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In-Depth Analysis of Discharges against Medical Advice: Reconciling Patient Autonomy, Ethical Obligation and Professional Accountability in an Infirmary Hospital in Apayao Province, Philippines

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ABSTRACT:

Globally, Discharges against medical advice (AMA) presented a major concern, as many medical professionals found it difficult to balance acting with beneficence with respecting the patient's wishes and their right to autonomy. Studies revealed that patients who exercised their right to discharge against medical advice are generally more likely to return to the hospital, with an increased risk of morbidity and mortality, and required longer hospital stays upon return. Generally, this study sought to explore the nature of experiences, viewpoints, and recommendations around the phenomenon of Discharges Against Medical Advice in an infirmary hospital in Apayao Province, Philippines. This research employed a qualitative methodology that is informed by the philosophy of phenomenology, and utilized the purposive sampling method to choose and enlist individuals for this investigation. The research was conducted in an infirmary hospital primarily located in Pudtol, Apayao Province in the Philippines, and the study population consisted of patients who completed the DAMA form within the period of June 2024, six (6) attending physicians, five (5) nurses and one (1) social worker. Two (2) focused group discussions/interview were done, one for the patients, and another for the healthcare worker participants. Transcription interviews were then processed for analysis using Colaizzi's method. The reasons for DAMA in this study varied, and the researcher had sub-grouped the factors into four subthemes: Patient Autonomy and Self-Determination, Financial Stress, the need for Patient-Centered Care, and Infrastructure Challenges in the hospital. The perceptions of healthcare workers regarding discharges against medical advice centered into the themes of Ethical Obligation, Professional Accountability, Clinical Judgement and Decision-Making Capacity. Recommendations to mitigate DAMA concentrated on Understanding the Patient as a Whole, Being Patient with the Patient, Establishing the DAMA protocol and Striving for a Better and More Innovative Hospital Infrastructure. Overall, the concepts of ethical obligations, professional accountability and autonomy must support each other to promote the well-being of the patient, maintain the physician's ability to provide quality healthcare to each and every patient, and uphold the patient's integrity as a whole.

Keywords: Discharges Against Medical Advice, Patient Autonomy, Ethical Obligation, Professional Obligation

Introduction:

A reliable gauge of the caliber of hospital services is the patient's satisfaction with the quality of healthcare an institution provides (Mackinley RK, *et. al.*, 2001). Discharges against medical advice, which account for up to 2% of all hospital discharges, constitutes a major issue with the quality of healthcare (Ibrahim, S.A., *et.al*., 2007; Saitz, R., *et. al*., 2000; Wylie, C.M., 1980). Global prevalence rates of DAMA in the Emergency Departments range from 0.07 to 20%, making it a prevalent issue everywhere (El-Metwally, A., *et. al*., 2019; Sayed, M. E., et. al., 2016). This tendency may indicate that patients are dissatisfied with hospital care or the treatment procedure (Bhoomadevi A., *et. al*., 2019).

For many doctors who treat hospitalized patients, discharge against medical advice (AMA), or a patient's decision to leave the hospital before the treating physician recommends discharge, is a major concern (Taqueti VR., 2007). The prevalence of self-discharge or patients choosing to be discharged against medical advice raises a serious issue that evolves between the patient, his/her family, doctor, and clinical staff. Hospital clinical team members are legally and morally obligated to provide health care services to patients from admission to the end of the treatment procedure. DAMA can occur for a variety of reasons, including: dissatisfaction with hospital services; medication addiction or misuse by the patient or his/her parent; inability of the patient to pay hospital bills; psychiatric issues; family issues (e.g., having a child at home); belief in traditional medicine; prolonged hospital stays; and the patient's place of residence (rural or urban) (Baptist AP, *et. al*., 2006). Conceptually, this problem presents a fairly simple ethical conundrum. Many medical professionals find it difficult to balance acting in the patient's best interest (i.e., acting with beneficence) with respecting the patient's wishes to leave AMA and, more broadly, their right to autonomy (Beauchamp TL., *et.al*., 2001).

