



Western Health
and Social Care Trust

Policy for Self Discharge Contrary to Medical Advice (CTMA)

April 2011



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Summary

This policy outlines the procedures that need to be followed when a patient wishes to discharge himself/herself Contrary to Medical Advice (CTMA).

Purpose

To provide guidance on the appropriate action to take when a patient chooses to leave the Trust's care contrary to medical advice.

Scope

This policy will apply to the management of all patients in Altnagelvin, Erne, Tyrone County Hospitals and all general adult patients in Waterside Hospital.

Policy Objectives

- To ensure that the patient is in possession of a meaningful understanding of the care which is required and the consequences involved in the refusal of this care (best demonstrated by the patient's ability to restate the consequences of leaving hospital against medical advice).
- To ensure that the correct documentation is completed if a patient chooses to decline the care being offered and leaves the hospital despite the staff's best efforts.

Roles and Responsibilities

It is the responsibility of the Trust's nursing & medical staff to adhere to this policy.

Definition and Background of the Policy

This document provides instruction and guidance to ward sisters, charge nurses, medical staff and others on how to manage discharge against medical advice. It is the responsibility of managers throughout the Trust to instigate action to ensure the successful implementation of the policy within their area(s) of control.

Policy Statements

1. If a patient lacks mental capacity, is vulnerable, or there are concerns that a patient may pose a risk to himself/herself or others, because of a mental disorder, consideration must be given to using the Adult Mental Health Order (NI) 1986.

People who lack capacity:

A person is unable to make a decision for himself if he is unable:

- (a) To understand the information relevant to the decision
 - (b) To retain that information
 - (c) To use or weigh that information as part of the process of making their decision or
 - (d) To communicate the decision (whether by talking, using sign language or any other means).
2. To discharge CTMA the patient must be an adult or if a minor, be represented by a legally appointed representative or parent.
 3. Relatives cannot consent to the refusal of care for their relative unless he/she is a legally designated representative.
 4. Nursing and medical staff must attempt to determine and address the reason(s) for the patient's refusal to stay in hospital.
 5. Nursing and medical staff must clearly document in the medical/nursing notes the circumstances of the patient's refusal to stay in hospital.
 6. If necessary, staff must clearly document in the medical/nursing notes the steps taken to inform the patient's General Practitioner (GP) or other appropriate healthcare agencies.
 7. Staff will request that the patient sign the CTMA form (Appendix 1).



8. If the patient refuses to sign the CTMA form, staff should document in the patient's medical/nursing notes the refusal, time, and date.
9. A request by parents/legal representative for discharge of a minor will be honoured if the minor's ward doctor has no reason to suspect child abuse/neglect by the parents/legal representative. The parent or legal representative will be asked to sign the CTMA form.
10. It is essential that patients are advised that they may return at any time.
11. If a parent / legal representative requests to discharge a child from hospital contrary to medical advice, the Hospital Team should consider whether such an action is potentially harmful to a child's welfare and of immediacy as to require the initiation of statutory intervention to preclude such a course of action.
Where immediate statutory intervention is considered to be necessary, Child Protection Procedures should be initiated and hospital staff should refer the child to Social Services with a view to the initiation of Emergency Protection Procedures.
12. Where medical and nursing staff conclude that there are no concerns identified, the request for discharge will be honoured and the parent / legal representative will be asked to sign the CTMA form. In these situations, hospital staff should consider whether a referral of the child to Social Services for assessment as a Child in Need is warranted.
13. Medical devices such as a venflon must be removed prior to the patient leaving the hospital and the removal of all devices, must be listed and recorded in the nursing notes by the person removing them.
14. All patients should be adequately clothed in a socially acceptable manner prior to leaving the hospital and in circumstances where this is not possible, for example, a refusal to wear such clothing it must be recorded.
15. The patient should be advised that their next of kin and any other health care professionals as appropriate will be contacted about their self discharge from the hospital. If the patient objects and refuses to allow staff to inform their relatives/other health care professionals this should be noted in the patient's nursing or medical notes.



Sources / Evidence Base

- GMC - Good Medical Practice' 2006
- Royal Marsden Hospital Manual, Clinical Nursing Procedures 7th edition
- Human Rights Act 1998
- Adult Mental Health Order (NI) 1986



Appendix 1: Contrary to Medical Advice Form (CTMA)

Name:
Address:
DOB:

Hospital
Ward:

Select appropriate box(s).

Refusal to Consent to Observation / Examination / Treatment:

A health professional has advised me of the need for further medical observation, examination and treatment within this WHSCT hospital. I fully understand that refusal may jeopardize my health or life, but it is my wish that this refusal be honoured.

Treatment Refused : _____

Risks of Refusal to Consent to Examination / Treatment : _____

Benefits of Examination / Treatment : _____

Discharge of Patient contrary to Medical Advice:

The health risks that may result from leaving this WHSCT hospital at this time have been explained to me. I have received satisfactory explanation of all of the unfamiliar terms used and understand the consequences of my actions.

I also understand there may be other risks and complications, serious injury, or even death from both known and unknown causes.

Risks to health from leaving the WHSCT against medical advice: _____



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I hereby release the WHSCT and the health care personnel attending me/the patient from any liability that I might assert against them for not providing the treatment described herein.

Patient or Legally Authorized Representative

Relationship to Patient

Physician providing information

Date

Witness

Position: _____