



Received: 07-12-2025  
Accepted: 17-12-2025

## International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

Letter to the Editor

### Consequences of Deciding to Leave the Emergency Department Against Medical Advice

<sup>1</sup> Sinda Zarrouk, <sup>2</sup> Josef Finsterer

<sup>1</sup> Institute Pasteur of Tunis, University of Tunis El Manar and Genomic Platform, Tunisia

<sup>2</sup> Department of Neurology, Neurology & Neurophysiology Center, Vienna, Austria

DOI: <https://doi.org/10.62225/2583049X.2025.5.6.5448>

Corresponding Author: **Josef Finsterer**

#### Letter to the Editor

We read with interest the article by Kumar *et al.* on the reasons for leaving the emergency department (ED) against medical advice (LAMA) in 400 patients who visited the ED of a tertiary care hospital in New Delhi <sup>[1]</sup>. The reasons for a LAMA decision were the positive effect of initial treatment and refusal of inpatient treatment in 26% of cases, the unavailability of intensive care (OCU) beds in 21% of cases, financial constraints in 17% of cases, and the perceived risk of infection in 15% of cases <sup>[1]</sup>. The lack of health insurance and low family income were independent predisposing factors for the decision to leave the emergency department <sup>[1]</sup>. The study is noteworthy, but some points should be discussed.

The first point is that patients who felt better and therefore benefited from initial treatment in the emergency department were advised to remain in the emergency department or be admitted to the hospital <sup>[1]</sup>. What were the reasons why emergency department physicians recommended admission for these patients despite the improvement in the symptoms that had brought them to the emergency department?

The second point is that it is incomprehensible how a patient with an indication for admission to the ICU could leave the hospital. The indication for admission to ICU suggests that the patient is in a critical condition that requires immediate inpatient treatment. Why were these patients not offered a bed in the normal ward?

The third point is that there is no report on what happened to the 400 patients with a LAMA decision after they left the ED <sup>[1]</sup>. How many of these patients went to another hospital, how many went home, how many went to doctors who offer alternative medicine, how many treated themselves, and how many died? It would be interesting to know how such a decision affected the health status of patients with a LAMA decision.

The fourth point is that a LAMA decision can sometimes also have positive effects on a patient's health, as hospitalization not only carries the risk of hospital infection, but also the risk of harm from incorrect treatment, complications due to treatment, falls, food poisoning, or allergic reactions.

In summary, it should be clarified why patients who were feeling better were nevertheless recommended for hospitalization, why patients with an indication for intensive care were able to make a LAMA decision, and what the consequences of a LAMA decision were.

**Declarations**

**Ethical Approval:** Not applicable.

**Consent to Participation:** Not applicable.

**Consent for Publication:** Not applicable.

**Funding:** None received.

**Availability of Data and Material:** All data are available from the corresponding author.

**Completing Interests:** The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

**Author Contribution:** JF was responsible for the design and conception, discussed available data with coauthors, wrote the first draft, and gave final approval. SZ: contributed to literature search, discussion, correction, and final approval.

**Acknowledgements:** None.

**Keywords:** Leave Against Medical Advice, Emergency Department, ICU, Medical Care, Self-Payer

---

**References**

1. Kumar R, Jain S, Purkayastha A. Factors affecting leave against medical advice from the emergency department. Natl Med J India, May-Jun 2025; 38(3):144-147. Doi: 10.25259/NMJI\_57\_2023