Under Senate Bill No. 237, presented by Senator Pia Cayetano, the Philippines' "Magna Carta of Patients' Rights and Obligations" outlined the patient's freedom to leave against medical advice. In order to provide the people with respectable, compassionate, and high-quality healthcare, this

bill emphasizes the government's duties and responsibilities in relation to the people's corresponding rights and obligations. The Patient has the right to leave a hospital or any other Health Care Institution regardless of his physical condition, Provided, that: He/she is informed of the medical consequences of his/her decision; He/she releases those involved in his/her care from any obligation relative to the consequences of his/her decision; and his/her decision will not prejudice public health and safety.

However, patients who exercise their right to discharge against medical advice are generally more likely to return to the hospital, with an increased risk of mortality, and require longer hospital stays upon return (Glasgow, J.M., et.al., 2010; Robinson, K., *et., al*., 2013). The geographical location of Apayao, as it is surrounded by Cordillera Central mountains and crossed by numerous rivers, further complicates the situation, when the patient desires to return to the hospital but is faced with the challenge of travelling.

Therefore, how should doctors balance their competing responsibilities to protect patients from harm and to honor their choices? What duties do doctors and clinical staff have to their patients who quit, accepting either no treatment at all or merely insufficient patient management? When is it appropriate for doctors to inquire about a patient's ability for decision-making when they make risky decisions to leave the hospital? The ethical and professional ramifications of Discharges against Medical Advice are thoroughly examined in this study.

Methodology:

This research employed a qualitative methodology that is informed by the philosophy of phenomenology. Phenomenology is the examination of phenomena, which may include events, situations, emotions, or concepts. Phenomenological investigations are fundamentally designed to articulate the experiences of participants who have personally gone through the phenomenon. (Jafari, H. A., et. al., 2011).

Sampling Design

This study utilized the purposive sampling method to choose and enlist individuals for this investigation. Purposive sampling is a method used in qualitative research to deliberately pick individuals who possess specific qualities or knowledge that are relevant to the research aims. This strategy is not based on probability, and is employed to ensure that the chosen participants can provide valuable insights for the study. This approach enabled the researcher to concentrate on particular characteristics or experiences that are pertinent to the topic under investigation. This strategy is especially valuable when investigating intricate matters in which specific viewpoints are more prone to generating significant contributions. (Creswell & Poth, 2016).

Research Locale: The research was conducted in an infirmary hospital in Apayao Province in the Philippines. The municipality is a 4th class municipality in the province of Apayao with a population of 15,491 people (Census of Population, 2020). In 2019, the hospital had been licensed by DOH as a primary care facility with an authorized 18 and actual implementing bed capacity of 12. At present, it is composed of 51 personnel, with two (2) General Practitioner Physicians on duty for 10 days a month. Armed with the mandate to deliver quality healthcare services, the hospital is founded on the vision of being a hospital that provides accessible, affordable and quality health care services through a dedicated and efficient hospital staff that stands on the core values of highest professional and ethical standards of care.

Participants of the study: The study population consisted of patients selected through purposive sampling method who completed the DAMA form within the period of June 2024, six (6) attending physicians, five (5) nurses and one (1) social worker.

Inclusion Criteria:

1. Healthcare Providers

Healthcare providers included:

Doctors: The medical personnel who were responsible for diagnosing and treating patients who were discharged against medical advice, and who had provided a comprehensive explanation of the risks and consequences of discharging patients against medical advice.

Nurses: Frontline caregivers who were responsible for directly providing patient care, administering treatments, and monitoring patient well-being. They also aided doctors in discussing the hazards and implications of patients leaving the hospital without medical advice.

Social Worker: a professional who was dedicated to promoting the well-being of individuals, families, groups, and communities by assisting them in the development of their skills and the capacity to utilize their own resources and those of the community to address issues.

2. Patients

Inclusion Criteria: This study enrolled adult patients, aged 18 years and above, who expressed their intention to leave the medical facility against medical advice. These patients were provided with comprehensive information on the potential risks and consequences, and subsequently signed the Discharge Against Medical Advice Form throughout the month of June 2024.

