

The “Against Medical Advice” Discharge

Kleinman, et al. [1] have recently made a convincing case for stopping the use of the term “against medical advice” discharge. Others [2] have also provided similar arguments against the use of this term, and suggested approaches to handle such situations. This appears an opportune time to discuss the use of this term in the literature, and the journal’s position on its usage.

There are varying terms in use in India for an inpatient that leaves the hospital against the advice of the treating team. Among these, ‘absconded’ is perhaps the most clearly understood – the term is used for the inpatient that leaves the hospital without information [3,4]. Many times they may leave along with their medical records, usually labeled as ‘absconded with papers.’

Correspondingly, the patient who refuses to follow medical advice and wants to leave the hospital is classified variably as DAMA (discharged against medical advice) [4,5] or LAMA (left/leaving against medical advice) [6], DOR (discharged on request) and DORAMA (discharged on request against medical advice). The last two terms are frequently used in medical records in India, and many others may be in use in various regions, but not found that commonly in the medical literature.

The commonly used terms for patient leaving the hospital against the advice of the treating team, in the published literature, is DAMA [1,2,5]. LAMA, which has similar meaning, has been infrequently used [6]; though, quite commonly used in India. DOR, a term that means a discharge from hospital before completion of treatment but with the medical team involved in the decision, as it commonly entails continuing care at healthcare institution, which is more convenient for the family or for the patient. The non-hyphenated combination of these two, DORAMA, is a term infrequently used, and reserved for a patient who is sick enough not to be shifted out of the institution but the family still wants to go ahead with it.

From among these myriad of acronyms, to maintain uniformity for reporting outcomes, we prefer the terms discharge against medical advice (DAMA) and discharge on request (DOR) to be used, till a better term comes in to wider use (e.g., discharged before medical advice [1]).

Nomenclature in Geographically-restricted Studies

In the current era of geographic information system (GIS) – enabled studies [7], it appears frivolous to raise this issue; but, for the sake of uniformity, it needs to be addressed. Various studies conducted in a specific region of the country are frequently identified in the title by their geographical location e.g., Central India [8] or Southern India [9]. Some other authors use terms like South India [5] or North India [10] in the title to identify studies restricted to a specific geographical area. As there are no such legally or geographically designated areas of India, we prefer authors to either identify the city/state where the study was conducted (for those conducted in a single city or state), or use the qualifying terms ‘Northern,’ ‘Southern,’ ‘Central,’ ‘Eastern’ and ‘Western,’ using the Indian Academy of Pediatrics zonal distribution (www.iapindia.org). Terms like West India [11] and East India [12] will not be permitted, and will be modified at the editorial level before publishing. However, North Eastern India (comprising of eight States viz., Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura), a term recognized by the Government of India to direct developmental and budgetary efforts to this area [13], will continue to be permitted to be used in the title for studies done in these areas.

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DEVENDRA MISHRA

Editor-in-Chief, Indian Pediatrics
ip.editor@iapindia.org

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