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A Study of Patients Known to Social Service and Discharged Ama from Veterans Administration Hospital, Hines, Illinois, From April 1, 53 Through October 31, 54

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A STUDY OF PATIENTS KNOWN TO SOCIAL SERVICE AND DISCHARGED AMA FROM VETERANS ADMINISTRATION HOSPITAL, HINES, ILLINOIS, FROM APRIL 1,53 THROUGH OCTOBER 31,54

BY

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Presented with the permission of the Chief Medical Director, Department of Medicine and Surgery, Veterans Administration, who assumes no responsibility for the opinions nor the conclusions deducted by the writer.*

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* In compliance with Section 3, Veterans Administration Circular 214, 1946.

CHAPTER I

INTRODUCTION

The problem of irregular discharges has been causing considerable concern among all persons involved in the care of patients at Veterans Administration hospitals. This problem has traumatic effect on the well-being of the patient and in addition has serious implications for the hospital management.

This study, undertaken as a group project by three students from the Loyola, School of Social Work, concerns a group of patients who were known to Social Service and were discharged against medical advice from Veterans Administration Hospital, Hines, Illinois, during the period of April 1, 53 through October 31, 54. These patients proved by their actions that they were unable to utilize their hospitalization fully. This investigation centers around an evaluation of factors involved in such irregular discharges. It is hoped, that through a study of this type, the contributory factors to discharge against medical advice may be revealed and may possibly indicate measures which may lessen the incidence of this type of release.

An irregular discharge is defined as any termination of hospitalization of a living patient which is not medically sanctioned by professional authority.[1]

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1 VA Pamphlet 10-27, "The Problem of Hospitalization of the Tuberculous", Irregular Discharge (Washington D.C., 1948), p. 1.

Present study examines one type of irregular discharge - the discharge against medical advice, (which hereafter will be referred to as AMA) which means that the patient has been advice by his physician that he should remain in the hospital and refuses to stay.[2]

Other types of irregular discharges are: AWOL (Absence without official leave) and Disciplinary (Discharge ordered by a disciplinary board because of misconduct or other violations of hospital rules).[3]

One of the measures used by VA hospitals in attempting to counteract this problem is the imposition of the hospitalization exclusion period for veterans with irregular discharges, by which any veteran who receives an irregular discharge is denied the right to subsequent rehospitalization for a period of 90 days, exept in cases of emergency.

Previous study of AMA discharges at Hines hospital was made by Julia Garth. This study was limited to Tuberculous patients discharged AMA during the period of November 1, 52 through October 31, 53. During this period there was a total of 72 patients who left AMA from Tuberculosis service. The findings of the study indicated that the main cuases of discharge were social and psychological factors. The present study differs from that of Julia Garth since it considers fove main services of the hospital.

The following criteria were used in the selection of cases for the study.

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2 Julia Garth, "Leaving Against Medical Advice", Unpublished Edition (Hines Hospital, 1953), p. 3.

3 VA Pamphlet 10-27, p. 2.

Only the patients who were known to social service during the study period and were discharged AMA during the same period were considered. Veterans included in the study had been discharged AMA from one of the following major hospital Services: Psychiatric, Tuberculosis, Medical, Surgical and Neurology. Blind Service was excluded, since only one patient left the hospital AMA from this service during the period of the study. A veteran was included in that hospital ervice from which he was discharged AMA, regardless of whether originally he was admitted to that service or not. In situations in which the patient went AMA several times during the study period his last AMA discharge was given primary consideratio and the earlier ones were listed as previous AMA discharges. During the study period three patients went AMA twice and one patient three times.

Originally the time period decided upon for the study was from July 1, 53 through July 31, 54. However, that period was exteded to April 1, 53 through October 31,54 in order to obtain a larger number of cases.

The total number of AMA discharges during this period was 619. Of this number, 138 patients were known to Social Service during the study period. However, 25 records were transferred to other Veterans Administration hospitals and 13 records were not available. This left the 100 cases on which the study was made. It should be noted that the majority of patients in the group of 619 AMA discharges had been known to Social Service, but many such cases had to be excluded because thy did not meet the criteria of the study.