Exclusion Criteria: This study excluded individuals under the age of 18 and individuals with unstable psychiatric problems that rendered them incapable of making a rational decision.

Data Collection Procedure: This study investigated the perspectives of healthcare personnel and patients on the context of discharges against medical advice, using semi-structured interviews. The interview encompassed both healthcare workers and patients, facilitating a complete comprehension of their experiences and recommendations. Two (2) focused group discussions/interview were done, one for the patients, and another for the healthcare worker participants.

The researcher acquired the list of the patients who went home against medical advice in the registry logbook for patients who went DAMA for the period of June 2024. Through phone calls, the researcher set the date and asked for their availability to participate in the focused group discussion/interview. Out of fifteen (15) patients contacted, ten (10) patients responded affirmatively . The healthcare worker participants were specifically selected, as they were the ones on duty when the patients were discharged against medical advice.

Prior to the conduct of the interview, informed consent was explained and made to be signed by the participants. The researcher conducted the interview and discussion with the use of the interview guide, and recorded the interview through the cellular phone recorder with the participants' permission. Both interviews lasted for less than forty (40) minutes. The interview guide incorporated essential topics and questions that allowed for open-ended responses, while also fostering a sense of trust and connection.

Data Analysis: Transcription interviews were then processed for analysis using Colaizzi's method. The transcripts were read and re-read, in order to obtain the general sense. Significant statements that relate to the topic on the discharges against medical advice were extracted from the transcripts. Formulated meanings were derived from the statements. The formulated meanings were organized into clusters of themes and subthemes. Thereafter, findings were integrated into an exhaustive description. The fundamental structure of the context of discharges against medical advice are assembled. And finally, the findings were validated by the study participants.

Privacy and confidentiality: Data gathering and processing in this study strictly observed the principles of transparency, legitimate purpose and proportionality, in accordance to the Data Privacy Act of 2012. The study may have encountered challenges in preserving the privacy and confidentiality of the healthcare personnel and patients involved, particularly when processing sensitive information regarding their experiences and struggles. However, the study' participants have expressed their consent to share their experiences and challenges, and they are at liberty to determine whether they are willing to disclose their names and other sensitive information.

Informed consent: The participants were provided with a comprehensive explanation of Informed Consent, and all of them have expressed their willingness to openly share their experiences, thoughts, and recommendations for the utilization of this study.

Potential harm: Ethical considerations regarding the potential emotional or psychological injury to the participants may have been present when discussing their struggles, particularly in the context of discharges against medical advice. All participants were informed of the potential implications and have provided their full consent to the use of this study.

Bias and representation: Ethical considerations encompass the possibility of bias in portraying the challenges experienced by healthcare workers and the consequences of discharging patients against medical advice, along with the potential for stigmatization or adverse outcomes for the institution or its personnel.

Results

Ten (10) patients, six (6) physicians, four (4) nurses and one (1) social worker participated in the focused group interviews. The analysis of the study participant's lived experiences, perceptions and recommendations on handling discharges against medical advice by descriptive phenomenology revealed three main themes: Experiences, Motivations and Factors that led patients to choose to be DAMA, Perceptions of HCW's regarding patients who are discharged against medical advice, and Recommendations and/or Suggestions to mitigate DAMA.

The first theme that evolved around the lived experiences, motivations and factors that lead patients to choose to be DAMA revealed four sub-themes which included Patient Autonomy and Self-Determination, Financial Stress, Patient-Centered Care and Infrastructure Challenges. The second theme highlighted the perceptions of healthcare workers on patients who are DAMA. This revealed three (3) sub-themes which included Ethical Obligations and Professional Accountability, Clinical Judgement of Physician versus Patient and Effective Communication and Decision-Making Capacity. Finally, the third theme enumerated keypoints to mitigate DAMA, and this revealed four (4) subthemes which included: Understanding the patient as a whole, being patient with the patient, Establishing and Utilizing the DAMA protocol and Infrastructure development.

