

# **Dissertation**

Training at



**A Descriptive Study to explore the factors contributing to patients leaving against medical advice and refusing treatment against medical advice in Manipal Hospital, Dwarka for a period of 3 months.**

by

**Name: Ms. Komal**

**Enroll No: PG/21/144**

Under the guidance of

**Dr. Rohini Ruhil**  
**(Assistant Professor) IIHMR, Delhi.**

**PGDM (Hospital & Health Management)2021-23**



**International Institute of Health Management Research, New Delhi**

# **Dissertation**

Training at



**A Descriptive Study to explore the factors contributing to patients leaving against medical advice and refusing treatment against medical advice in Manipal Hospital, Dwarka for a period of 3 months.**

by

**Name: Ms. Komal**

**Enroll No: PG/21/144**

Under the guidance of

**Dr. Rohini Ruhil**  
**(Assistant Professor) IIHMR, Delhi.**

**PGDM (Hospital & Health Management)2021-23**



**International Institute of Health Management Research, New Delhi**

**(Completion of Dissertation from respective organization)**

The certificate is awarded to

**Name: MS. KOMAL**

in recognition of having successfully completed his/her  
Internship in the department of **Operations**.

and has successfully completed her Project on

**A Descriptive Study to explore the factors contributing to patients leaving against  
medical advice and refusing treatment against medical advice in Manipal Hospital,  
Dwarka for a period of 3 months.**

**Date: 20<sup>th</sup> January; 2023 to 20<sup>th</sup> April; 2023**

**Organisation: Manipal Hospital, Delhi.**

She comes across as a committed, sincere & diligent person who has a  
strong drive & zeal for learning.

We wish him/her all the best for future endeavors.

  
**Authorized Signatory  
(HR)**

## TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Komal** student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at **Manipal Hospital Delhi, Dwarka** from **20<sup>th</sup> January; 2023 to 20<sup>th</sup> April; 2023.**

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific, and analytical.

The Internship is in fulfillment of the course requirements. I wish her all success in all his/her future endeavors.

Dr. Sumesh Kumar  
Associate Dean, Academic, and Student Affairs  
IIHMR, New Delhi  
Delhi

Mentor  
IIHMR, New

### Certificate of Approval

The following dissertation titled **"A Descriptive Study to explore the factors contributing to patients leaving against medical advice and refusing treatment against medical advice in Manipal Hospital, Dwarka for a period of 3 months."** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.


Dissertation Examination Committee  
for evaluation of dissertation.

Name

Signature

Dr. Altaf Yousuf \_\_\_\_\_

Dr. Ratika Samtani \_\_\_\_\_

Dr. Kalpana Goyal.  \_\_\_\_\_

### **Certificate from Dissertation Advisory Committee**

This is to certify that **Ms.Komal**, a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled “ **A Descriptive Study to explore the factors contributing to patients leaving against medical advice and refusing treatment against medical advice in Manipal Hospital, Delhi for a period of 3 months**” at “**Manipal Hospital, Delhi**” in partial fulfillment of the requirements for the award of the **PGDM (Hospital & Health Management)**.

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr. Rohini Ruhil  
Assistant Professor.

IIHMR, Delhi.

  
MR. Yogender Singh.  
Operations Head.  
Manipal Hospital, Delhi.

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT  
RESEARCH,  
NEW DELHI**

**CERTIFICATE BY SCHOLAR**

This is to certify that the dissertation titled **A Descriptive Study to Explore the factors contributing to patients leaving against medical advice and refusing treatment against medical advice in Manipal Hospital, Dwarka for a period of 3 months**” at “Manipal Hospital, Delhi” and submitted by Ms. Komal Enrollment No. PG/21/144 under the supervision of Dr. Rohini Ruhil and MR. Yogender Singh for the award of PGDM (Hospital & Health Management) of the Institute carried out during the period from 20th January;2023 to 20th April;2023 embodies my original work and has not formed the basis for the award of any degree, diploma, associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Ms. Komal

## FEEDBACK FORM

Name of the Student: Ms. Komal

Name of the Organisation in Which Dissertation Has Been Completed: Manipal Hospital, Delhi.

Area of Dissertation: Operations.

Attendance: 98%

Objectives achieved: Yes.

Deliverables: 1) Project on exploring the factors contributing to patients leaving against medical advice & ROT & assisted conversion team.  
2) Observational report in pharmacy, ER, Wards & OPD & Health checkup.

Strengths: Sincerity, Punctuality, Meeting the deadlines, willingness to learn.

Suggestions for Improvement: NA

Suggestions for Institute (course curriculum, industry interaction, placement, alumni): NA

Signature of the Officer-in-Charge/ Organisation Mentor (Dissertation)

Date: 20-4-2023

Place: Manipal Hospital, Delhi.





28<sup>th</sup> April, 2023

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Ms. Komal** has undergone her internship with us from **20<sup>th</sup> January 2023 to 20<sup>th</sup> April 2023**.

During this period, she has completed a project as an intern in the **Operations Department**.

Her performance on the project assigned and her conduct was found to be good.

We wish her success in her future endeavors.

**Manipal Hospitals Dwarka Private Ltd.,**

  
Authorized Signatory



**Manipal Hospital (Dwarka) Private Limited**

CIN : U85110KA2014PTC073063

Regd. Off. The Annexe, #98/2, Rustam Bagh, HAL Airport Road, Bengaluru 560 017, Karnataka  
P + 91 80 4936 0300 E info@manipalhospitals.com www.manipalhospitals.com

Delhi Office

No. 256, Okhla Industrial Estate, Phase III, New Delhi 110 020  
P +91 11 4967 4967

## Acknowledgment:

I am deeply grateful to acknowledge the unwavering support and encouragement of several individuals who have been instrumental in the successful completion of my dissertation. Their constant inspiration and guidance have been the driving force behind this achievement.

First and foremost, I want to express my heartfelt appreciation to **Manipal Hospital, New Delhi**, for providing me with the opportunity to work on this dissertation during my three-month internship. The invaluable experience gained during this period has significantly contributed to my growth and learning in the field of Health and Hospital Management.

I extend my sincere gratitude to my organizational Dissertation advisor, **Mr. Yogendra Singh, the Operations Head at Manipal Hospital**. His expert guidance, consistent encouragement, and constructive criticism have played a pivotal role in shaping this project. Without his invaluable support and mentorship, this work would not have reached its full potential.

I would also like to acknowledge the invaluable contributions of **Dr. Rohini Ruhil, Professor at IIHMR, Delhi** who served as my mentor throughout this study. Her time, guidance, and support at critical junctures were crucial in ensuring the timely completion of the assigned project.

Furthermore, I am deeply appreciative of all the other individuals who generously offered their time, help, and support during the course of this dissertation. Their valuable inputs and insights have significantly enriched the quality of my work.

In conclusion, I cannot overlook the role of the Almighty and my parents in this journey. Their unwavering faith in me and their constant support has been the driving force behind this accomplishment.

Once again, I extend my heartfelt gratitude to everyone who contributed to the successful completion of this dissertation. Your assistance has been invaluable, and I am genuinely thankful for your presence in my academic and personal life.

Komal

PG/21/144

## Table of Content

Acknowledgment.....	10
Abstract.....	13
 <b><u>CHAPTER 1</u></b>	
Title.....	15
Introduction.....	17
 <b><u>CHAPTER 2</u></b>	
Review of Literature.....	19
Prevalence of LAMA in India.....	20
Reasons for LAMA in India.....	20
Implication of LAMA.....	21
Mitigation Strategies and Recommendations.....	21
 <b><u>CHAPTER 3</u></b>	
Methodology.....	22
Rational of the study.....	23
Objectives of the study.....	23
Informed Consent Forms.....	26
Questionaries.....	32
 <b><u>CHAPTER 4</u></b>	
Result.....	32
 <b><u>CHAPTER 5</u></b>	
Discussion .....	42
 <b>CHAPTER 6</b>	
Conclusion.....	44
 <b>CHAPTER 7</b>	
References.....	46

## **List of Abbreviations**

<b>1.</b>	<b>LAMA- Leave Against Medical Advice.</b>
<b>2.</b>	<b>DAMA- Discharge Against Medical Advice.</b>
<b>3.</b>	<b>R.O.T- Refusal of Treatment.</b>
<b>4.</b>	<b>O.P.D- Out Patient Department.</b>
<b>5.</b>	<b>ICU- Intensive Care Unit.</b>

## Abstract

This descriptive study aims to explore the factors contributing to patients leaving against medical advice (LAMA) and refusing treatment against medical advice (DAMA) in Manipal Hospital, Dwarka, over a period of three months. Manipal Hospital is a renowned healthcare organization in India, known for providing high-quality medical care.

LAMA and DAMA cases have become a global concern, affecting up to 2% of all hospital discharges. Managing such cases can be challenging due to ethical and legal implications. Understanding the reasons behind these decisions is crucial to improve patient care and reduce associated adverse outcomes.

The study uses a quantitative research approach and a convenient study design. The study population comprises patients seeking treatment in the Emergency Department of Manipal Hospital, Dwarka. Data will be collected through observation and analysis in the Emergency Department, and a LAMA tracker tool will be used to record relevant information.

