

Hospital at Home Patients Refusing Care Against Medical Advice: A Case Study of the Ethical Aspects

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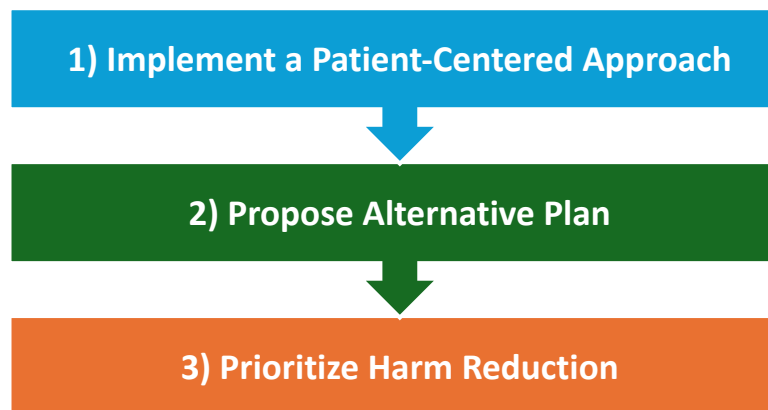
INTRODUCTION:

Leaving against medical advice (AMA) is an ethical dilemma that is difficult to navigate in any care setting. When encountered in the Hospital at Home (HaH) setting, patients are more resistant to continue their care back in the brick-and-mortar (B/M) hospital despite the morbidity and mortality risks associated with not treating their acute decompensation.

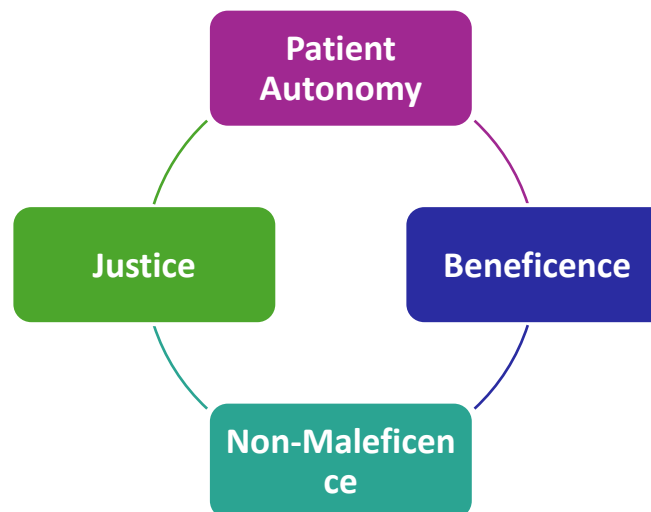
PATIENT CASE:

- 44-year-old Hispanic/Latino male with decompensated alcoholic cirrhosis and severe aortic regurgitation presented with progressive dyspnea, orthopnea, and edema.
- Physical exam showed crackles in the left lung base with distended abdomen but non-tender with 1+ pitting edema up to lower chest.
- Able to be weaned off continuous bumetanide infusion in B/M hospital before being admitted to HaH.
- Patient expressed desire to leave AMA but changed his mind after being offered treatment within the HaH program.
- Showed improvement in HaH on twice daily bumetanide 3 mg IV push for 6 days.
- Patient decompensated on day 7 in HaH requiring immediate escalation back to B/M hospital for ICU level of care and more aggressive diuresis.
- The complicating issue presented when the patient refused to be transferred back to B/M ICU given his preference for HaH.
- The patient did not have a surrogate decision maker, no one identified as his legal next of kin, and had no record of a medical power of attorney on file.
- Capacity assessment confirmed patient's ability to make informed decision about plan of care.

ETHICAL FRAMEWORK:



ETHICAL PRINCIPLES:



DISCUSSION:

- There were no physical safeguards to discourage patient from leaving AMA in the HaH setting.
- Nurse, advanced practice provider, and physician (HaH care team) required to balance patient safety and patient autonomy.
- HaH care team initiated Just-In-Time huddle with HaH leadership (operations manager, director, and nurse manager) to review alternative care options as patient refused B/M escalation.
- Team agreed for final in-person discussion between the HaH nurse, physician, and patient to explain dangers of leaving AMA and prioritize harm reduction via motivational interviewing.
- HaH nurse and physician discussed patient's values and beliefs to successfully convince patient to continue care at B/M hospital.

KEY TAKEAWAYS:

- **Capacity assessment** ensures cognitive and emotional ability of patient to make informed decision to refuse further care.¹
- **Motivational interviewing** helps establish patient's beliefs, values, and fears of continuing care within the B/M hospital.
- **Just-In-Time huddles** provide real-time information sharing with HaH care team to review immediate response plan to patient.
- **HaH AMA ethical framework** should reflect principles such as patient autonomy, beneficence, non-maleficence, and justice.²
- Adopting a patient-centered approach, proposing alternative plans, and prioritizing harm reduction can guide HaH providers in managing challenging AMA scenarios within the patient's home.³

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