Theme 1: EXPERIENCES, MOTIVATIONS, AND FACTORS THAT LED PATIENTS TO CHOOSE TO BE DISCHARGED AGAINST MEDICAL ADVICE

The occurrence of patients leaving the care facility against medical advice (AMA) was still not fully comprehended and resolved, despite its prevalence and connection to unfavorable quality and safety outcomes (Spooner, KK *et. al*., 2011). In every healthcare setting, healthcare professionals often came across patients who present challenges, and it is not uncommon for patients to arrive at the healthcare facility already distressed about their health status. The reasons for DAMA may vary, and the researcher had sub-grouped the factors into four subthemes: Patient Autonomy and Self-Determination, Financial Stress, Patient-Centered Care, Infrastructure Challenges in the hospital

Subtheme 1: Patient Autonomy and Self-Determination

Statement: " Uuwi na ako kasi buong araw na akong hindi nilalagnat. Magaling na ako. "(I will go home because I haven't had a fever all day. I feel well already."

The principle of autonomy and self-determination acknowledged that individuals possess the right to independently make decisions concerning their health and overall welfare (Cohen-Almagor, R., 2017). Respecting patients' autonomy entailed accepting that patients with decision-making capacity are entitled to make choices about their healthcare, even if their decisions go against the advice given by their healthcare providers (Beauchamp, T.L., *et*.

al., 2001). One participant stated, " Kahit na hindi ako papayagan ni doc, uuwi pa din ako kasi ako naman na bahala sa sarili ko. (Even though the doctor won't let me, I will still go home because I can fend for myself.") Given that patient autonomy is a fundamental and guiding ethical concept in healthcare, it is however imperative that patients have the ability to make decisions that support their own interests and are in line with their values and goals.

However, respect for autonomy is not an absolute principle within healthcare in general. A nurse participant stated: "The patient wishes to go home despite him being covid-positive. As he has no proper place to isolate himself, I have contacted the Barangay health Worker to put the patient temporarily in the isolation center until he finishes his quarantine period. The patient retracted his decision to be discharged against medical advice. " Thus, if our choices jeopardize public health and can potentially harm others, others can justifiably curb our exercising of autonomy. It is possible that we may overlook the interests of others, or the broader public interest if we place an excessive amount of emphasis on the promotion of individual patient choice, particularly when such choices are made alone (Parker, M., 2001).

Subtheme 2: Financial Stress

Statement: " Awan met kwartak nga gumatang ti agas nga ipagatang yu kanyak ti labas. Agawid nak lattan ta baka ikkatin dakun jay trabaho kun, mas lalo nga awan tu kwarta min." (I don't have money to buy this medicine. I will just go home because I might be fired from my job, all the more making me lose more money.)

Statement: " Asideg enrolment ti anak kun, agawid nak lattan, doc, ta isupay nga panggatang mi kuma ti notebook na deytuy pangbayad mi pay ti bill ku ti hospital" (My child's school enrolment is fast approaching. I will just go home, doc, so I can use the money for my hospital bills instead to buy notebook for my child.)

The researcher's finding that financial stress affected the majority of study participants speaks to its high prevalence, and why it is important to understand how this impacts the patients and family members in the midst of their illness. Social, economic, and cultural obstacles are persistent manifestations of inequity of access to healthcare (Braveman, P., 2014). Those with low household incomes are notably affected by the health care delivery and financing systems, which are suboptimal and even punitive (Purnell, T.S., *et. al*., 2016). Furthermore, study participants with low or fixed incomes cited outstanding bills and difficulty covering insurance premiums and other out-of-pocket expenses. The social worker participant stated as such: "Sometimes, some medicines prescribed to the patient are not available in our hospital pharmacy, causing out of pocket expenses for the patient, as this cannot be charged to their Philhealth Insurance."