The primary objective is to assess the implementation and conversion of all LAMA and DAMA cases and analyze the contributing factors. The secondary objective is to find associations between demographic details such as age, gender, department, payor, and conversions.

Ethical considerations are strictly adhered to, ensuring the confidentiality of participants' data, voluntary participation, and informed consent.

Results from previous studies indicate that LAMA cases are linked to increased morbidity and mortality, readmissions, longer hospital stays, and higher treatment costs. Therefore, understanding the contributing factors and implementing appropriate interventions can significantly impact patient outcomes.

The study will provide valuable insights into LAMA and DAMA cases in Manipal Hospital, Dwarka, enabling healthcare professionals to enhance patient care, communication, and support. The findings may lead to the development of targeted strategies to reduce LAMA cases and improve patient satisfaction and outcomes.

# **CHAPTER-1**

# **INTRODUCTION**

# TITLE

**A Descriptive Study to explore the factors contributing to patients leaving against medical advice and refusing treatment against medical advice in Manipal Hospital, Dwarka for a period of 3 months.**

## About the Organization, Manipal Hospital, Dwarka:

Step into the world of exceptional healthcare at Manipal Hospital in Dwarka, Delhi – a distinguished part of the renowned Manipal Hospitals network. Dr. T.M.A. Pai, the visionary founder of the Manipal Education and Medical Group (MEMG), sowed the seeds of this prestigious institution when he established the Kasturba Medical College in Manipal, Karnataka, in 1953. Fast forward to 1991, the organization officially blossomed with the inauguration of its flagship 650-bed hospital on Old Airport Road in Bangalore. Today, with an impressive presence of approximately 8300 beds spanning across 29 hospitals, Manipal Hospitals stands tall as one of India's foremost healthcare organizations.[1]

At the state-of-the-art Manipal Hospital in Dwarka, we take pride in providing exceptional medical facilities and unwavering dedication to patient care. Our 380-bed hospital includes 118 critical care beds and 13 fully-equipped operating theatres, ensuring we are equipped to handle a diverse range of medical cases with utmost precision and expertise. We are steadfast in our commitment to complying with international standards for radiodiagnosis, clinical procedures, and groundbreaking research.[2]

Manipal Hospitals is one of the best hospitals in Delhi, devoted to clinical excellence, patient-centricity, and ethical practices. Our commitment to clinical excellence is palpable in the high calibre of our team of medical practitioners. Our nursing staff and paramedical professionals are highly competent and provide great support to our clinical team. Our healthcare services are aligned with our patient's needs. Creating a compassionate and supportive environment for patients and their caregivers is of utmost importance to us. Our patient-first approach has earned us the goodwill of patients not just from within India, but also from across the world including the Middle East, Africa, and South-East Asia. We attach the highest importance to ethical practices which is evident in our professional conduct, honesty, trust, and confidentiality.[3]



When emergencies strike, Manipal Hospital in Dwarka stands prepared to offer round-the-clock emergency and trauma treatments. Our Emergency Department boasts a total of 14 beds, thoughtfully divided into 4 in the Triage area for swift initial assessments and 10 in the emergency room, ensuring timely care for those in urgent need. Our exceptional team of medical professionals, comprising three doctors and five nurses on duty, is committed to providing immediate attention and expertise when it matters the most.

Heading the Emergency Department is a dedicated Head of Department (HOD), supported by two emergency doctors, a coordinator, and 11-12 nursing staff. Our three Ground Duty Assistants (GDA) and four vigilant security guards play a crucial role in ensuring a safe and efficient environment for our patients, with two stationed at the entrance of the ER and two inside the Triage area.

Manipal Hospital in Dwarka stands as a beacon of hope and compassion, driven by the firm belief that every life is truly priceless. We invite you to experience our exceptional healthcare services, where we combine cutting-edge medical technology with a human touch, embodying the essence of care that surpasses all expectations.

## **BACKGROUND**

- **LAMA**- Discharge against medical advice (DAMA) is defined as when a patient leaves a healthcare institution, typically a hospital, before the recommendation of the treating physician. This is also called against medical advice (AMA), or leaving against medical advice (LAMA), and may be referred to colloquially as a patient "absconding." LAMA reasons are an area of concern for all involved in the healthcare delivery system.[4]
- **REFUSAL OF TREATMENT** - Informed refusal is when a person has refused a recommended medical treatment based upon understanding the facts and implications of not following the treatment. Informed refusal is linked to the informed consent process, as a patient has a right to consent but may choose to refuse.[5]



## INTRODUCTION

Leaving Against Medical Advice (LAMA) remains a complex and multifaceted issue in the realm of healthcare, accounting for up to 2% of all hospital discharges.[6] Within the bustling emergency room, where time-critical decisions are made, LAMA visits comprise approximately 1-3% of cases, stemming from various reasons such as dissatisfaction with emergency service, impatience with waiting times, and a lack of adherence to medical advice. The challenge of managing LAMA cases lies not only in providing quality care but

also in navigating the ethical and legal considerations surrounding patient autonomy and the potential consequences of leaving without medical approval.[7]

Of particular concern is the diminished capacity of individuals on LAMA to fully comprehend the implications of their decisions. Patients in such situations may be in a vulnerable state due to their medical condition or emotional distress, making effective communication and patient education crucial. Ensuring that patients have a clear understanding of the risks and consequences of leaving the hospital prematurely is vital to support informed decision-making and mitigate potential harm.[8]

Research has shed light on the significant impact of LAMA on patient outcomes and healthcare system functioning. LAMA cases have been associated with increased rates of morbidity and mortality, underscoring the seriousness of this issue. Moreover, patients who leave against medical advice may experience higher rates of readmissions, reduced treatment compliance, prolonged hospital stays, and escalated treatment costs. These repercussions not only affect the patients themselves but also place an additional burden on the healthcare system.[9]

To gain deeper insights into the factors contributing to LAMA, researchers have conducted comprehensive studies by meticulously screening LAMA files. These studies have involved analysing patient demographics, such as age, sex, and geographic area, as well as disease characteristics and the length of hospital stays. By examining seasonal fluctuations and the monthly distribution of LAMA rates, researchers seek to uncover any potential patterns or trends that may inform targeted interventions.[10]

Furthermore, investigations have explored the influence of specific diseases, prognoses, and medical specialties on the occurrence of LAMA cases. Understanding these associations is instrumental in tailoring patient care and interventions for specific medical conditions, ultimately reducing the likelihood of LAMA occurrences.[11]

The root causes of LAMA are diverse, and tangential studies have delved into the specific reasons behind patients' decisions to leave against medical advice. These contributing factors encompass a wide spectrum, ranging from financial constraints and unwillingness to continue treatment to seeking a second opinion from another healthcare provider, opting for care at a different hospital or with a family doctor, feeling better after initial treatment, concerns related to nursing services, issues with the medical panel, room availability, non-responsiveness to treatment, and lack of improvement after supportive care.[12]

At Manipal Hospital, the Emergency Medicine Department envisions creating the foremost emergency care in the Delhi-NCR region by fostering a strong sense of community among healthcare professionals. Their approach is driven by technology, utilizing team-driven pre-hospital care, and providing state-of-the-art emergency services. The mission of the department is to constantly innovate and contribute new knowledge in the disciplines of emergency medicine and emergency management, with an unwavering commitment to delivering superior emergency patient care. The hospital's guiding principle, "Every patient to the right therapy in the right clinical setting," underscores their dedication to providing high-quality care tailored to individual patient needs.[13]

In a multispecialty hospital setting, the emergency department plays a pivotal role in promptly providing critical medical care while minimizing unwarranted treatment refusals. Ensuring that all necessary resources are readily available and efficiently utilized is vital for delivering exceptional service. Each phase of patient care, from assessment to treatment and communication, should be carried out promptly and with precision to optimize outcomes.[14]

Conducting LAMA studies is integral to comprehending the distribution of refusals in therapy and investigations. By conducting detailed descriptive studies of emergency department services, healthcare providers gain valuable insights into the functioning of the emergency care system and areas that warrant improvement. This understanding is crucial for effective management, enabling the implementation of strategies to minimize LAMA occurrences and enhance patient care further.[15]

In conclusion, LAMA continues to be a multifaceted challenge in healthcare, impacting patient outcomes and healthcare system functioning. By conducting thorough research and analysis, healthcare professionals can identify contributing factors to LAMA and design targeted interventions to mitigate unfavourable consequences. Through effective communication, patient education, and innovative approaches to emergency care, the medical community can collaboratively address the challenges posed by LAMA and ultimately enhance patient safety and well-being.[16]

# **CHAPTER-2**

## **Review of literature**

## Introduction

The literature review presented here embarks on an extensive examination of a critical issue within the healthcare sphere of India - the phenomenon of patients leaving against medical advice (LAMA). A concern with global relevance, LAMA manifests unique facets within the Indian context due to the country's diverse socio-cultural fabric, economic conditions, and distinctive healthcare system. By harnessing insights from an array of studies, this review endeavors to weave a detailed, all-encompassing tapestry that portrays the intricate patterns of LAMA prevalence, causes, implications, and possible mitigation strategies in India. The overarching goal is to deepen our understanding of LAMA, foster dialogue, and provide a foundation for the development of effective, context-specific interventions to alleviate its incidence and impact in India.[17]

