

Current Event

DAMA and MERS

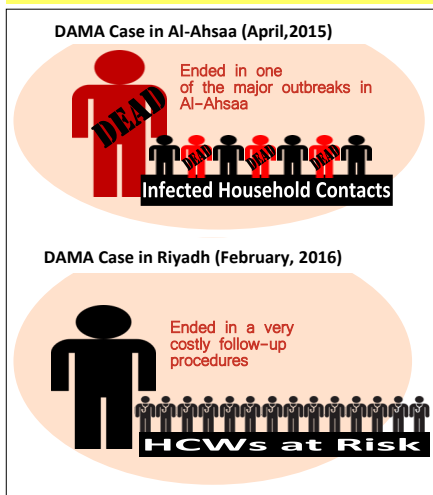
Many MERS patients left hospitals against medical advice.

Editorial Notes

Discharge against medical advice (DAMA), in which a patient chooses to leave the hospital before the treating physician recommends discharge, is uncommon but a vexing problem. DAMA puts patients at increased risk of adverse health outcomes, significantly higher readmission rates and may be at increased risk of serious adverse health consequences when compared with normally discharged patients. DAMA is especially critical if it occurs at emergency departments in hospitals. Studies revealed that patients' awareness of the consequences of DAMA is evidently inadequate, figure one demonstrates two real examples of DAMA incidents. Possible causes and solutions for DAMA are shown in figure 2. DAMA does not absolve the physician of responsibility for poor outcomes; as always, good clinical care and careful documentation are of paramount importance.

Ministry of Health (MoH) released a circular No. 3070859 on 14 Sept 2015 assigning the Infection Prevention and Control and the Patients' Relations at hospitals the responsibilities to educate suspected cases of MERS patients and their relatives on the disease and the importance to await release of the laboratory results of collected specimens. The patient needs to understand that DAMA could delay his cure and would result in serious impact on the community. The circular which equated MERS patients with TB patients called for involvement of the police through the Governor's Office should an admitted MERS patient insist on DAMA. On the other hand the guidelines of the National Guard is only advisory and states that: "If patient

Figure 1: Examples of DAMA



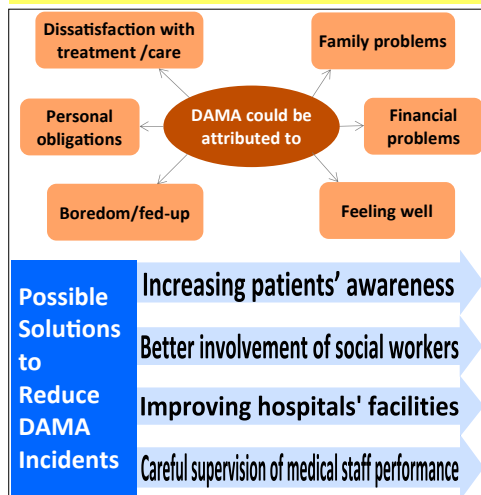
Cases of MERS-CoV: International Week (IW) No. 8: 21 – 27 Feb 2016

Total	7
Symptomatic (S)	7
Asymptomatic (AS)	0
Healthcare worker (S)	0
Healthcare Worker (AS)	0

insists on DAMA give the patient and family education on home isolation precautions". Guidelines on DAMA need to be standardized across the Kingdom.

MoH needs to establish a registry for DAMA to provide evidence-based interventions. Yet, the prevention of DAMA could be difficult to achieve in practice; especially for suspected cases of MERS. There is need to identify the elements of wrongful discharge in violation of public policy. Nurses are usually the first to become aware of an impending DAMA. Their active involvement in the DAMA protocol is vital. HCWs need to be trained and discuss ethical, legal and moral aspects of DAMA that occur in their institution to improve the quality of medical care. Follow-up arrangements are of great importance. Better attention to obtaining the patients' contact information and making follow-up arrangements might have allowed medical teams to reduce the risk of poor outcomes.

Figure 2: DAMA Possible Causes and Solutions



Recent Publications:

Balkhy HH, Alenazi TH, Alshamrani MM, Baffoe-Bonnie H, Al-Abdely HM, El-Saed A, Al Arbash HA, Al Mayahi ZK, Assiri AM, Bin Saeed A. Notes from the Field: Nosocomial Outbreak of Middle East Respiratory Syndrome in a Large Tertiary Care Hospital-Riyadh, Saudi Arabia, 2015. *MMWR Morb Mortal Wkly Rep.* 2016 Feb 19; 65(6):163-4. doi:10.15585/mmwr.mm6506a5.

MERS-CoV in KSA 2016*

Region	Case	Primary	Secondary	U.C.
Riyadh (3)	11	8	2	1
Al-Ahsaa	0	0	0	0
Eastern Region	0	0	0	0
Jeddah	3	3	0	0
Qassim	1	1	0	0
Najran (1)	2	2	0	0
Taif	1	1	0	0
Madinah	1	1	0	0
Asir (2)	2	2	0	0
Tabuk	0	0	0	0
Makkah	0	0	0	0
Hail (1)	1	1	0	0
Al-Joaf	0	0	0	0
Jazan	0	0	0	0
Northern Borders	0	0	0	0
Qunfotha	0	0	0	0
Al-Baha	0	0	0	0
Bisha	1	1	0	0
Hafr Al-Batin	0	0	0	0
Qurayyat	0	0	0	0
Total	23	20	2	1

Case: Confirmed Symptomatic. U.C.: Unclassified cases
*Period: Form 3 Jan to 27 Feb 2016

Regions with new cases of this week are highlighted in yellow.