The primary source material used for the study was that contained in the medical and social service records of the study group at the hospital. No personal contact was made with the patients to obtain supplementary information.

Additional sources of material included a review of pertinent professional literature related to the study in the fields of medicine, psychiatry, social work and the previous studies of irregular discharges. Directives of the Veterans Administration on the subject of AMA discharge were studied.

A schedule (See Appendix) was designed to facilitate the collection of pertinent medical and social data regarding the AMA discharged patients, as well as the activities of the social worker in each case. The information from social service records and clihical records was transferred to the schedules and was subsequently tabulated for analyses.

The three students engaged in this research project assumed equal reponsibility for the initial steps in the research process such as the selection of cases, construction of a schadule, collection and tabulation of data. Thereafter each of the students worked independently in analyzing , interpreting and presenting the findings of the study.

Setting. The Veterans Administration Hospital, Hines, Illinois, operates under all Veterans Adminstration regulations. It is classified as a general medical and surgical hospital. In addition, however, specialized services are offered consisting of Tuberculosis Service, Neuropsychiatirc Service (which includes medical neurology and the paraplegia center), the Blind Rehabilitation Center, and the Diagnostic Center. There are 160 buildings and structu-

res on the 256.6 area of ground. The Medical and Surgical Services are housed in one building, all others are in different buildings geographically separated.

With this background of setting an purpose the presentation of the study will continue with a description of hospital service, characteristics of the study group, and an analysis of the various factors relating to the AMA discharge, and finally a summarization of the findings and the conclusions based upon them.

CHAPTER II

DESCRIPTION OF SERVICES

Social Service

> The effect of illness on an individual, his family and his close associates can have as many meanings as thereare possible combinations of such factors as personality development, social conditions,environmental pressures, ways of becoming ill or handicapped, methods of treatment and possible end results.[1]

Illness requiring hospitalization is almost always associated with personal and environmental difficulties which few can bear without considerable hepl and support. Social casework in a hospital is concerned with helping the patient with personal or environmental difficulties which predispose toward illness or interfere with obtaining maximum benefits from medical care. This service depends upon individualixed study of the patient so that his medical situation and its interrelationship with his personal needs and problems may be understood. Sharing of information between the doctor and the social worker is basic to their individual understanding of the patient. With this understanding the caseworker helps the patient participate in a plan consistent with the medical recommendations and acceptable to him.[2]

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1 Caroline H. Ellege, "The Meaning Of Illness". AAMSW Vol. 2. No. 2.

2 American Association of Medical Social Workers, A Statement of Standards to be Met by Medical Social Work Departments in Hospitals and Clinics (Washington, 1949), p. 3.

The aims of the caseworker dealing with problems associated with illness are to contribute to the total treatment process in the restoration of healthe to the individual and to prevent personal and family deteriorations as a result of the disease or handicap.

During the first ten month of the study period, Social Service at Hines hospital functioned under five supervisory units. The departmetn consisted of a chief of social service. five case supervisors and eighteen workers. However due to a reduction in the budget in July , 1954, two supervisory and seven casework positions were eliminated leaving three supervicory units with three case supervisors and eleven workers.

The means by which a patient can be referred to Social Service in this setting are as follows: the doctor, the patient, patient's family or any of the various disciplines within the hospital recognizing the need of a patient for social services.

Although patients may be referred to social service on an individual basis for a specific problem, the service attempts to attain complete coverage on the Psychiatric, Tuberculosis and Paraplegia Services.

Patients from Medical and Surgical Services are seen stricktly on referral basis.

Hospital Services

As previously stated, Hines hospital is a general medical and surgical hospital with a bed capacity of 2300. It is one of the three Veterans Hospitals with tumor research units and the only one with a radium bank.

The Medical Service has a bed capacity of 535 beds, and the Surgical Service of 810.