### Prevalence of LAMA in India

The prevalence of LAMA was 4.95% overall in the institution, according to a retrospective study done in a tertiary care hospital in North India. The prevalence rate of LAMA in poor nations, which ranges from 1.94 to 13 percent, is equivalent to this.<sup>14</sup> The incidence of LAMA is higher in developing nations like India where the healthcare system combines the national public health system, practitioners of alternative medicine, and private hospitals. Our study group recently conducted a retrospective and prospective evaluation on LAMA patients at tertiary care teaching hospitals in North India, and the results showed that the prevalence of LAMA was 3.3% in the hospital, 2.4% in the emergency department, and 15% in the intensive care units (ICUs). In a separate study done in a private Indian setting, 3.8% of patients who arrived at the emergency room left despite doctors' orders. Consequently, these variations underscore the need for a context-specific approach to addressing LAMA. Understanding the nuances of LAMA's prevalence sets the stage for an in-depth examination of the issue.[18]

### Reasons for LAMA in India

The complex tapestry of LAMA in India is woven from numerous strands, each representing a unique factor contributing to the problem. Prominent among these, is the economic strain experienced by many families. The weight of medical expenses often compels patients to prematurely terminate their healthcare journey. adds another dimension to this narrative by unraveling the profound impact of cultural beliefs and societal norms on patients' decisions to leave medical care. The quality of healthcare services, both perceived and actual, is yet another crucial thread in the LAMA narrative. this aspect significantly influences patients' decisions. Delving further into the intricacies of the healthcare interaction, the dynamics of the doctor-patient relationship cannot be overlooked. **The commonly cited reasons for LAMA were financial (27.6%) and poor prognosis (20.5%). About 3.3% of patients left the hospital against medical advice in our retrospective analysis. Most of these cases did so from the ward followed by ICU. Financial reasons and expected poor outcomes played a significant role. [19]** The study explores this factor, emphasizing the role of trust and communication in the decision to leave

against medical advice further broadens the spectrum by highlighting the influence of health literacy levels and the role of social stigmas attached to certain illnesses. Thus, a holistic understanding of LAMA's causes is integral to devising strategies to address it effectively.

### **Implications of LAMA**

The fallout from LAMA is extensive and far-reaching, creating a ripple effect that extends from the individual to the healthcare system and society at large. The impact on individual health outcomes is significant and often negative. Patients who choose to leave medical care often face health deterioration, highlighting the urgency to address LAMA. On a systemic level, LAMA results in considerable strain on healthcare resources. This strain manifests as inefficient resource allocation, leading to an overburdened healthcare system. Another layer of complexity is added by the ethical dilemmas and legal challenges posed by LAMA. Healthcare providers often find themselves in uncharted waters, navigating between upholding patient autonomy and adhering to their professional responsibilities. This predicament adds to the multifaceted challenges associated with LAMA.

### **Mitigation Strategies and Recommendations**

Addressing the LAMA issue demands a broad spectrum of context-specific strategies. Policymakers, healthcare providers, and communities all have pivotal roles to play in this endeavour. A host of potential interventions have been suggested in the literature. advocate for comprehensive policy changes, focusing on healthcare accessibility and affordability. Further, emphasize enhancing patient education and improving doctor-patient communication, thereby fostering trust and understanding. Equally important is the continual assessment of these strategies' effectiveness, a process that expounds upon in their work.

# **CHAPTER-3**

# **METHODOLOGY**

## AIM

- To explore the factors contributing to LAMA cases & ROT cases and to do the conversions.

## OBJECTIVES

- **Primary Objective**

To assess the implementation and conversion of all the Lama and Rot Cases to analyse the contributing factors.

- **Secondary Objective**

To find out the association between the Demographic detail- Age, Gender, Department, Payor, and Conversions.

## METHODOLOGY

- **Study Approach:**

Quantitative research

- **Study Design:**

Convenient Study Design

- **Study Setting:**

Emergency Department, Dwarka, New Delhi.

- **Study Population:**

The population comprises all the Patients seeking treatment in Emergency Room, in New Delhi.

- **Selection Criteria:**

- **INCLUSION CRITERIA:** All the patients refusing investigations and further management.
- **EXCLUSION CRITERIA:** All other cases.

- **Study Variables:**

- **DEPENDENT VARIABLE:** Implementation of LAMA TRACKER.
- **DEMOGRAPHIC VARIABLE:** Age, Gender, Department, Payor, Time.

➤ **Sample Size:**

100% As 24 hours of data is collected.

The average patient ratio in the Emergency Department is 50-55 patients per day.

➤ **Sampling Method:**

Convenient Sampling Techniques:

➤ **Method of data collection:**

The data has been collected through the observation and analysis process in the Emergency Department and a tracker is maintained in Excel where I consider important portions from each section of the contributing factors and the demographic variables

➤ **Project Implementation Plan:**

- Data collection: Through the observation audit in the ED, through signed consent forms.
- Data entry: The Data have been entered in the Master Excel sheet. A Dashboard was created to analyze the data in track care.
- Analysis: The data have been recorded in the Excel sheet and analyzed by using descriptive statistics & follow-up and by calling the patient.

➤ **Data Management Plan:**

The data has been analyzed with the Descriptive and Inferential statistical method and an association is found with the Chi test Square between the Demographic data and the conversion score

## **ETHICAL CONSIDERATION**

- All the collected credentials will be kept confidential and used for study purposes only.
- The Tracker used will be anonymous.
- Informed consent will be taken from the team leader to record the cases of emergency department lama cases.



- The participants have all the right to quit the study if they want, as it is completely voluntary.

## **ANNEXURES**

- LAMA CONSENT.

## **Informed Consent Form**

**A Descriptive Study to explore the factors contributing to patients leaving against medical advice and refusing treatment against medical advice in Manipal Hospital, Dwarka for a period of 3 months.**

**Study Duration:** [20<sup>th</sup> Jan 2023] to [20<sup>th</sup> April 2023]

### **Introduction:**

**LAMA-** Discharge against medical advice or leave against medical advice (DAMA or LAMA) is a global phenomenon Leaving against medical advice (LAMA), is **a term used when patients leave the hospital before a treating physician advises**. LAMA reasons are an area of concern for all involved in the healthcare delivery system.

**Refusal of Treatment-** Informed refusal is when a person has refused a recommended medical treatment based upon understanding the facts and implications of not following the treatment. Informed refusal is linked to the informed consent process, as a patient has a right to consent but may choose to refuse

You are invited to participate in a research study. Please read this form carefully to understand the purpose, procedures, and your rights as a participant.

### **Purpose and Procedures:**

This study aims to [To assess the implementation and conversion of all the Lama and Rot Cases to analyse the contributing factors and compare lama and non-lama cases.] If you agree to participate, read the consent form ahead.

### **Confidentiality:**

Your data will be anonymized and securely stored. Only the research team will have access. Your privacy will be protected.

### **Voluntary Participation:**

Participation is voluntary, and you can withdraw at any time without penalty or loss of benefits.

### **Contact Information:**

For questions or concerns, contact:

- Research Coordinator: [Name]
- Email: [Email Address]
- Phone: [Phone Number]

### **Participant Consent:**

By signing below, I confirm that:

1. I have read and understood this consent form.
2. I voluntarily agree to participate.
3. I understand I can withdraw at any time.

Participant Name (Printed): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Research Coordinator: \_\_\_\_\_



**Discharge Against Medical Advice**

I/undersigned hereby request for my /following Patient's discharge against Medical Advice.

I acknowledge that discharge against medical advice has several risks, which have been explained to me in Language (.....) include imminent risk permanent disability worsening of my / patients current condition, and even death, which have been understood by me.

I confirm that I shall not hold the hospital and doctors responsible for all consequences arising out of discharge against medical advice and seek my / patients discharge of my responsibility and risk.

**Doctor's additional remarks (If any):**

Name of the person making the above stated request	
Age of the person making the above stated request	
Signature of the person making the above stated request	
Relationship with the patient (If applicable)	
Date and time	
Name and Signature of doctor taking the consent/request	
Witness (Name & Signature)	

MHEPL/NSCF-008

HCMCT Manipal hospital , Adjoining MTNL Building, Sector-6, Dwarka, Delhi-110075 Phone number :-

*Processed using the free version of Waleemah. The paid version does not add this mark*



### Refusal to Treatment

**Treatment:** \_\_\_\_\_

I, the undersigned, hereby stated that (Please as appropriate)

<input type="checkbox"/>	I do not wish to undergo the above stated treatment and refuse to grant/withhold my consent for the above mentioned treatment
<input type="checkbox"/>	I do not wish the below mentioned patient to undergo the above stated treatment and refuse to grant/withhold my consent for the above mentioned treatment

I understand that my refusal, based on medical advice received exposes me/the patient to several risks, which have been explained to me and have been understood by me. The risks without limitation, include imminent risk of permanent disability, worsening of my / patient's current condition, and even death. I also confirm that my refusal is voluntary, without any pressure or coercion and that the Hospital and Doctors will not be held responsible for any consequences arising out of this refusal for treatment.

