

Pendulum of Power: Medical Dominance in the Case Self-Discharge

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What is Self-Discharge?

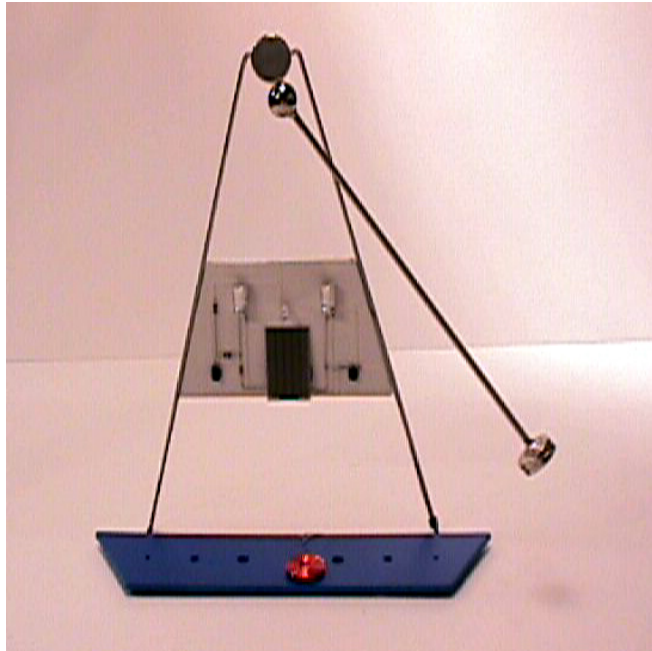
- * Terminology

- * Discharge against medical advice?

- * Process

- * Self-discharge in context:

- * Approx 1 – 2% of patients decide not to follow health professionals' advice each year
 - * Particular sections of society thought to be more vulnerable to self-discharging
 - * The reasons given for self-discharge include long waiting times, poor bedside manner, and failure of communication amongst hospital staff
 - * Self-dischargers have higher readmission and in-hospital mortality rates



Ashya King missing: Police hunt five-year-old boy with brain tumour snatched from Southampton hospital by his parents

Ashya King's parents hauled before Spanish court while terminally-ill son is treated under police guard

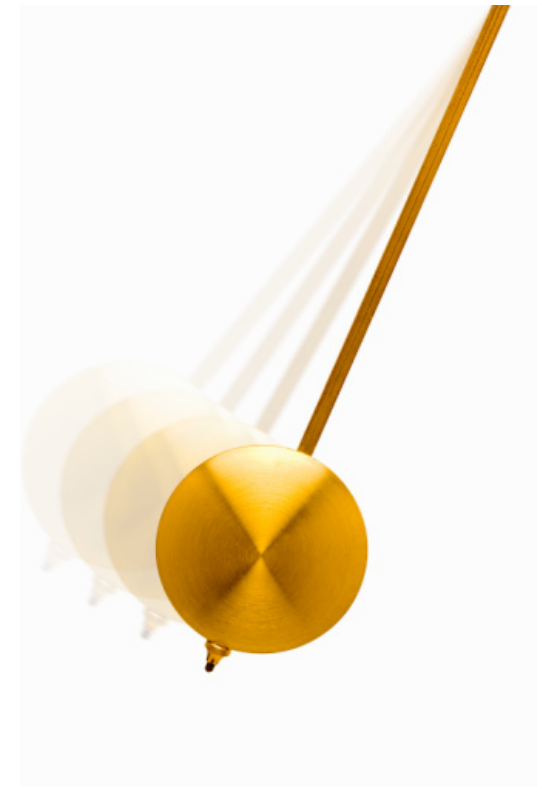
Ashya doctor: 'We regret communication break-down'

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The head of the NHS Trust running Southampton General Hospital, where Ashya King was being treated for a brain tumour, has said he regrets the break-down in communication with the child's family.