Subtheme 3: Patient-Centered Care

Statement: " Andaming sinasaksak na gamot sa swero ko, nahihilo na ako. Kaya uwi na lang ako, ma'am. Hindi naman in-explain sa akin kung para saan itong mga binibigay sa akin." (Too many medications were given in my IV line, I feel dizzy. I will just go home, ma'am. They did not explain what those medications are for."

Statement: " Andami naming pasyente dito sa ward, bihira ko lang makita c doc. Nagra-rounds naman sa umaga, pero sa dami ng pasyente dito, baka hindi na nya ako magamot ng mabuti. Uwi na lang ako." (We have many patients here in the ward, I rarely see the doctor. He does rounds in the morning, but with the number of patients here, he might not be able to treat me properly. I'm just going home.")

Patient-centeredness is characterized as a form of healthcare that fosters collaboration between healthcare providers, patients, and their families, aiming to ensure that decisions regarding patients' care are in line with their desires, requirements, and preferences (Gerteis, M., et. al., 1993). Additionally, patient-centeredness emphasizes the provision of necessary education and support to enable patients to actively engage in decision-making and take part in their own care. In order to ensure that patients and their families are completely involved in the care process, healthcare providers and professionals must implement meaningful engagement strategies. Studies have demonstrated that establishing efficient communication between patients and healthcare personnel is crucial for delivering quality patient care and facilitating the process of recovery (Crawford, T., et. al., 2017).

The patient's own lack of comprehension of the treatment plan to which they are subjected is logically reflected in the resulting lack of clarity in patient care. A natural consequence is the subsequent patient dissatisfaction and desire to leave the hospital. "Akala ko makakauwi na ako pag wala na akong lagnat. Bakit kelangan pa ng repeat CBC? Puro tusok-tusok na lang. Sa bahay na lang ako magpapagaling ma'am."

Study participants expressed satisfaction when nurses and midwives effectively communicated and treated them with kindness, understanding, and courtesy. This was stated as such, "Buti pa nung last na na-admit ako, na-explain sa akin ng mabuti ng doctor kung para saan ang mga gamot ko, kahit hirap akong makaintindi." (It's even better that the last time I was admitted, the doctor explained to me well what my medications were for, even though it was difficult for me to understand).

Subtheme 4: Infrastructure Challenges in the Hospital

Statement: "Ang init naman kasi dito. Paano ako gagaling sa asthma ko kung lagi akong nahihirapan sa paghinga dahil sa sobrang init. Uuwi na lang ako." (It's hot here. How can I recover from my asthma if I always have difficulty breathing because of the extreme heat? I'll just go home).

Statement: " I think the patient wants to go home because he requested for a private room, which is currently not available. The patient was placed in the corridor because the ward is currently full and I cannot mix her with the other patients who have dengue. "

The study participants (both patients and healthcare workers) have expressed their opinion on several infrastructure incapacities the hospital currently experiences. In order to achieve financial, societal, and environmental sustainability, it is essential to optimize the functionality of the hospital

structure by carefully considering physical aspects such as daylighting, window design, thermal conditions, and others. (Elbadry, H. M., et. al., 2019). Researches indicate that the quality of health-care infrastructure and equipment plays a significant role in mediating the relationship between health-care delivery and patient satisfaction, as well as the relationship between adequacy of health-care resources and patient satisfaction (Amankwah, O., *et. al*., 2024)

THEME II: PERCEPTIONS OF HEALTHCARE WORKERS REGARDING PATIENTS WHO ARE DISCHARGED AGAINST MEDICAL ADVICE

SUBTHEME 1: Ethical Obligation and Professional Accountability

Several healthcare worker study participants declared that dealing with a patient who demands to be discharged against medical advice can be a deterring experience, as there is a substantial risk of clinical deterioration.

Statement: " *Patient wanted to go home despite his BP still at 170/ 100. I have carefully explained to his family that there is a big risk of possible stroke if they will bring him home."*

Statement: " *That patient who went home against medical advice two (2) days ago was brought back due to left-sided body weakness and slurred speech. Unfortunately, we have to refer him to Far North Hospital because we have no cranial CT Scan here."*

This occurrence poses a significant challenge because to the conflicting interests at play - the clinician's ethical obligation to offer care and the patient's freedom to decline care, resulting in ethical, economic, and legal consequences.