I certify and acknowledge that I have read and understood the contents of this form/ it has been read and explained to me in language understood by me and that I understand the risk and have been made aware of attending risks of the procedure that the Patient have/ has to undergo.

**Doctor's additional remarks (if any):**

Name and age of the person giving the above consent	
Signature of the person giving the above stated consent.	
Relation with the patient(if applicable)	
Name of the patient and hospital/IP Number.	
Date and Time	
Name and signature of the Doctor taking the Consent.	
Witness name and signature	

MHEPL/NSCF-023

HCMCT Manipal hospital , Adjoining MTNL Building, Sector-6, Dwarka, Delhi-110075 Phone number :- 011-49674967

*Processed using the free version of Watermarkly. The paid version does not add this mark.*

## LAMA/DAMA REASONS

Finance-Not Affordable
Not willing
Second Opinion
OPD Visit
Feeling Better
Nursing Services
Panel Issue
Room Availability
Not Responding
Panel issue

## LAMA / DAMA TRACKER TOOL

S.NO
MONTH
DATE
TIME
PATIENT NAME
PHONE NO.
HOSPITAL ID
DR. NAME
DEPARTMENT
Treatment Advice: Admission/Investigations
Reason for ROT
PAYOR
LAMA REASON
FOLLOW UP 1
FOLLOW UP 2
FOLLOW UP 3
Status: OPD/Admission/NI/Plan/Open/CB
CLOSING/Plan DATE
NI REASONS

## Dashboard/ Tools- LAMA/DAMA TRACKER

Count of HOSPITAL ID	Column Labels			
Row Labels	ADMISSION	NI	OPD	Grand Total
CARDIOLOGY	1	62	22	85
EMERGENCY		9		9
GASTROLOGY	3	37	12	52
GENERAL SURGEON		2		2
INTERNAL MEDICINE	3	24	6	33
LIVER TRANSPLANT	1			1
NEUROLOGY	5	19	7	31
ONCOLOGY			1	1
PEDIATRICS		3		3
PLASTIC SURGEON		1		1
RESPIRATORY	1	6	2	9
SPINE CARE		1		1
UROLOGY		3		3
VASCULAR SURGERY		1		1
NEPHROLOGY		1		1
NEUROSURGEON		2	1	3
ORTHOPEDIC		8		8
Grand Total	14	179	51	244

## **Questionnaire**

### **Live cases- Direct Interaction.**

1. Hello sir/ma'am, May I help you. Are you facing any problem?
2. Any financial (Payor) issue?
3. Any problem regarding treatment or from staff?
4. Do you want Baja insurance scheme that is without interest or we can provide you with a discount?
5. Are you facing any issues regarding bed availability?
6. Why don't you want to wait for the results?
7. Do you want to opt for another hospital?
8. Any other feedback for dissatisfaction or refusal?

### **Evening/Night-Time.**

1. Hello sir/ma'am, May I help you. have you faced any problems at night visited the emergency department, and refused treatment?
2. How can I help you regarding your issue?
3. Was there any issue with bed availability?
4. Staff has informed you appropriately about billing estimation.
5. Do you want to take a second opinion from opd doctors?
6. If you are taking treatment in another hospital, may I ask you the details of any issue?
7. Any other feedback for dissatisfaction or refusal?



# CHAPTER- 4

## RESULT

The analysis of Leave Against Medical Advice (LAMA) cases has revealed compelling trends based on the payor category. Cash-paying patients constituted the highest number of LAMA cases, whereas non-LAMA cases predominantly involved cash payors during discharge and CGHS (Central Government Health Scheme) payors during admissions.

Bed allocation played a pivotal role in patient admissions, with a significant number of patients being admitted to the general ward due to the unavailability of Intensive Care Unit (ICU) beds. This highlights the importance of effective bed management to ensure that patients receive appropriate care without unnecessary delays.

Regarding age distribution, a majority of discharged patients fell within the 25 to 69-year-old range, while admitted patients were predominantly between 40 and 80 years old. LAMA cases spanned a wider age range, ranging from 21 to 80 years old. These findings underscore the need for tailored care plans based on age groups, especially for patients in the higher age brackets.

Gender-wise, the ratio of female patients was higher in both discharged and admitted cases, whereas LAMA cases exhibited a higher ratio of male patients. This disparity suggests that gender-specific factors may influence patient decisions to leave against medical advice, warranting further investigation and targeted interventions.

Notably, a significant proportion of patients expressed disinterest in continuing treatment and opted for alternative healthcare options such as seeking care at other hospitals or consulting their family doctors. This emphasizes the critical role of effective communication between healthcare providers and patients to address concerns and foster trust, potentially reducing the inclination for LAMA decisions.

The department with the highest patient count was the cardiac department, surpassing all other departments. This calls for increased attention to resource allocation and capacity planning to efficiently manage patient inflow and ensure optimal care delivery.

The study also identified specific factors contributing to LAMA cases. The highest number of patients (64) chose to opt for another hospital, indicating the need for assessing the hospital's service quality and patient satisfaction. Additionally, 46 patients reported feeling better and decided to discontinue treatment, suggesting the importance of patient education about the potential risks of leaving treatment prematurely. Moreover, 39 patients did not respond to treatment, emphasizing the necessity of close monitoring and timely intervention for non-responsive cases.

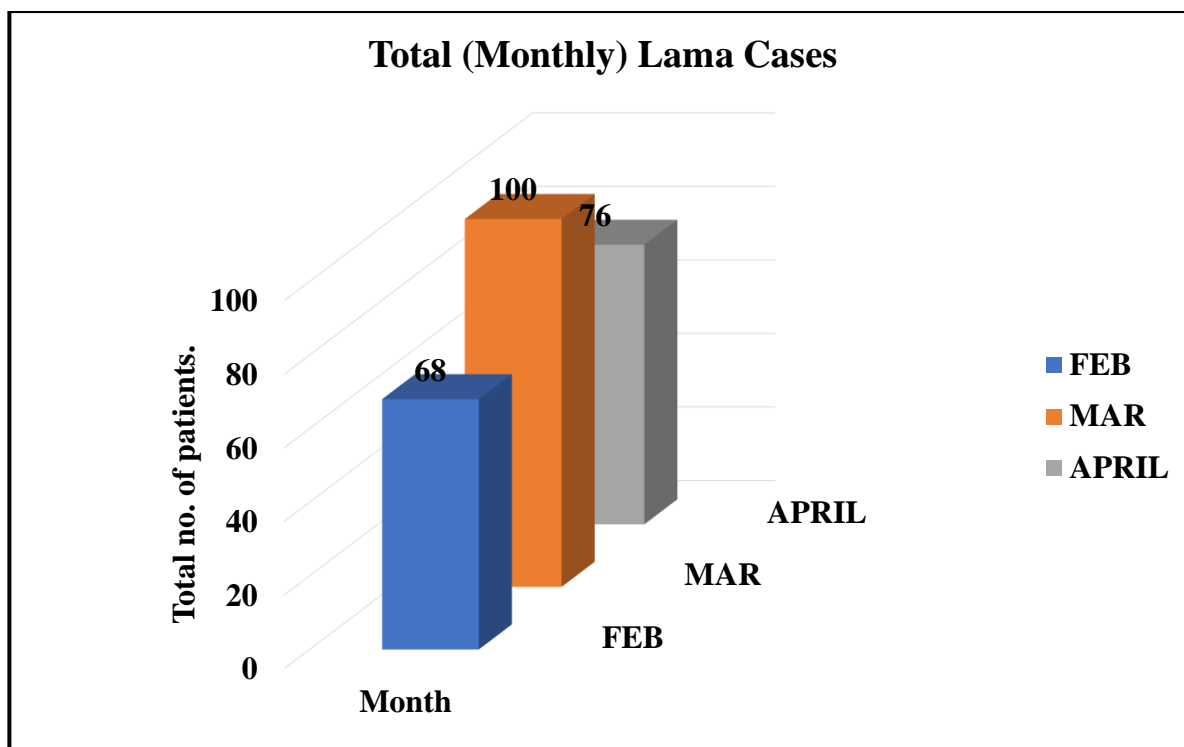
Financial issues were reported by 7 patients, while 5 patients faced panel availability issues, highlighting the impact of financial constraints and access to specialized care on patient decisions. Addressing these concerns requires innovative solutions, such as offering financial counseling and exploring partnerships with insurance providers to ease the financial burden on patients.

In conclusion, the analysis underscores the significance of improved communication strategies, effective bed management, and addressing financial constraints to reduce LAMA cases and enhance patient satisfaction. By proactively implementing targeted interventions based on these findings, healthcare facilities can optimize patient care and outcomes while fostering a patient-centric approach to healthcare delivery.

