

Discharge against medical advice from the emergency department: results from a private hospital in Beirut

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Background: Discharge against medical advice (DAMA) is a common problem worldwide, associated with increased mortality rates and higher emergency department (ED) revisit rates. This study examines the characteristics, reasons, and clinical outcomes of patients leaving from the Emergency Department against medical advice.

Materials and Methods: This is a cross-sectional study conducted at the Lebanese American University Medical Center's ED between 2019 and 2022. Data on patient demographics, reasons for DAMA, and trends over time were analyzed.

Results: Over the 4-year duration, 42,672 patients visited the ED, of whom 2,767 (6.4%) left against medical advice. DAMA rates varied across the years: 3.6% in 2019, rising to 7% in 2020, peaking at 10% in 2021, and declining to 5.8% in 2022. The increase in 2020 and 2021 coincided with Lebanon's economic collapse that hit the country at the end of 2019. The most frequently cited reason for DAMA was financial constraints, which accounted for half of the total cases (1,375 cases, 50%). Other contributing factors included COVID-19 isolation costs that started in 2020 (675 cases), non-urgent cases referred to clinics (301 cases), and long waiting times for inpatient beds availability (284 cases).

Conclusions: DAMA rates vary from one emergency to another based on multiple factors, including economic conditions, healthcare system limitations, and hospital-specific policies. Addressing financial barriers and system inefficiencies is crucial to mitigating DAMA rates and improving patient outcomes.

Keywords: Discharge, emergency, against medical advice.