Statement: " *In reality, we cannot do anything once the patient signs the Discharge Against Medical Advice or DAMA form. It is his own decision, so he has to face the possible consequences*." Physicians and other members of the care teams that treat such patients frequently report feelings of powerlessness and distress when confronted with a patient's decision to leave in this manner. The role of ethical obligation and professional accountability versus the patient's own clinical judgement can result in conflict and friction between the patient and provider, as well as between members of the care team.

However, several study participants contend that the admission of a patient to inpatient care constitutes an implicit and explicit agreement that the providers of care will fulfill their obligations and that the patient will receive the prescribed treatment until the recommended discharge. *"That patient signed the Consent for Care Form which was carefully explained by the nurse in charge. Then he insists on being discharged even if he is still not fully recovered. What can we do?"* The primary concept of informed consent is the disclosure of risks. Consequently, the presiding clinician should engage in a documented discussion with the patient or surrogate to ensure that the patient is aware of the inherent risks and consequences of leaving before being medically prepared, as well as informed about potential alternatives to leaving. The doctor study participants agree that a concise contingency plan should be provided to the patient, including indications of deterioration, home medications that should be taken, and the anticipated date of their return to the hospital. *"As long as the patient understands the risks and consequences, and we still prescribe home meds for him, assign a date for his follow-up checkup, then I think we can just respect the patient's wish to go home."*

Subtheme 2: Clinical Judgement between Physician and Patient and Effective Communication

Several healthcare worker study participants of this study assert that their patients exhibited a lack of insight regarding their medical illnesses.

Statement: *" Fiftyfive (55) lang ang platelet count nya, tapos gusto na nyang umuwi kasi malakas na daw siya."* (His platelet count is only fifty-five (55), then he wants to go home because he is said to be strong.)

A patients' decision-making capacity is frequently limited by the severity of their sickness and the unequal distribution of power and knowledge between patients and healthcare practitioners (Jaiswal, J., 2019). A doctor participant had stated: "The patient thinks he is fully cured once his fever resolves. What I am trying to explain is that his platelet count and white blood cell counts are still decreasing. Yet, he still signed the DAMA form." However, there is a fundamental responsibility of doctors to guarantee that patients have the right to accept or decline information, as well as the right to choose (Beauchamp, T.L., et.al., 2011). Recognizing patients' choices is a means of acknowledging their moral standing as individuals and their right for self-determination (Parker, M., 2001).

An already intricate situation between parties may be further complicated by a lack of effective communication between the patient and the healthcare providers which can result in subsequent issues with the accurate diagnosis and appropriate treatment of the patient. A patient's choice to go against medical advice may result from a breakdown in communication between them and their healthcare practitioner (Windish, D., *et. al*., 2008). Roter and Hall (2009) conducted a meta-review on the communication between patients and providers and its effects on patient adherence and satisfaction. They discovered that the way physicians communicate and their training have a positive impact on how patients perceive their interactions, which in turn affects their adherence behavior (Roter, D. L., *et. al.*, 2009).

SUBTHEME 3: DECISION-MAKING CAPACITY

Statement: *"I think it is the doctors' obligation to assess and determine if the patient is in under the right mental status, and is competent in making decisions."*

When there is uncertainty regarding a patient's capacity to refuse treatment, the healthcare provider must promptly determine how to reconcile the patient's autonomy with the principles of beneficence (acting in the patient's best interest) and non-maleficence (avoiding harm). Roughly 1 in 4 hospitalized patients lack decision-making capacity (Appelbaum, P.S., 2007) and clinicians recognize incapacity in less than 50% of affected patients (Sessums, L.L., *et. al.*, 2011). The healthcare provider should do every effort to investigate any root causes for the patient's decision and evaluate their

decision-making capacity prior to the patient's departure against medical advice. Timely identification and validation of the patient's manifestations of fear and anxiety, as well as anticipation of these emotions, can be advantageous in fostering a strong connection between the healthcare provider and the patient, hence, ensuring the provision of exceptional patient care (Alfandre, D., 2013)