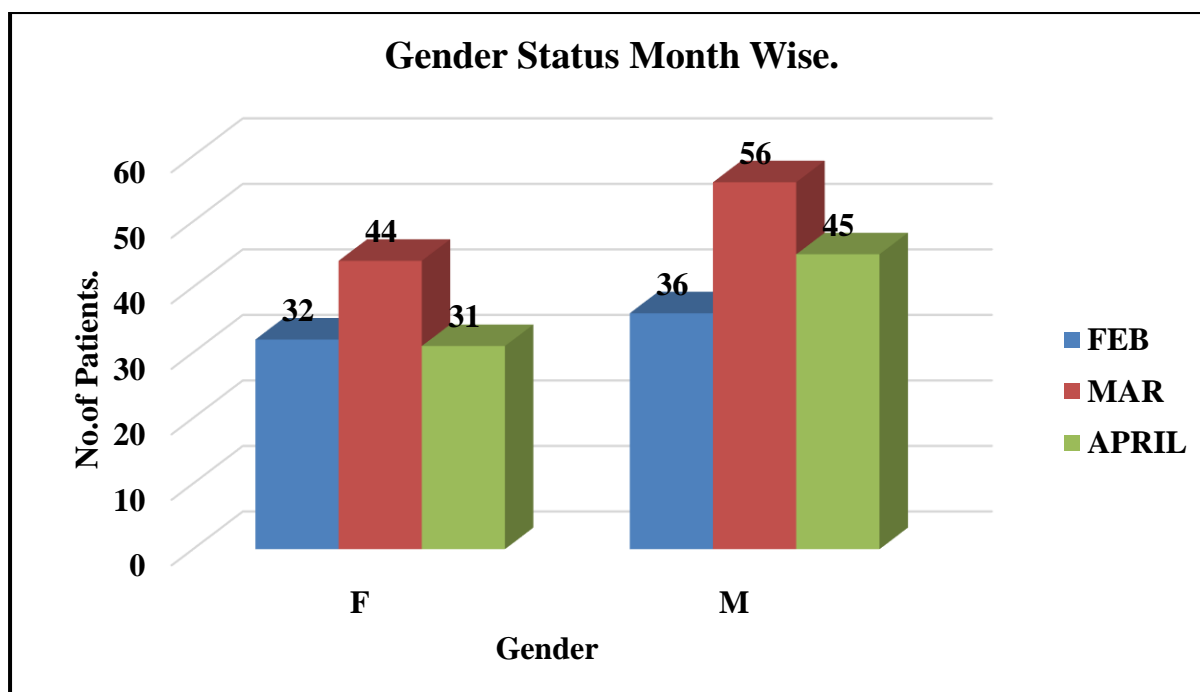
## Results (Monthly Lama Cases)

MONTH	FEBRUARY	MARCH	APRIL	SUM
TOTAL NO. OF PATIENT	1190	1625	1108	3923
TOTAL NO. OF LAMA CASES	68	100	76	244
TOTAL IP CONVERSION/ADMISSION	492	716	489	1697
TOTAL NON-IP CONVERSION/DISCHARGED	630	809	543	1982

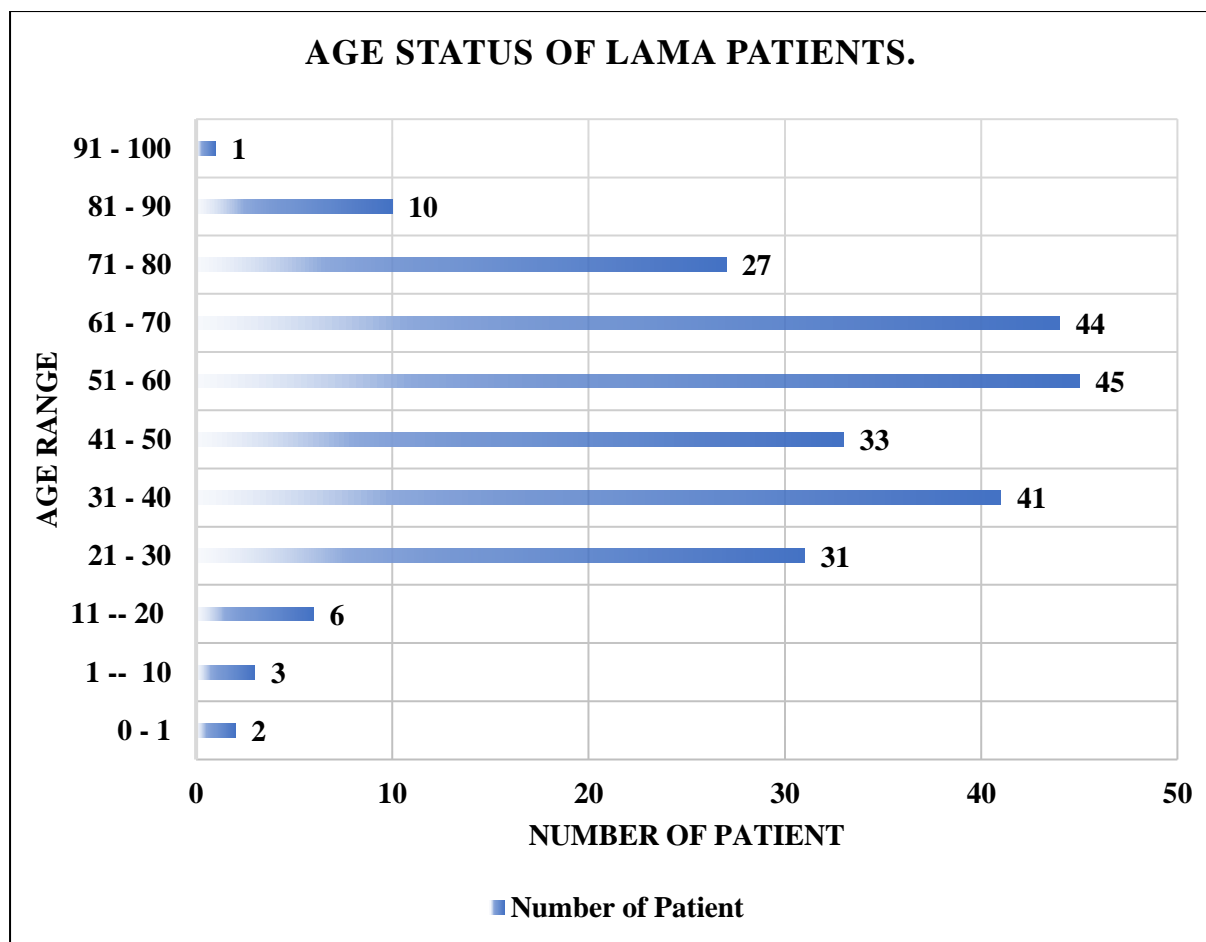
**This table displays the total number of patients seen in the emergency room on a monthly basis.**



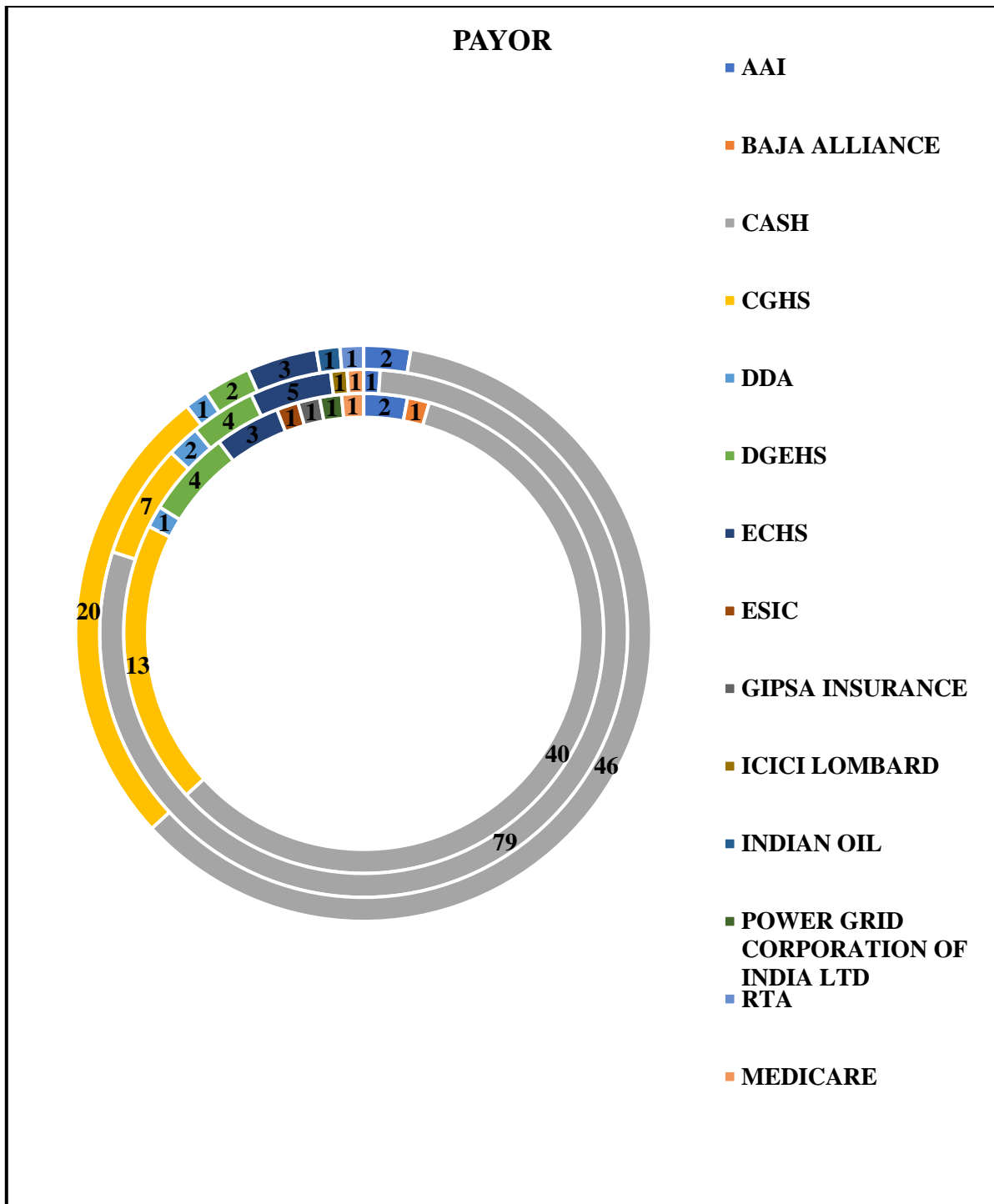
**In the 3 months of analysis of lama cases total lama cases were 244. In the month of February, 68 patients were lama, in March 100 patients& in April 76 were lama.**



