principle to minimize harm to patients.<sup>10</sup>

Nurses should also ensure that patients understand the potential harms of leaving against medical advice, including worsening of the underlying condition in the absence of proper treatment; a higher risk of complications, ranging from infections to organ dysfunction or failure; and an increased risk of mortality.<sup>3</sup> In some patients, mental health problems can be exacerbated by feelings of isolation and disconnection related to strained relationships with health care providers—and sometimes family and friends—over the patient's decision to leave against medical advice. This can deepen the patient's mistrust of the health care team.<sup>11</sup> In addition, given the increased risk of readmission, patients who leave AMA can also suffer significant financial harms.

## **Ethical Responses to the AMA Patient**

Health care teams often see requests to leave against medical advice as irrational decisions. However, such requests are not always unreasonable in the context of an individual's life and personal values and goals. Multiple reasons can ground patients' decisions to leave AMA. For instance, financial constraints can lead patients to such determination. Similarly, dissatisfaction with the care provided as well as long discharge-processing times may lead patients to leave AMA.<sup>3</sup> Because discharges may lead to incomplete or inadequate treatment and can put the patient at substantial risk of harm, a thoughtful approach to AMA discharges is essential.

**Accurate and thorough documentation** that contributes to an effective information exchange amongst the health care team is an important mechanism both in respecting patients' autonomy and in minimizing harms to patients who want to leave AMA.<sup>12</sup> Proper nursing documentation reflects attention to the well-being of patients as well as respect for their right to make decisions regarding their care and for the informed consent process. This documentation should include patients' expressed desire to leave AMA, their involvement in care planning, the information and education provided, any alternative options explored, and patients' understanding of the potential consequences of their decision. In addition, accurate and comprehensive documentation can safeguard both the patient and the health care team in case of any legal or ethical inquiries.

**Engaging in open and nonjudgmental communication** with patients wanting to leave against medical advice can create a supportive environment where patients are more likely to feel comfortable expressing their values, beliefs, and care preferences. The use of reflective statements to encourage the patient to share their thoughts can provide significant insights into a patient's reason for leaving against advice. For example, nurses can ask, "Can you tell me more about what led you to choose to leave before your recommended testing/treatment is completed?"; "What do you think might happen if you delay the treatment recommended?"; and "Assuming you want treatment, what is most important to you when considering your treatment choices?" By asking these types of questions, nurses encourage patients to provide more thorough responses, thereby allowing for a more comprehensive assessment of their reasoning and ability to appreciate the clinical facts and the consequences of their decision.

Such communication also offers information to the health care team that might be necessary in either persuading patients to remain at the hospital or in developing as effective and ethical a discharge plan as possible. Indeed, by exploring patients' concerns, nurses may uncover misinformation or misunderstanding that can be rectified, thus leading patients to change their minds about leaving.

**Identifying resources for the patient who is leaving.** Even when patients still decide to leave AMA, patient-centered communication can help nurses in identifying options and resources for continued care that are aligned with patients' needs and contribute to harm reduction.<sup>13</sup> This might involve referrals to social work for guidance on financial assistance programs, arrangement of transportation, adjusting the treatment plan in ways that address patients' concerns, and assistance in contacting a support system or family members. Maintaining respectful communication with the patient can also be helpful when deciding whether it is necessary to connect patients with community resources, such as scheduling outpatient appointments or providing information about support groups or counseling services.<sup>14</sup>

**Collaborative discussions with key stakeholders** such as trusted friends or surrogates can also be helpful in identifying alternative approaches or solutions that address the patient's worries while minimizing the potential harm associated with leaving AMA. Nurses' role in facilitating communication and collaboration among members of the health care team, family,

and patient can contribute to continuity of care and aid in shared decision-making, a vital component in quality health care. Keep in mind, however, that nurses are required to adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations to ensure the privacy and confidentiality of patients. One must exercise caution about the types of information that are released to third parties. Respecting patients' privacy requires authorization from patients before any protected health information (PHI) be disclosed to a third party for a purpose other than one expressly permitted by HIPAA (45 CFR § 164.502).<sup>15</sup> Of course, PHI can be disclosed to individuals authorized to receive it.

**Establishing a follow-up plan.** Recognizing that patients who leave AMA may miss important follow-up care, health care teams can implement additional strategies to reduce harm, including seeking permission to follow up by phone or coordinating a home-care visit within the next few days. By facilitating continuity of care, nurses help ensure that patients are as safe as possible in their post-discharge environment. Although the patient may decline follow-up referrals and may not carry out recommended instructions, implementing these strategies expresses respect for patients' autonomy rights while upholding professional responsibilities to optimize patient safety and well-being and minimize harms. Even though patients may ultimately only accept a plan the physician and other members of the clinical team consider suboptimal, this is likely to be better than no management at all. At a minimum, the obligation to minimize harms calls for confirming that the patient has the necessary information about follow-up care.

## **Conclusion**

AMA discharges are associated with increased risk of readmission and higher patient morbidity and mortality. Likewise, they are financially burdensome both for patients and families and for the health care system. They are also ethically challenging for health care teams in general and nurses in particular because they pit nurses' obligations to respects patients' autonomous decisions against their duty to promote patients' well-being.

Here we have called attention to these ethical obligations and how in the context of AMA discharges they might come into conflict. We have also offered some suggestions to help nurses navigate this conflict with professionalism and compassion. Engaging in patient-centered communication can identify areas of misunderstanding and disagreement and provide nurses with valuable information regarding patients' preferences and misgivings. It can also help in developing a discharge plan that balances clinical needs and patients' aims and ensures patients' continued care to the greatest extent possible.

Thorough documentation, collaboration with social workers, and communication with patients' family and friends are also key elements in ensuring patient safety, providing appropriate care, and minimizing risks of harm to patients. These strategies allow nurses to meet their ethical obligations to promote patients' best interests despite a patient's decision to leave AMA. Ultimately, the goal is to empower patients to make informed decisions about their health care while ensuring their health and safety remain a priority.

**Table 1. Strategies for Ethical Discharge Planning for Patients Leaving Against Medical Advice**

Capacity Assessment	<ul style="list-style-type: none"> <li>• Collaborate and confirm with the attending physician that the patient has capacity.</li> <li>• Engage in dialogue with patient to determine possible concerns that can be addressed, potential misconceptions that can be dispelled, and level of understanding of risks and alternatives.</li> <li>• If there are doubts about the patient's ability to understand relevant information, consider involving an ethics consultant.</li> </ul>
Patient-Centered Communication	<ul style="list-style-type: none"> <li>• Take time to listen to the patient's concerns and reasons for wanting to leave AMA.</li> <li>• Encourage patients to voice worries and participate in care planning.</li> <li>• Provide appropriate patient teaching about self-care and about warning signs or symptoms that require immediate attention or indicate a deterioration in health status.</li> <li>• Give patients all necessary information regarding medications, treatments, and follow-up appointments.</li> <li>• Collaborate with multidisciplinary teams to explore options that may address the patient's concerns while ensuring their safety and well-being.</li> <li>• Consider a social worker/case manager for aid regarding availability of transportation and additional support services the patient is willing to accept.</li> </ul>
Follow-up Care	<ul style="list-style-type: none"> <li>• Encourage and emphasize the patient to seek post-discharge care.</li> <li>• When possible, involve the patient's family or support system in discussions.</li> </ul>

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