Ashya King's doctors signal U-turn over proton therapy

Doctors who treated five-year-old Ashya King are now considering Proton treatment parents asked for as Boris Johnson puts pressure on prosecutors to drop the case



Pendulum of Power

- * Medical dominance - the disparities in power between patient and doctor - is deemed to have narrowed
- * “Widespread view that respect and deference are all but dead and that *professionals must now practise in an environment where their authority is not automatically ceded*” (Bury, 204)

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- * Started Feb 2012, funded by Lancaster University Early Career Small Grant Scheme, collaborating with Dr David Warriner, Emily Ford, and Steffi Siby
 - * Project Aims:
 - * How do self-dischargers and health professionals understand and make sense of the concepts 'self-discharge', 'self-dischargers', and the self-discharge process?
 - * Institutional ethical approval, and R&D approval granted
 - * 32 qualitative interviews with self dischargers (11), NOK of self-dischargers (4), and **health professionals (17)**
 - * **consultants, foundation year doctors, gps, hospital managers, senior nurses, & registrars**
 - * **across two NHS Trusts in England (4 hospital sites)**
 - * **range of medical specialities / hospital wards**
 - * Transcribed and coded for themes

Starting the Pendulum: “I want to leave”

- * “They may feel that **they haven’t got control of their care and this is their way of taking control of that.** Some of the reasons may well be that that is a patient’s motivation. That they feel that their choice is being taken away from them and this is their only way of exerting that choice.” (HP_02_GP_MB)
- * “[patients] don’t see anything happening. Things seem to have stagnated so it maybe that they have been in only a short time but after a few hours nothing else has happened. They haven’t seen the doctor. They haven’t got to see anybody particularly and they haven’t got the communication to find out when that’s going to happen and get very fed-up with that and therefore decide that I’m better off just going back home...” (HP_04_GP_MB)

Starting the Pendulum: “I want to leave”

- * “And then you are bleeped from whatever other ward you are on and have to sprint over and talk to them about why they want to do this... Sometimes that doesn't work because you're with someone who is ill and you can't come and talk to them” (HP_01_FY_MB)
- * “Sometimes people don't realise the other stuff that you've got to do on the wards. It can be quite frustrating but you've not got to let that show to the patient. In the back of your mind you could be thinking why can't you just stay in. You're causing me all this work and I've got this and this to do... But they don't see that. Nobody really does” (HP_09_Nur_STH)
- * “What we want are people who are compliant who go home when we want them to go home” (HP_05_Reg_STH)

The Swinging Pendulum: Conflict

- * “... if the patient has not completed their treatment they should not be leaving hospital. You can’t then write them a **discharge letter** for incomplete care and **discharge drugs** when their care isn’t completed. If your opinion is that a patient’s treatment is not complete you can’t then say here’s your drugs, go home then. All you can say is you need to stay in hospital.” (HP_04_Nur_STH)
- * “I think probably sometimes there’s a bit of a blame culture with people who discharge themselves saying **they don’t deserve the medication** and why should people be bothered to help them if they won’t help themselves.” (HP_03_Con_STH)

The Swinging Pendulum: Bargaining

- * “She said I don’t want to be in hospital... So I said, look, the problem you’ve got is you’ve got a serious problem and you’re going to keep passing out. If you are at home on your own, and she lived on her own, and you pass out and bang your head you could die... So she said I don’t care. *I said I’ll do you a deal. We’ll get you sorted tomorrow and then you can be home the next day. That’s not a bad deal.*” (HP_05_Reg_STH)
- * “Okay, what else can we do? How do we keep you in?...If it means the family have to *stay longer than we perhaps would like them to stay* then we’ll facilitate that.” (HP_01_MGR_MB)
- * “To say, listen, you’re not going to have any medication and we can’t get you home, *it’s a bit of a tactic* to try and get them to stay in hospital.” (HP_09_Nur_STH)