**In the 3 months of analysis of lama cases total lama cases were 244 and males were 137 (56.15%) and females 107 (43.85).**

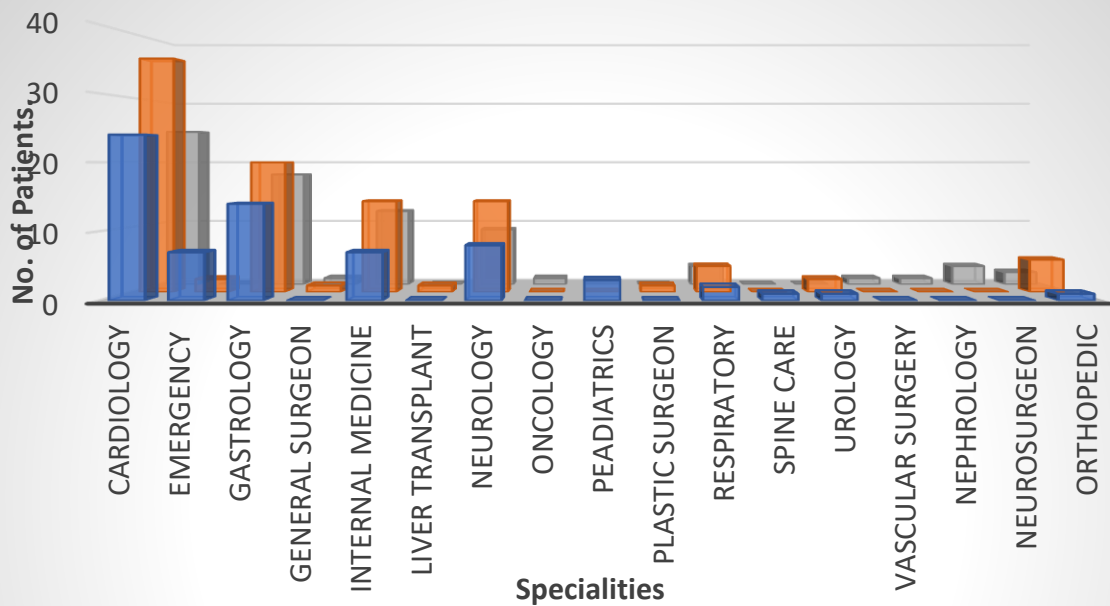


**In the 3 months of analysis of lama cases total percentage of children ( 0-20 years), was 4.51%, Young Adults ( 21-30 Years), 12.70%, Middle age Adult Adults (31-50 Years), 30.04%, Old age ( 51-100 Years),52.75% of Total lama case**



**In the 3 months of analysis of lama cases, the total percentage of Cash payors was 67.62%, the highest among all the payors**

## Visited Status Of Lama Patients (DEPARTMENT Wise).

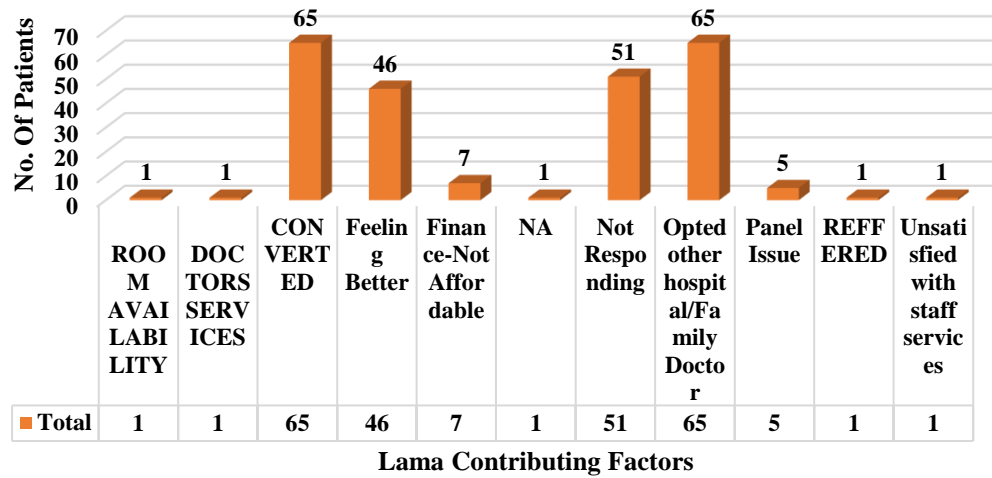


	CARDIOLOGY	EMERGENCY	GASTROLOGY	GENERAL SURGEON	INTERNAL MEDICINE	LIVER TRANSPLANT	NEUROLOGY	ONCOLOGY	PEADIATRICS	PLASTIC SURGEON	RESPIRATORY	SPINE CARE	UROLOGY	VASCULAR SURGERY	NEPHROLOGY	NEUROSURGEON	ORTHOPEDIC
FEB	24	7	14	0	7	0	8	0	3	0	2	1	1	0	0	0	1
MAR	36	2	20	1	14	1	14	0	0	1	4	0	2	0	0	0	5
APRIL	25	0	18	1	12	0	9	1	0	0	3	0	0	1	1	3	2

■ FEB ■ MAR ■ APRIL

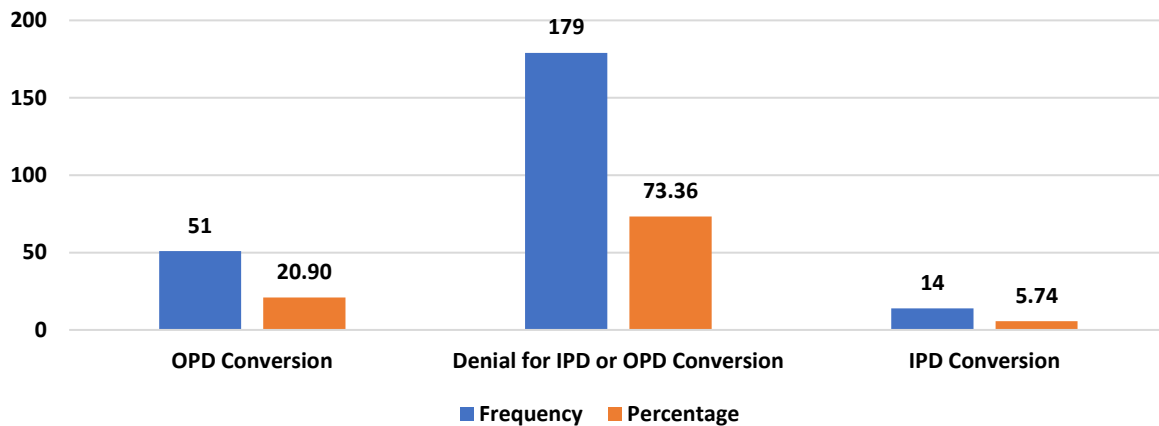
**During the 3 months that lama cases were analyzed, the department that saw the most patients was cardiology, followed by gastroenterology, internal medicine, neurology, emergency, respiratory, orthopedics, and, at the lowest levels, neurosurgery, and general surgery.**