The Psychiatric Service has a bed capacity of 110. Services to the patients are organized on a team basis. Staff and resident psychiatrists, Clinical Psychologists, Social workers and Nurses are represented on the team in addition to attending psychiatrists or consultant. The team approach facilitates discussing and determining diagnosis, treatment planning and also reviewing of reports of patients assigned to the team. The resident psychiatrist is reponsible for the operation of the team and coordinates the services of the various disciplines toward effective treatment of the patient during hospitalization aiming toward rehabilitation.

The Psychiatric Section has facilities for various type of treatment. Among them are the somatic therapies of which the most widely used are insulin and elector-shock. Personnel is available for psychological testing, group and individual therapy. Also considered an integral part of treatment and rehabilitation are such adjunct services as manual arts, educational and occupational therapies.

The Tuberculosis Service consists of 374 beds. It is staffed by a chief medical officer, his assistant and full time staff physician. There is no full time psychiatrist assigned to the Service, however, a psychiatrist from the Psychiatric Service is available for consultative service to the physician. Clinical psychology service is available on a limited bases when needed for testing and therapy of the tuberculous patients.

The teamwork approach is utilized in the treatment program. Cases of selected patients are staffed for the purpose of evaluating their adjustment to treatment and for planning their future care in the hospital and subsequent return to the community. When a change of the patient's occupation seems advicable because of his illness the board, gives consideration to the opinion of the vocational advisor and physician and discusses types of occupational training appropriate to the patient's physical limitations and special interests. Training is often begun during hospitalization and continued following discharge by prior arrengement between social service and vocational advisement.[3]

Paraplegia Service with a bed capacity of 239 is considered as a part of the Neurology Service. The services which participate in the hospital program for the paraplegic patient are as follow: Neurosurgical, Neurological, Psychiatric, Urological, Orthopedic, Nursing Service, Physical Medicine, Retraining Service and Vocational Rehabilitation Service.

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3 Julia Garth, " Leaving Against Medical Advice ", Unpublished Edition (Hines Hospital, 1953), p. 2.

CHAPTER III

PERSONAL AND SOCIAL CHARACTERISTICS OF THE STUDY GROUP

In this chapter statistical data secured from Social Service and clinical records which furnishes a description of the group of patients who left the hospital against medical advice during the period of the study will be presented and discussed.

The Veteran's Administration provides hospital care for veterans (both war and peacetime) who are in receipt of compensation for service-connected disabilities when suffering from diseases or unjuries requiring hospitalization. Consideration is also given to veterans presenting an emergent condition requiring immediate hospitalization for treatment of a non-service connection condition.

Table 1 illustrates the proportion of veterans in the study group who had left the hospital AMA from the five hospital services considered in the study.

TABLE I

DISTRIBUTION OF VETERANS ACCORDING TO HOSPITAL SERVICE

Service	Number of Patients
Psychiatric	34
Tuberculosis	25
Medical	25
Surgical	10
Neurology	6
Total	100

A veteran was included in that hospital service from which he actually left AMA. For the majority of the patients in this study, this service was the original service to which they had been assigned upon the admission to the hospital. Of the total group, 34 per cent of patients were from Psychiatric Service, 25 per cent from Tuberculosis Service, 25 per cent from Medical Service, 10 per cent from Surgical Service and 6 per cent from Neurology.

The racial distribution of the study group was as follows: 68 patients were White, 30 patients were Negroes and 2 patients were of other races.

In almost two-thirds of the cases the illness was non-service connected, which excluded these veterans from outpatient care from the Veterans Administration.

TABLE II

DISTRIBUTION OF VETERANS ACCORDING TO SERVICE - CONNECTION

Service-Connection	Total	Number of Patients					
		Psychiatric	Tuberculosis	Medical	Surgical	Neurology	
Service connected	33	12	9	6	3	3	
Non-service connected	67	22	16	19	7	3	
Total	100	34	25	25	10	6	

A veteran whose disability has been adjudicated by the Veterans Adminis-

tration as service-connected may receive financial compensation in amounts fixed by law, proportionate to the extent of disability. He is also eligible to receive ou-patient care, necessary equipment and medication for the service-connected condition. The veteran whose disability has been adjudicated as non-service connected is eligible to receive pension, the amount fixed by law, if the Veterans Adminstration has determined he is totally and permanently disabled.

