**Abstract** 

# **Original Article**

# Determinants of Discharge against Medical Advice in a Tertiary Hospital in a Semi-Urban Area of South-Western Nigeria

## Dr Liasu Adeagbo Ahmed, FMCFM, FWACP

Consultant Family Physician, Department of Family Medicine, Federal Medical Centre, Owo, Ondo State, Nigeria

## Dr Olubankole Akinbobove FMCGP, FWACP

Consultant Family Physician, Department of Family Medicine, Federal Medical Centre, Owo, Ondo State, Nigeria

# Dr Olayinka Stephen Ilesanmi FWACP

Consultant Community Health Physician, Department of Community Health, Federal Medical Centre, Owo, Ondo State, Nigeria

## Dr Oluwatoyin Adeleke FWACP,

Consultant Family Physician, Department of Family Medicine, Federal Medical Centre, Owo, Ondo State, Nigeria

### Dr Lanre Olatunde FWACP,

Consultant Physician, Department of Internal Medicine, Federal Medical Centre, Owo, Ondo State, Nigeria

### Dr Ndifreke Udonwa, FMCGP, FWACP,

Consultant and Associate Professor, Department of Family Medicine, University of Calabar Teaching Hospital, and University of Calabar, Cross Rivers State, Nigeria

**Correspondence:** Dr Olayinka Stephen Ilesanmi, Department of Community Health, Federal Medical Centre, Owo, Ondo State, Nigeria E mail: ileolasteve@yahoo.co.uk

#### Abstract

Introduction: Discharge against medical advice (DAMA) is a major problem in our hospitals. This study aimed at identifying the determinants of DAMA, while suggesting how to curb it.

Methods: This was a cross sectional study conducted to all patients (779) on admission at Federal Medical Centre, Owo within 4 months. Data was collected using interviewer administered questionnaire. Data analysis was carried out using SPSS version 21. Descriptive statistics, Chi square test and logistics regression were done. Level of statistical significance was 5 %.

Result: The median age of respondent was 27 years (range <1 - 90 years), 70.2% were 18 years and above, females were 57.9%. DAMA occurred in 7.4% of the patients. To 6.5% hospital bill was not affordable. DAMA occurred in 54(9.9%) of patients 18 years and above, 19(15.8%) of other tribes aside Yoruba, 26(4.3%) of patients with acute health condition and 14(27.5%) of patients whose hospital bill was not affordable (p<0.001). Determinants of DAMA were patients 18 years and above (OR: 10, 95%CI: 3.4-29, p<0.001), other tribes (OR: 3, 95%CI: 1.7-6, p<0.001), no formal education (OR:6, 95%CI: 1.5-25.3, p<0.012), chronic illness (OR:5, 95%CI: 3-10, p<0.001) and inability to afford hospital bill (OR:6, 95%CI: 2.6-12, p<0.001).

**Conclusion:** Inability to afford hospital bill played most important role in DAMA. It is important for government at all levels to increase the budgetary allocation to health institutions to take care of emergency services at all levels of patients care. National Health Insurance Scheme (NHIS) should be pursued vigorously and all hands must be on deck to make it work.

Key word: Hospital, Hospital bill, Discharge against medical advice, Admission, DAMA