### Contributing Factors associated to Lama Cases



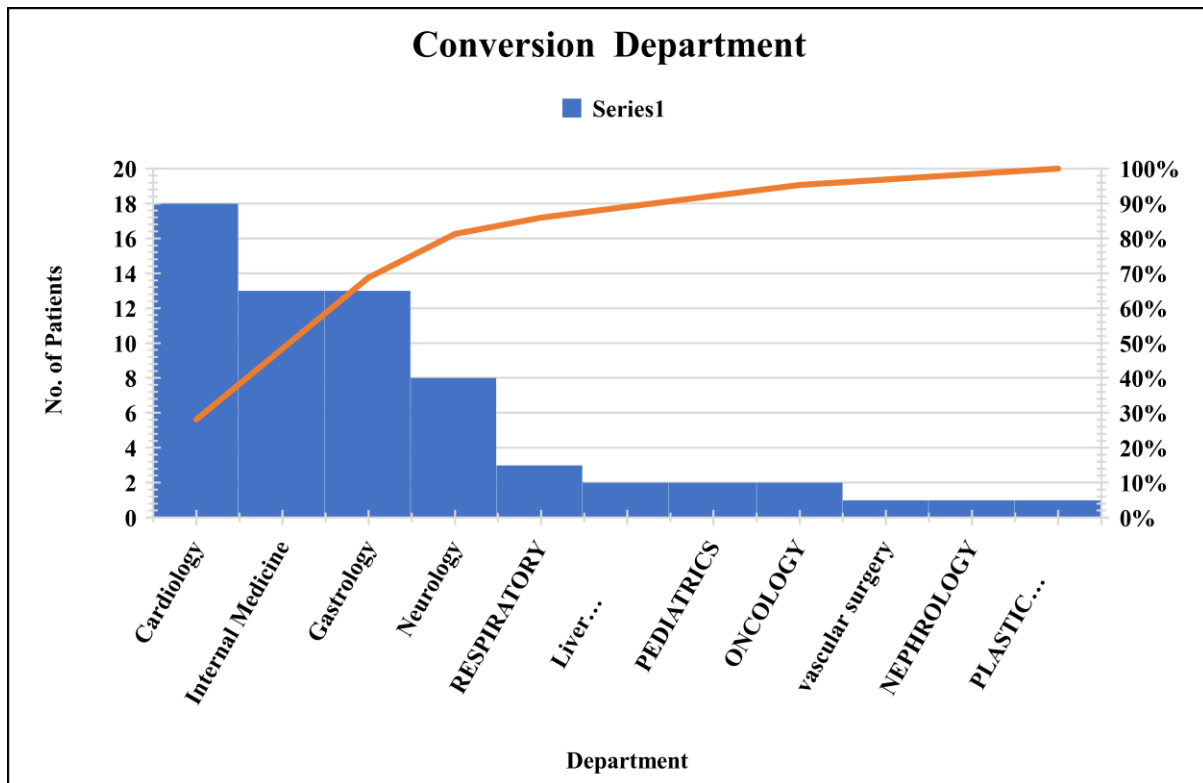
**The top factor in the 3-month examination of lama instances was patients choosing to go to a different hospital or consulting a family doctor, followed by feeling better after receiving treatment, while some encountered financial and panel issues.**

### LAMA Cases Followup Conversions



**During the three months of examination of all cases, a total of 5.74% of patients were converted for hospitalization, and 20.90% for Opd, while 73.36% of patients showed no interest.**





**In the 3 months of analysis of lama cases the total percentage of converted department was Cardiology which is the highest among all the 27.69%.**

# CHAPTER-5

# DISCUSSION

The study conducted at Manipal Hospital revealed important insights into the factors influencing Leaving Against Medical Advice (LAMA) cases and treatment refusal. Understanding and addressing these factors are vital for improving patient care and reducing adverse outcomes associated with LAMA.

One significant finding was that patients opting for another hospital as a primary contributing factor. This highlights the importance of patient satisfaction and the need to address concerns promptly. Improving communication channels, enhancing service quality, and addressing perceived shortcomings can reduce the number of patients seeking care elsewhere.

A substantial number of patients reported feeling better as a reason for LAMA. This underscores the importance of patient education and ensuring they fully comprehend the risks of discontinuing treatment prematurely. By emphasizing the importance of ongoing treatment, healthcare providers can motivate patients to complete their prescribed care, reducing treatment refusal.

Non-responsiveness was also identified as a contributing factor, highlighting the need for effective communication and engagement. Improving communication, providing clearer instructions, and ensuring patient support can reduce instances of non-responsiveness and enhance patient compliance.[20]

Financial constraints emerged as another factor. Addressing financial concerns and offering appropriate counselling and support can alleviate this burden. Hospitals can consider implementing financial assistance programs or connecting patients with relevant resources.[21]

This study emphasizes the complexity of LAMA cases and the need for a multidimensional approach. Addressing patient satisfaction, effective communication, education, financial support, and timely interventions can reduce LAMA cases and improve patient outcomes.[22]

# CHAPTER-6

# CONCLUSION

In conclusion, the scientific study conducted at Manipal Hospital provided valuable insights into the factors contributing to Leaving Against Medical Advice (LAMA) cases and treatment refusal. The study's comprehensive analysis shed light on various factors influencing patient decisions, including contact issues, staff dissatisfaction, improved health perceptions, availability of resources, referrals, non-responsiveness to treatment plans, financial constraints, and service-related problems.

Understanding patient decision-making is essential for enhancing healthcare services and ensuring patient satisfaction. The findings from this research have important implications for improving patient care and shaping healthcare policies, with the potential to tailor services more effectively to meet patients' needs.

The LAMA phenomenon in India is a multifaceted challenge that requires thoughtful and context-specific strategies. Like a complex puzzle, various interconnected aspects need to be addressed to tackle this issue effectively. Socio-economic, cultural, and systemic factors unique to the Indian context should be considered while devising mitigation strategies, which could involve policy strengthening, patient education, improved communication between doctors and patients, and addressing financial barriers.

Continued research in this area is crucial for gaining deeper insights into LAMA and developing innovative approaches to reduce its occurrence. Each new insight brings us closer to finding solutions that will benefit individual patients and the entire healthcare system in India.

Ultimately, addressing LAMA is not just about solving a puzzle; it is a collective effort aimed at improving healthcare in India for the betterment of all. Empathy, dialogue, research, and collaboration among stakeholders are essential elements in the journey toward mitigating LAMA effectively. By working together with dedication, we can reduce LAMA cases and create a healthier healthcare landscape in India, ultimately contributing to the broader goal of health for all.

# CHAPTER-7

## REFERENCES

- [1] Best Multispeciality Hospital in Delhi - Manipal Hospitals [Internet]. [www.manipalhospitals.com](http://www.manipalhospitals.com). [cited 2023 Jul 28]. Available from: <https://www.manipalhospitals.com/delhi/>
- [2], [3] About Manipal Hospitals, Delhi India [Internet]. [www.manipalhospitals.com](http://www.manipalhospitals.com). [cited 2023 Jul 28]. Available from: <https://www.manipalhospitals.com/delhi/about-us/>
- [4] Alfandre D. Against-Medical-Advice Discharges from the Hospital: Optimizing Prevention and Management to Promote High Quality, Patient-Centered Care [Internet]. Google Books. Springer; 2018 [cited 2023 Jul 28]. Available from: [https://www.google.co.in/books/edition/Against\\_Medical\\_Advice\\_Discharges\\_from\\_t/VClbDwAAQBAJ?hl=en&gbpv=1&dq=Leave+without+medical+advice&printsec=frontcover](https://www.google.co.in/books/edition/Against_Medical_Advice_Discharges_from_t/VClbDwAAQBAJ?hl=en&gbpv=1&dq=Leave+without+medical+advice&printsec=frontcover)
- [5] Pirotte BD, Benson S. Refusal of Care [Internet]. PubMed. Treasure Island (FL): StatPearls Publishing; 2021. Available from: <https://pubmed.ncbi.nlm.nih.gov/32809721/>
- [5] Miller TA, DiMatteo MR. Health Beliefs and Patient Adherence to Treatment [Internet]. Friedman HS, editor. ScienceDirect. Oxford: Academic Press; 2016 [cited 2023 Jul 28]. p. 298–300. Available from: <https://www.sciencedirect.com/science/article/abs/pii/B9780123970459000422/>
- [6] Eddieson Pasay-an, Mostoles R, Villareal S, Reynita Saguban. Factors Contributing to Leaving Against Medical Advice (LAMA): A Consideration of the Patients' Perspective. 2023 Feb 9;11(4):506–6.
- [7] Eddieson Pasay-an, Mostoles R, Villareal S, Reynita Saguban. Factors Contributing to Leaving Against Medical Advice (LAMA): A Consideration of the Patients' Perspective. 2023 Feb 9;11(4):506–6.
- [8] Alfandre DJ. "I'm Going Home": Discharges Against Medical Advice. Mayo Clinic Proceedings. 2009 Mar;84(3):255–60.
- [9] Gautam N, Sharma JP, Sharma A, Verma V, Arora P, Gautam PL. Retrospective Evaluation of Patients Who Leave against Medical Advice in a Tertiary Teaching Care Institute. Indian Journal of Critical Care Medicine : Peer-reviewed, Official Publication of Indian Society of Critical Care Medicine [Internet]. 2018 Aug 1;22(8):591–6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6108296/>
- [10] Paul G, Mahajan RK, Gautam PL, Mahajan R. Retrospective Evaluation of Patients Leaving against Medical Advice in a Tertiary Care Teaching Hospital. Indian Journal of Critical Care Medicine. 2019;23(3):139–42.
- [11] Eddieson Pasay-an, Mostoles R, Villareal S, Reynita Saguban. Factors Contributing to Leaving against Medical Advice (LAMA): A Consideration of the Patients' Perspective. 2023 Feb 9;11(4):506–6.
- [12] Madhwal DrS, Bansal DrM, Narang MrM, Ghildiyal DrN. STUDY ON LAMA CASES FROM EMERGENCY DEPARTMENT AT MULTISPECIALITY HOSPITAL. INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH [Internet]. 2022 May 22 [cited 2023 Jan 21];11(2277 - 8179):61–4. Available from: <https://www.thehindu.com/todays-paper/tp-national/tp-newdelhi/risking-all-for-the-love-of-aravalis/article65709302.ece>
- [13] Gunchan P, PL G, Rubina K, S PB. Prospective Evaluation of Patients Leaving against Medical Advice of a Tertiary Care Hospital: Comparison of Emergency and Intensive Care Units. International Journal of Medicine and Public Health. 2018 Mar 12;8(1):18–23.
- [14] Abuzeyad FH, Farooq M, Alam SF, Ibrahim MI, Bashmi L, Aljawder SS, et al. Discharge against medical advice from the emergency department in a university hospital. BMC Emergency Medicine. 2021 Mar 16;21(1).