Of the study group, 33 per cent of the patients had service connected disability and all of these veterans received compensation , 67 per cent of the study group had non-service connected disabilities and 19 received pension due to permanent and total disability.

The age distribution of patients in any hospital for veterans does not follow that of the general population, since it includes persons of certain ages at the time of military service generally occuring in time of war.

TABLE III

DISTRIBUTION OF VETERANS ACCORDING TO AGE

Age	Total	Number of Patients				
		Psych-iatric	Tubercu-losis	Medical	Surgi-cal	Neuro-logy
20 -25	10	4	2	2	0	2
25 -30	17	7	2	4	3	1
30 -35	25	10	7	6	1	1
35 -40	19	5	6	5	2	1
40 -45	11	5	3	3	0	0
45 -50	5	2	1	2	0	0
50 -55	4	0	2	1	0	1
55 -60	8	1	2	1	4	0
over60	1	0	0	1	0	0
Total	100	34	25	25	10	6

An analyses of the age factor in this study indicates that the tendency toward AMA discharge is higher among younger veterans. Eighty-two per cent of the total group were between the ages of 20 to 45, with the largest concentration within the age group of 30 to 35. Veterans within the age group of 25 to 40 constituted the largest group of AMA discharges from each hospital service.

The majority of patients within the age group of 25 to 45 were married. Of the total group, there was approximately the same percentage of married and lone veterans who have interrupted their hospitalization in this study. Marital status varied on each hospital service.

TABLE IV

DISTRIBUTION OF VETERANS ACCORDING TO MARITAL STATUS

Marital Status	Total	Number of Patients				
		Psych-iatric	-Tubercu-losis	Medi-cal	Surgi-cal	Neuro-logy
Single	25	14	2	2	4	3
Married	48	12	12	17	4	3
Separated	14	3	6	5	0	0
Divorced	10	5	3	1	1	0
Widowed	3	0	4	0	1	0
Total	100	34	25	25	10	6

Of the total group 48 patients were married at the time of the study,

27 had previously been married and were widowed, separated or divorce,25 had never married. There were approximately the same number of single and married veterans on Psychiatric, Surgical and Neurology Services. However, on the Tuberculosis and Medical Services married veterans prodominated the group.

The majority of the married veterans had more than one dependent. Of the total study group 43 per cent of patients did not have any dependents. This indicates that the significance of dependents in this study pertains directly to married veterans who constituted 48 per cent of the total group. Therefore since married veterans comprised the largest group of AMA discharges from Psychiatric, Tuberculosis and Medical Services, the number of dependents is highest on these Services.

The study group consisted mainly of semi-skilled and skilledworkers, with a small percentage of professional and white collar workers. Thirty-eight per cent of the total group were skilled workers, 28 per cent were semi-skilled workers and 19 per cent were unskilled workers. The largest number of skilled workers left AMA from Psychiatric, Tuberculosis andMedical Services and the largest number of semi-skilled workers from Surgery and Neurology.

Following table shows the length of hospitalization of veterans in the study group who had left the hospital AMA from the five hospital services considered in the study.

TABLE V

DISTRIBUTION OF VETERANS ACCORDING TO
LENGTH OF HOSPITALIZATION
BY DAYS

Hospitalization by Days and Months	Total	Number of Patients				
		Psychiatric	Tuberculosis	Medical	Surgical	Neurology
0 - 90 (under 3 months)	67	26	4	24	8	5
90 - 180 (3 mos.- 6 mos.)	17	7	10	0	0	0
180 - 270 (6mos. - 9 mos.)	2	0	0	0	1	1
270 - 360 (9 mos. -1 yr.)	6	1	4	0	1	0
over 1 yr.	8	0	7	1	0	0
Total	100	34	25	25	10	6

TABLE VI

DISTRIBUTION OF 67 VETERANS ACCORDING TO
LENGTH OF HOSPITALIZATION
BY MONTH

Month	Total	Number of Patients				
		Psychiatric	Tuberculosis	Medical	Surgical	Neurology
Under 1 month	42	13	0	18	8	3
1 - 2	17	8	3	5	0	1
2 - 3	8	5	1	1	0	1
Total	67	26	4	24	8	5

Table VI shows that practically all patients who left AMA interrupted treatment within the first 3 month of hospitalization with the exception of tuberculous patients. The first month of hospitalization was the most critical period for these patients. Patients from Tuberculosis Service started to leave after 30 days of hospitalization. The majority of these left within 3 to 6 months after hospitalization. The longest period of hospitalization on this service was 19 months.