The Swinging Pendulum: Compromising

- * “some you can negotiate. So they go home and **sort the kids out** and will come back.” (HP_01_Con_MB)
- * “...I had one chap who was threatening to self-discharge... He basically didn’t want to go to a certain ward in the hospital and he said I’m going home... So I **spoke to the bed manager** and sorted that out.” (HP_02_FY_MB)
- * “So you say **could I get a side room** and they say, oh well, you can’t get a side room just because someone wants to self-discharge.” (HP_05_Reg_STH)
- * “A recent patient that self-discharged wanted to go to a close friend’s wedding... but I avoided the self-discharge by coaxing/twisting sister’s arm to **keep the bed open for three hours.**” (HP_05_Reg_STH)

The Swinging Pendulum: Agreement

- * “But actually often, especially if it’s over the weekend or the patient hasn’t had an opportunity to be reviewed by somebody recently, it maybe that they’ve got **a perfectly reasonable point** that they could perhaps be discharged and have some kind of outpatient contact or be seen by another professional elsewhere or whatever.” (HP_o6_Con_STH)
- * “Sometimes I think that people have **been wrongly kept in** hospital because the person seeing them was too junior to make a decision... there certainly have been occasions when I’ve gone to them and said you don’t have to discharge yourself I’m going to discharge you...” (HP_o8_Con_STH)

The Swinging Pendulum: Submit

- * “*We booked her a taxi*” (HP_05_Reg_STH)
- * “...So there’s more support for the ones taking their own discharge than there used to be. And I think sometimes that has made a rod for our own back... because they know *if they go home they’ll still get what they were getting in hospital.*” (HP_01_MGR_MB)
- * “So very occasionally...we’ll try and reorganise things. *We’ll do this and say this is an outpatient’s appointment instead of an inpatient.* So people waiting for tests or whatever.” (HP_04_Nur_STH)

Underlying the Swinging Pendulum: Patient Autonomy

- * “But at the end of the day *this is not a prison and we can’t keep you here against your will.*” (HP_01_Con_MB)
- * “... we are the servant of the patient actually. The patient is there in the hospital employing us through the tax system and is essentially asking us to provide them with some kind of diagnostic service or treatment service and we’re there to provide that. If the patient chooses to accept or decline any part of the suggested treatment then that’s their prerogative. *They’re autonomous. They’re certainly allowed to make good or bad decisions*” (HP_06_Reg_STH)
- * “It’s frustrating but it’s still their choice. *It wouldn’t be my choice for them to go but it is their choice to go.*” (HP_01_MGR_MB)

Underlying the Swinging Pendulum: Accountability & liability

- * “Having said that, if you let a patient go out of hospital and they do drop dead **you know where all the blame will come**. No one is going to blame the dead patient even if it was their decision. They will just come to you and say what happened and there will be a lot of criticism. So this is where I think all the paranoia and back-covering comes from and defensive behaviour.” (HP_05_Reg_STH)
- * “I have to think about every situation **if it ended up at the coroners what would I do then**. The case would be that unfortunately probably a coroner would turn round and say you were the nurse looking after that patient what were you doing when they absconded? Did you have that conversation with them? You have to unfortunately think in this day and age always about what if it ended up in this way.” (HP_09_Nur_STH)

Initial Conclusions

- * SD can be framed positively
 - * initiates contact with HCPs for pts,
 - * increases communication between pts and HCPs,
 - * allows for pts' concerns to be resolved,
 - * enables HCPs to express their care for the pt and for the pt to feel cared for
 - * a form of empowerment, reclaiming control
 - * pt voice heard
- * Important for practices as it could take the sting out of how a request to SD is viewed by HCPs

Initial Conclusions

- * Role of hospital staff portrayed as avoiding SD from taking place
- * Hospital staff using facilities within NHS to negotiate with self-dischargers
- * Suggests medical dominance still present within hospital practices, but hidden and implicit
- * HCPs struggling with the rise of the autonomous pt