THEME III: KEYPOINTS TO MITIGATE DISCHARGES AGAINST MEDICAL ADVICE

Gaining insight into the characteristics of individuals who choose to leave medical facilities against medical advice is crucial for identifying effective strategies aimed at mitigating the consequences of such discharges. The presence of DAMA has a detrimental effect on treatment outcomes, healthcare resource use, and offers a risk of litigation for clinicians and hospital administrators. The study participants in this study agree that understanding a patient's reasons and trying to address them is considered to be a reasonable strategy.

Subtheme 1: Understanding the Patient as a Whole

When a patient visits their healthcare practitioner, they bring an intricate and interrelated combination of factors that contribute to the development and worsening of their diseases. Doctors often perceive the individual in front of them as a collection of symptoms and a challenge to be resolved. However, there are typically other factors that must be considered and dealt with over the course of treatment.

Statement: " Sana hindi lang ung lab results ko ang laging tinitingnan ni doc sa akin. Sana inaalam nya din kung ano ang nararamdaman ko ngayon, nararamdaman ng family ko. Magaling naman siyang doctor, gusto ko lang na mas matutukan ako ng mabuti." (I hope the doc doesn't just look at my lab results. I hope he also knows how I feel now, how my family feels. He's a good doctor, I just want him to focus more on me.)

Providing comprehensive care to patients not only ensures that their particular requirements are met, but also enhances their sense of being listened to and appreciated, surpassing the limitations of strict and standardized treatment. This is also exemplified in the concept of Patient-Centered Care, which refers to a form of doctor-patient interaction that is distinguished by the patient's informed intentions, which are used to guide activity, interaction, and information-giving, as well as shared decision-making (Rogers A., et. al., 2005).

Subtheme 2: Being Patient with the Patient

Discharges against medical advice (DAMA) are common in healthcare settings where people feel unsatisfied with the current level of care, despite the universal agreement on the right of each and every patient to accessible and affordable healthcare. Discharging patients against their doctors' orders occurs when patients express dissatisfaction with their treatment (Al-Sadoon M., et. al., 2013).

Statement*:" Sometimes, we get angry at our patients when they insist to leave. However, we should not blame or berate the patient or anyone else for their desire to leave. Persuade them sincerely that their welfare is more important to you than anything else. As they face a danger to their health, let them know that you stand with them, more than anyone else."*

Statement: *"Uray agawid kamin, aggited da kuma ti agas nga inumin mi jay balay. Haan jay bay-bay-an da latta kamin. Kaasian yu kami met, ma'am." (Even when we go home, they should give us medicines to take at home. They should not leave us alone. Have pity on us, ma'am.)*

Study participants agree that counseling with the objective of dissuading the patient from leaving against medical advice (AMA) should be focused on addressing their individual needs. The primary focus of this form of communication is to facilitate the identification of any possible concerns that can be resolved without the need to physically leave the hospital. As stated by a patient, "*Ammuk nga nangatu ti blood pressure ku. Pero mas tataas ang BP ko kung makikita ko na kung magkano na ang bill ko. Sana nga lang may tumulong sa akin sa problema ko sa perang pambayad ko sa hospital."(I know that my blood pressure is really high. But my BP will increase more if I can see how much my bill is. I just hope someone can help me with my problem with my money to pay for the hospital."* Therefore, healthcare providers should strive to develop a comprehensive management plan that considers all aspects of the patient, rather than solely focused on clinical entities. The involvement of social workers and their possible availment of social services such as the Medical Assistance to Indigent Persons (MAIP) or the Malasakit Center can help in decreasing the incidence of DAMA. Engaging patients in the decision-making process by addressing their non-medical concerns can enhance their compliance with the treatment plan and reduce the likelihood of them leaving against medical advice.