Sixty-seven per cent of the total study group left AMA within the first three months of hospitalization. Of these, 42 patients left in the first month, 17 in the second month and 8 in the third month of hospitalization. Ninety-two per cent of the total group left within the first year. Eight left after one year. Of the 67 patients who left the hospital within first three months, 26 patients were from Psychiatric Service, 4 from Tuberculosis Service, 24 from Medical Service, 8 from Surgical Service and 5 from Neurology.

It is interesting to note that of the 42 patients who left AMA within the first month of hospitalization, 16 patients had records of previous irregular discharges. Of the total study group,26 patients had a history of previous irregular discharges. These were: 38 AMA discharges, 8 AWOL discharges, and 5 Disciplinary discharges. The distribution of these irregular discharges was as follows: 13 patients had one previous irregular discharge, 8 patients had two, 2 patients had three, 1 patient had four and 2 patients had 6 pre-

vious irregular discharges. Of the 26 patients with previous irregular discharges, 11 patients were from Tuberculosis Service, 7 from Psychiatric Service, 5 from Medical, 2 from Neurology and 1 from Surgical Service.

It is interesting to note that reasons for previous irregular discharges when compared with the present reasons for leaving AMA indicated a repetitious pattern of behaviour within this group of patients. Patients who previously experienced difficulty in adjusting to ward routine and hospital regulations or left to avoid disciplinary discharge, in the present study, presented personality problems, poor hospital adjustment and refusal of discharge planning. Family problems and refusal of treatment were mainly the same reasons evinced by these patients for interrupting hospitalization.

SUMMARY

The characteristics of the patients who left the hospital against medical advice were presented from the material developed in this study. Statistical material was presented interms of hospital services, service-connection, age, race, marital status, number of dependents, occupation, length of hospitalization, number of previous irregular discharges and the reasons for previous interruption of treatment.

The study group consisted pf one-hundred patients. Thirty-five of these were from Psychiatric Service, 25 from Tuberculosis Service, 25 from Medical Service, 10 from Surgical Service and 6 from Neurology Service.

Age factor indicated tht the tendency for AMA discharge was higher among

younger veterans. Eighty-two patients of the total group were between the ages of 20 to 45, with the largest concentration within the age group of 30 to 35.

There were approximately the same number of married and lone veterans leaving AMA from the five Services studied. However, the proportion of married and unattached veterans in the study group varied on each hospital service. There were approximately the same number of single and married veterans on Psychiatric, Surgical, and Neurology Services. On Tuberculosis and Medical Services married veterans predominated.

Tratment was mainly interrupted by members of the study group within the first 3 months of hospitalization with the exception of tuberculous patients, the majority of whom left AMA within 3 to 6 months after hospitalization.

Sixty-seven per cent of the total study group went AMA within the first 3 months of hospitalization. Of this number , 26 patients were from Psychiatric Service, 4 from Tuberculosis Service, 24 from Medical Service, 8 from Surgical Service and 5 from Neurology Service, Ninety-two per cent of the total study group left AMA within the first year. Eight left after one year of hospitalization.

Of the total study group 26 patients had history of previous irregular discharges and showed a repetitious pattern of behavior for interrupting treatment.

CHAPTER IV

MEDICAL-SOCIAL SERVICE REASON FOR AMA DISCHARGE

This chapter will focus on a presentation of the statistical data from social service and clinical records relating to the discharge against medical advice with particular emphases onthe patients' reasons for interrupting hospitalization, medical-social evaluation of the basis for the discharge and social service activity with the patient and his family.