- Madhwal DrS, Bansal DrM, Ghildiyal DrN. STUDY ON LAMA CASES FROM THE EMERGENCY DEPARTMENT AT MULTISPECIALITY HOSPITAL. INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH. 2022 May 5;11(2277-8179):61–4.
- [15] Hasan O, Adeel Samad M, Khan H, Sarfraz M, Noordin S, Ahmad T, et al. Leaving Against Medical Advice From In-patients Departments Rate, Reasons and Predicting Risk Factors for Re-visiting Hospital Retrospective Cohort From a Tertiary Care Hospital. International Journal of Health Policy and Management. 2019 May 18;8(8):474–9.
- [16] Madhwal DrS, Bansal DrM, Narang MrM, Ghildiyal DrN. STUDY ON LAMA CASES FROM EMERGENCY DEPARTMENT AT MULTISPECIALITY HOSPITAL. INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH [Internet]. 2022 May 22 [cited 2023 Jan 21];11(2277 - 8179):61–4. Available from: <https://www.thehindu.com/todays-paper/tp-national/tp-newdelhi/risking-all-for-the-love-of-aravalis/article65709302.ece>
- [17] Gunchan P, PL G, Rubina K, S PB. Prospective Evaluation of Patients Leaving against Medical Advice of a Tertiary Care Hospital: Comparison of Emergency and Intensive Care Units. International Journal of Medicine and Public Health. 2018 Mar 12;8(1):18–23.
- [17] Kasthuri A. Challenges to Healthcare in India - The Five A's. Indian journal of community medicine : official publication of Indian Association of Preventive & Social Medicine [Internet]. 2018;43(3):141–3. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6166510/>
- [18] Paul G, Mahajan RK, Gautam PL, Mahajan R. Retrospective Evaluation of Patients Leaving against Medical Advice in a Tertiary Care Teaching Hospital. Indian Journal of Critical Care Medicine. 2019;23(3):139–42.
- Madhwal DrS, Bansal DrM, Ghildiyal DrN. STUDY ON LAMA CASES FROM THE EMERGENCY DEPARTMENT AT MULTISPECIALITY HOSPITAL. INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH. 2022 May 5;11(2277-8179):61–4.
- [19] Gautam N, Sharma JP, Sharma A, Verma V, Arora P, Gautam PL. Retrospective Evaluation of Patients Who Leave against Medical Advice in a Tertiary Teaching Care Institute. Indian Journal of Critical Care Medicine : Peer-reviewed, Official Publication of Indian Society of Critical Care Medicine [Internet]. 2018 Aug 1 [cited 2021 Dec 7];22(8):591–6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6108296/>
- [20]Gautam N, Sharma JP, Sharma A, Verma V, Arora P, Gautam PL. Retrospective Evaluation of Patients Who Leave against Medical Advice in a Tertiary Teaching Care Institute. Indian Journal of Critical Care Medicine: Peer-reviewed, Official Publication of Indian Society of Critical Care Medicine [Internet]. 2018 Aug 1;22(8):591–6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6108296/>
- [21]Gunchan P, PL G, Rubina K, S PB. Prospective Evaluation of Patients Leaving against Medical Advice of a Tertiary Care Hospital: Comparison of Emergency and Intensive Care Units. International Journal of Medicine and Public Health. 2018 Mar 12;8(1):18–23.
- Pant MN, Jha SK, Shrestha S. Cases of Left Against Medical Advice from the Emergency Department of a Tertiary Care Hospital in Kathmandu: A Descriptive Cross-Sectional Study. Journal of Nepal Medical Association. 2020 Dec 31;58(232).
- [22]Hasan O, Adeel Samad M, Khan H, Sarfraz M, Noordin S, Ahmad T, et al. Leaving Against Medical Advice From In-patients Departments Rate, Reasons and Predicting Risk Factors for Re-visiting Hospital Retrospective Cohort From a Tertiary Care Hospital. International Journal of Health Policy and Management. 2019 May 18;8(8):474–9.

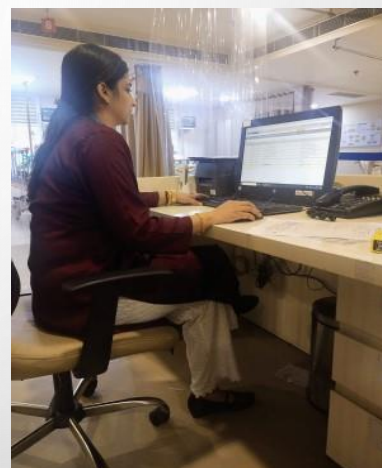


- Madhwal DrS, Bansal DrM, Ghildiyal DrN. STUDY ON LAMA CASES FROM THE EMERGENCY DEPARTMENT AT MULTISPECIALITY HOSPITAL. INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH. 2022 May 5;11(2277-8179):61–4.
- Sayed ME, Jabbour E, Maatouk A, Bachir R, Dagher GA. Discharge Against Medical Advice From the Emergency Department. Medicine. 2016 Feb;95(6):e2788

## PICTORIAL JOURNEY (1/2)



## PICTORIAL JOURNEY (2)



**Link of recorded data:** The Data have been entered in the Master Excel sheet. The link to which is [https://1drv.ms/x/s!AhcJBKhQKy\\_gT2R7H6SV\\_TnJNWG?e=K56eA7](https://1drv.ms/x/s!AhcJBKhQKy_gT2R7H6SV_TnJNWG?e=K56eA7).

## Dissertation

### ORIGINALITY REPORT

13%

SIMILARITY INDEX

12%

INTERNET SOURCES

6%

PUBLICATIONS

6%

STUDENT PAPERS

### PRIMARY SOURCES

1

[www.manipalhospitals.com](http://www.manipalhospitals.com)

Internet Source

3%

2

[www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov)

Internet Source

2%

3

[www.researchgate.net](http://www.researchgate.net)

Internet Source

2%

4

[vdoc.pub](http://vdoc.pub)

Internet Source

1%

5

[www.dochub.com](http://www.dochub.com)

Internet Source

1%

6

Submitted to Merthyr Tydfil College

Student Paper

1%

7

[www.mdpi.com](http://www.mdpi.com)

Internet Source

1%

8

[www.3hsurgery.com](http://www.3hsurgery.com)

Internet Source

1%

9

Submitted to Universiteit van Amsterdam

Student Paper

<1%

Exclude matches

Off

10	jmedsoc.org Internet Source	<1 %
11	Submitted to Dundalk Institute of Technology Student Paper	<1 %
12	jhir.library.jhu.edu Internet Source	<1 %
13	ijirms.in Internet Source	<1 %
14	referencecitationanalysis.com Internet Source	<1 %
15	Gunchan Paul, Nikhil Gautam, PL Gautam, Rubina Khullar Mahajan, Suresh Ragavaiah. "Patients Leaving Against Medical Advice-A National Survey", Indian Journal of Critical Care Medicine, 2019 Publication	<1 %
<div> <div>Exclude quotes</div> <div>Off</div> <div>Exclude matches</div> <div>Off</div> <div>Exclude bibliography</div> <div>On</div> </div>		



**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT  
RESEARCH (IIHMR)**

Plot No. 3, Sector 18A, Phase- II, Dwarka, New Delhi- 110075  
Ph. +91-11-30418900, [www.iihmrdelhi.edu.in](http://www.iihmrdelhi.edu.in)

**CERTIFICATE ON PLAGIARISM CHECK**

Name of Student (in block letter)	Dr/Mr./Ms.: Ms. Komal		
Enrolment/Roll No.	PG/21/144	Batch Year	2021-2023
Course Specialization (Choose one)	Hospital Management		
Name of Guide/Supervisor	Dr/ Prof.: Rohini Ruhil.		
Title of the Dissertation/Summer Assignment	A Descriptive Study to explore the factors contributing to patients leaving against medical advice and refusing treatment against medical advice in Manipal Hospital, Dwarka for a period of 3 months.		
Plagiarism detects software used	"TURNITIN"		
Similar contents acceptable (%)	Up to 15 Percent as per policy		
Total words and % of similar contents Identified	6407		
Date of validation (DD/MM/YYYY)			

**Guide/Supervisor**

Name: Dr. Rohini Ruhil.

Signature:

Report checked by

**Institute Librarian  
Student Affairs)**

Signature:

Date:

Library Seal



**Student**

Name: Komal

Signature:

**Dean (Academics and**

Signature:

Date:

(Seal )