Subtheme 3: Establishing and utilizing the DAMA Protocol

Statement: " *When a patient wants to go HAMA, what we usually do is to explain everything, such as what may possibly happen once they leave, and all the risks and consequences. However, I am not sure if this protects us, doctors, from any legal liability that may occur in the future."*

It is therefore crucial to cultivate an environment characterized by common objectives, collective understanding, and inclusive strategies that are applicable to all while respecting individual differences. The process of discharging a patient against medical advice (AMA) involves providing a comprehensive explanation of all the potential hazards associated with leaving AMA, ensuring that the patients fully comprehend these risks and possess the ability to make autonomous decisions, and obtaining their signature on a form admitting and accepting these risks (Alfandre, D., 2013). In the event that a patient is adamant about leaving AMA, the objective should be to deliver the highest quality of care under circumstances that are evidently suboptimal. Despite the fact that there is a lack of guidance in this field from extant research, a number of recommendations appear to be reasonable. In order to guarantee that critical procedures are executed, hospitals should contemplate the implementation of a uniform AMA discharge protocol.

Medical providers' decision-making should follow a protocol based on strong communication skills and appropriate documentation to protect against liability. In order to negotiate a mutually acceptable discharge treatment plan that incorporates patients' priorities and enhances the continuity of care in the community, all treatment team members should collaborate to establish a model of shared decision-making (Lekas, H. M., et. al., 2016).

Subtheme 4: Striving for a Better and More Innovative Hospital Infrastructure

Statement: *"I just wish we have a more complete and comprehensive diagnostic facility, such as CT Scan, MRI. We don't even have an x-ray machine. We send out patients just to be x-rayed."*

Statement: *" Pwede po bang mas lakihan nila yung ward para mas komportable ang mga pasyente, hindi yung nagsisiksikan?" (Can they make the ward bigger so that the patients are more comfortable, not crowded.)*

Statement: *"Hindi na sapat yung electric fan or ceiling fan sa ward dahil sa init. Pwede mag-request ng aircon na lang para mas magaling gumaling ang mga pasyente nyo?" (The electric fan or ceiling fan in the ward is not enough because of the heat. Can we just request air conditioning so that your patients can recover better).*

In order to achieve the Triple Aim of reducing costs, enhancing quality, and increasing patient satisfaction, it is necessary to enhance many operational and structural components that are often overlooked but crucial. Our patients are already experiencing discomfort in the hospital as a result of illness or injury. However, the environment can exacerbate the situation by causing emotional distress, such as extreme heat, discomfort from overcrowding, and a lack of a relaxing ambience that should be conducive to rest and recuperation. This usually motivates the patient to express their desire to go home. Moreover, the health system's capacity to provide quality health services is impeded by a shortage of medical apparatus, which may be due to unavailability or malfunction (World Health Organization, 2012). According to the World Health Organization, the majority of medical equipment in developing countries is nonfunctional, with an estimated 50 to 80 percent of the equipment not functioning. Additionally, these countries lack technology assessment systems and regulatory regulations to prevent the importation of substandard medical equipment. Therefore, sufficient planning, management, and implementation are necessary for a maintenance plan, and they are regulated by the financial, physical, and human resources found in a given country.

Conclusion

It was evident in this study that patients may have varying values and expectations than their providers, particularly in relation to their health. Discharges against medical advice may denote a failure to reach consensus between the healthcare provider and the patient regarding the need for further inpatient care and attention, and patients withdraw consent for a variety of reasons, including medical, social, economic, and interpersonal factors. Alongside the patients' explanations for departing against medical advice (AMA), this study also disclosed the healthcare practitioners' justifications for either supporting or questioning the patients' statements. Striking a balance between patient autonomy versus the physician's ethical obligations and professional accountability will necessitate acting in the patient's best interest with thoughtful evaluation of the situation, despite presenting with ethical difficulties. Overall, the concepts of ethical obligations, professional accountability and autonomy must support each other in order to promote the well-being of the patient, maintain the physician's ability to provide quality healthcare to each and every patient, and uphold the patient's integrity as a whole.

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