The following table shows the relationship between the patient's expressed reason for leaving the hospital and the interpretation of the staff as to the medical-social reas n for AMA discharge.

TABLE VII

PATIENT'S AND MEDICAL-SOCIAL REASON FOR AMA DISCHARGE

Reason	Opinion of Veteran	Medical-Social Evaluation
Financial problems	15	9
Family problems	10	11
Pending disciplinary action	4	4
Poor prognosis	4	2
Preferred own home	3	4
Refused discharge planning	2	2
Dissatisfied with hosp. personnel	2	0
Refused pass request	6	0
Restlessness	7	0
Dissatisfied with medical treatment	17	0
Refused treatment	0	30
Poor hosp. adjustment	0	20
Personality problem	0	9
Alcoholism	0	3
Sufficient improvement	10	0
To attend court hearing	0	1
Prefered other hospitals	16	6
Unknown	3	5

*The figures in the table represent the number of cases in which the reason was cited. Since in some cases more then one reason was given the figures in the columns exceed 100per cent.

The most frequent reasons given by the patient for leaving the hospital were dissatisfaction with medical treatment, financial and family problems, sufficient improvement and restlessness.

The outstanding reason for the AMA discharges seen by the Medical-Social service staff were dissatisfaction with medical treatment, difficulty in adjusting to ward routine and regulations, personality problems, financial and family problems.

Since the medical-social service evaluation of the reason for the interruption of hospitalization is considered far more objective than that of the patient factors which proved to have bearing on the AMA discharge will be examined in terms of this evaluation.

TABLE VIII

MEDICAL-SOCIAL SERVICE REASON FOR AMA DISCHARGE BY TYPE OF HOSPITAL SERVICE

Reason	Total	Number of Patients				
		Psychiatric	Tuberculosis	Medical	Surgical	Neurology
Alcoholism	3	0	1	1	0	1
Personality problem	9	4	2	0	1	2
Poor hosp. adjustment	20	7	8	2	1	2
Poor prognosis	2	0	1	0	1	0
Family problems	11	2	5	4	0	0
Financial problems	9	1	0	8	0	0
Preferred other hospitals	5	2	2	1	0	0
Refused Treatment	30	11	2	8	8	1
Preferred own home	4	3	0	1	0	0
Refused discharge planning	2	2	0	0	0	0
Pending disciplinary action	4	1	3	0	0	0
To attend court hearing	1	1	0	0	0	0
Unknown	6	2	2	2	0	0
Total	106	36	26	27	11	6

*Figures exceed 100 per cent because more than one reason was cited in some cases.

The main reason for AMA discharge from Psychiatric Service was refusal of treatment and poor hospital adjustment. The majority of patients from this service left because of fear of Elector-Schock-Treatment and the need to by hospitalized on locked wards.

Poor hospital adjustment and family problems were considered to be the main reasons for veterans leaving AMA from Tuberculosis Service. Since treatment of tuberculosis generally requires a relatively long period of hospitalization, restlessness and family problems would be expected.

Financial problems and refusal of treatment were the main reasons for patients leavingAMA from Medical Service. Of the veterans who left because of financial reasons 7 had non-service connected disabilities and did not receive any pension. However, four families of these veterans were referred for financial assistance by Social Service Department and two families were receiving assistance prior to veteran's hospitalization.

Fear of Surgery was the main reason for AMA discharge on Surgical Service. Practically all patients from this service left because they could not accept surgery.

Poor hospital adjustment was seeen as a reason for AMA discharge on Neurology Service.

Table III (page 12) has indicated that the tendency for AMA discharge was higher among the younger veterans, within the age group of 25 to 45. Thirty-four patients within this age group were married and had more than one dependent. It is interesting to see how these factors affected the AMA discharge in this study.

