

## Leaving Against Medical Advice: Underestimated Challenge in Children

Leaving against medical advice (LAMA), a term used when patients leave hospital before a treating physician advises so, is an overlooked issue in India, particularly in pediatric health. This exposes the patient to inadequate treatment, leading to higher mortality, antibiotic resistance and higher rate of subsequent re-admission [1].

Problems are usually multi-fold in case of children. They neither comprehend the situation nor are they entitled to take such a decision, yet they are most vulnerable after such judgement. Their parents usually take the decision for abandoning treatment or admission to another hospital, thus violating child's right and raising legal issues. This poses a significant problem for terminally ill children or those suffering from chronic diseases. However, readmission rate is as high as 24.5%, suggesting that it is not always a perfect call [2].

A previous study found the extent of the problem to be 8.5% among pediatric patients [3]. Our hospital recorded 10.7% children as LAMA, after considering 19,744 admissions over a period of 18 months (April 2014 to September 2015). Another 4.2% children absconded *i.e.*, left without any information to the hospital authority. Without any systematic follow-up, we are in dark about the fate of these children.

Inadequate awareness of parents, limited role of welfare committees in hospital in convincing parents against LAMA, and lack of time by treating health personnel in overcrowded hospital have been implicated for LAMA. Illiteracy, family commitment, and low chances for survival pose difficult challenges [3].

Research from other developing countries has revealed financial constraint as the most important factor for LAMA. Faith in local healers and social customs are other factors responsible [4]. Anxiety about other children left at home, false parental perception of improved health condition, living away from home, frequent blood sampling and prolonged hospitalization are the other factors responsible for LAMA in pediatric age group [5].

There is need to explore the determinants of LAMA in Indian setting and possibility of counselling the parents in hospital set-up. In-depth knowledge about the causes of LAMA could help researchers and policy makers in reducing the frequency of incomplete treatment, thus addressing vital issues like antibiotic-resistance and child mortality.

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