Sometimes people who have been admitted to hospital leave before the doctors or other staff authorise their discharge, or even after being told by staff that they are not well enough yet to leave. People who discharge themselves against medical advice (DAMA) often end up needing to go back to hospital. They are also at higher risk of becoming sick or dying than if they have followed the advice of hospital staff. Not all types of people are equally likely to discharge themselves from hospital against the advice of staff. It is more common for young adults (especially men), people who drink a lot of alcohol, those with mental health problems and people who are living in conditions of disadvantage or poverty. It was already known that Aboriginal people are more likely than other people in Australia to leave hospital in this way.39

How was the research done?
Using linked anonymous hospital data, the researchers studied people who were admitted to WA hospitals with ischaemic heart disease (IHD) for the first time between 2000 and 2008 and who then went on to discharge themselves against medical advice.40

What did the research find out?
Although DAMA was relatively rare in these IHD patients (less than 1% of patients), the researchers showed that Aboriginal people were eight times more likely than others with IHD to discharge themselves from hospital. So, for example, almost a quarter (23%) of the 224 patients who discharged themselves were Aboriginal (Figure 17) even though Aboriginal patients made up only 4% of all the patients. However, there were other factors that at least partly explain why this is the case: being younger on average, being more likely to have an emergency admission, and being less likely to undergo a procedure such as a stent.

Based on other studies, the researchers suggested that this may be partly due to the anxiety and negative feelings many Aboriginal people have about being in hospital. Much of the time, hospital systems still aren’t very well set up to deal with the needs of Aboriginal people and their
families. Cultural misunderstanding and poor communication (or, in the case of language barriers, no communication) between hospital staff and Aboriginal patients remain problems that influence Aboriginal patients’ experience of hospital. Hospital culture and systems need to change to improve cultural security for Aboriginal patients and their families.

**Interpretation**

**Over-representation among DAMA:**
- Males
- Patients with history of alcohol or mental health admissions
- Rural patients in rural hospitals
- Younger (25-44 years)
- Aboriginal
- Previous DAMA

**Under-representation among DAMA:**
- Residence in an advantaged area
- Receipt of revascularisation surgery
- Planned admissions

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Figure 17. Comparison of the characteristics of IHD patients which were significantly over- or underrepresented in patients who discharged against medical advice (DAMA), WA 2000-2008

Katzenellenbogen JM, Sanfilippo FM, Hobbs MS et al. BMC Health Serv Res (2013)¹⁰

* History mental health/alcohol: Admission for mental health or alcohol-related disorder in the previous 5 years.
Recommendations

- Change hospital culture and systems so that Aboriginal experiences and attitudes towards hospitalisation are improved*

- Improve access to culturally safe services and to Aboriginal health professionals so that Aboriginal patients feel more comfortable in the hospital environment, have an advocate to talk to, and so that staff are more informed about Aboriginal patients’ needs

- Improve early recognition of patient discomfort and develop strategies to address this before DAMA occurs

- Screen and deal with alcohol/drug/tobacco dependency with protocols for evaluation of risks and proactive interventions to reduce risk of DAMA

- Train staff (particularly in rural hospitals where workforce is less specialised and more transient) in the special needs of Aboriginal patients and the importance of not stereotyping or discriminating by race

- Put in place protocols to follow up patients after DAMA

- Include DAMA as a hospital KPI, in order to ensure hospitals take responsibility for providing appropriate care

*see Appendix 4: Health service expectations: a matter of patient and consumer rights