

LETTER TO THE EDITOR

In Reference to “Discharge Against Medical Advice: How Often Do We Intervene?”

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In their study of against medical advice (AMA) discharges, Edwards et al.¹ express surprise that prescriptions were given and follow-up arranged at a “much lower rate” than the frequency of warning of impending AMA discharge. The authors assume that when doctors know a patient wants to leave AMA, they will and should, as a matter of course, write prescriptions and arrange follow-up. Not considered is the possibility that doctors may decide for selected patients that the better response is not to prescribe and not to arrange follow-up. Prescribing medications to a patient who has already shown disinterest in heeding doctors’ advice may be considered dangerous. Similarly, making an appointment for a patient who has already demonstrated a lack of adherence, thereby

depriving another patient of that appointment, may be considered an imprudent use of resources. The authors do not provide data on how many AMA discharges may have been averted by this approach. Attempts to minimize the negative impact of capable patients’ decisions neglect that some patients do not categorically prioritize health, and that true autonomy entails not just decision making but bearing responsibility for those decisions’ consequences. Medical risk reduction is not the only value at play in these complex situations.

Reference

1. Edwards J, Markert R, Bricker D. Discharge against medical advice: how often do we intervene? *J Hosp Med.* 2013;8(10):574–577.

Additional Supporting Information may be found in the online version of this article.

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