

LETTERS—CONCISE RESEARCH REPORTS

Letter to the Editor re: Hearts and Minds: an Exercise in Clinical Reasoning

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Mayfield et al. present an insightful case highlighting the importance of shared decision-making and harm reduction practices during against medical advice (AMA) discharges.¹ One additional element clinicians may grapple with during these transitions of care, not specifically addressed in the case discussion, is the use of an AMA form at the time of discharge.

Despite evidence to the contrary, clinicians believe AMA forms confer medical-legal protection in the event of a poor outcome following discharge.² Evidence demonstrates that the majority of clinicians ask patients to sign AMA forms prior to discharge, even though few document the patient's decision-making capacity, prescribe discharge medications, or coordinate follow-up appointments (best practices recommended in the case discussion).³

The AMA form can frame the discharge as an adversarial relationship between the treatment team and patient, which may negatively influence a patient's willingness to participate in the process or engage with future care.⁴ This has the potential to disproportionately affect groups already at risk of poor health outcomes, given that patients undergoing AMA discharges have been shown to be of lower socioeconomic class, underinsured, and suffering from substance use disorders.⁵

Clinicians should consider abandoning the AMA form and designation in favor of a "self-directed discharge" that includes appropriate documentation of capacity assessment, risk–benefit discussions, and harm reduction arrangements. Self-directed discharge planning can empower patients, lessen potentially adversarial relationships the AMA form generates, and reflect shared decision-making practices we employ in all other clinical settings.

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REFERENCES

1. Mayfield, JJ, McKee, KY, Zier, LS, et al. Hearts and Minds: an Exercise in Clinical Reasoning. *J Gen Int Med.* 2021;36:1778–1783. <https://doi.org/10.1007/s11606-020-06575-7>.
2. Devitt PJ, Devitt AC, Dewan M. Does identifying a discharge as "against medical advice" confer legal protection? *J Fam Pract.* 2000;49(3):224–7.
3. Stearns CR, Bakamjian A, Sattar S, Weintraub MR. Discharges Against Medical Advice at a County Hospital: Provider Perceptions and Practice. *J Hosp Med.* 2017;12(1):11–17. <https://doi.org/10.1002/jhm.2672>.
4. Alfandre D, Brenner J, Onukwugha E. Things We Do for No Reason: Against Medical Advice Discharges. *J Hosp Med.* 2017;10:843–845. Published online first August 23, 2017. <https://doi.org/10.12788/jhm.2796>.
5. Kraut A, Fransoo R, Olafson K, et al. A Population-Based Analysis of Leaving the Hospital Against Medical Advice: Incidence and Associated Variables. *BMC Health Serv Res.* 2013;13:415. <https://doi.org/10.1186/1472-6963-13-415>.

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