TABLE IX

MEDICAL-SOCIAL ERVICE REASON FOR AMA DISCHARGE BY MARITAL STATUS

Reason	Total	Number of Patients				
		Single	Married	Separated	Divorced	Widowed
Alcoholism	3	-	2	-	1	-
Personality problem	9	3	3	1	1	1
Poor hosp. adjustment	20	6	7	4	2	1
Poor prognosis	2	1	1	-	-	-
Family problems	11	1	8	1	1	-
Financial problems	9	-	8	-	1	-
Preferred other hosp.	5	2	3	-	-	-
Refused treatment	30	9	14	4	3	1
Preferred own home	4	2	-	1	1	-
Refused discharge plan.	2	1	-	-	1	-
Pending discipl. action	4	1	2	1	-	-
To attend court hearing	1	-	1	-	-	-
Unknown	6	-	3	2	-	1

*Figures exceed 100 per cent because more than one reason was cited in some cases.

Financial and family problems existed mainly among married veterans, who constituted 48 per cent of the toatl group of patients in this study. This group of patients was also the largest group of veterans who have refused

treatment and presented poor hospital adjustment. Single veterans showed mainly poor hospital adjustment and refusal of treatment. These two reasons were also the main ones for AMA discharge among the divorced, separated and widowed veterans.

Table V (page 15) showed that 67 per cent of the total group left AMA within the first three months of hospitalization , with the first month being the most critical period for these patients. This does not apply to the patients from Tuberculosis Service, since they left sometime after 30 days of hospitalization and the majority left within the period of 3 to 6 months after hospitalization. It is interesting to see what pressing difficulties existed during that period.

TABLE X

MEDICAL SOCIAL SERVICE REASON FOR AMA DISCHARGE
BY LENGTH OF HOSPITALIZATION

Reason	Total	Number of Patients by months		
		under 1 month	1 - 2	2 - 3
Alcoholism	3	1	1	-
Personality problem	9	2	2	-
Poor hosp. adjsutment	20	9	2	1
Poor prognosis	2	1	-	-
Family;problems	11	6	-	1
Preferred other hospitals	9	9	-	-
Financial problems	5	1	-	1
Refused treatment	30	13	6	4
Preferred own home	4	3	-	-
Refused discharge planning	2	1	-	-
Pending disciplinary action	4	1	-	-
To attend court hearing	1	1	-	-
Unknown	6	3	1	1

* Total figure exceeds 100 per cent because more than one reason was cited in some cases.

This table substactiates finding s in table VI (page 12) which in dicated that the first month of hospitalization was the most critical period for the veterans in this study. Practically all the financial and family problems which caused patients to leave AMA made themselves felt during that period. Almost half of the patients of the total group who had difficulty in adjusting to the hospital routine and regulations and who refused further treatment, left during the firt month of hospitalization. Of the 42 patients who left within the first month of hospitalization, 13 were from Psychiatric Service, 18 from Medical, 8 from Surgery and 3 from Neurology.

It should be remembered that of the 42 patients who left AMA during this period, 16 patients had history of previous irregular discharges and indicated a repetitious pattern of behavior in interrupting treatment.

Since this study is concerned with patients who where known to Social Service either by direct contact or through contact with the patient's family, it is interesting to consider the extent to which social serviceparticipated in helping these patients continue treatment.

The three main sources of referrals to Social Service in this study were as follow: 55 patients were referred by the doctor, 33 patients were self referred, (13 of these were from Medical Service where they are seen by Social Servi e only on referral basis) and 6 patients were referred by their family members.

The nature of request for Social Service is seen in the following table.

TABLE XI

REASON FOR REFERRAL TO SOCIAL SERVICE

Nature of Request	Total	Number of Patients				
		Psych-iatric	Tubercu-losis	Medi-cal	Surgi-cal	Neuro-logy
To discourage AMA	6	3	0	1	2	0
Financial	17	2	1	11	2	0
Routine	12	1	11	0	0	0
Family problems	9	2	4	2	1	0
Social history	13	11	2	0	0	0
Referral	5	0	0	3	0	2
Interpretation of illness	6	4	2	0	0	0
To secure personal items	11	2	1	2	2	4
Consent for Electro-Shock-Tr.	3	3	0	0	0	0
To secure pass	2	0	2	0	0	0
Transportation	3	0	0	1	2	0
Contact lawyer	1	0	0	1	0	0
Health and Welfare report	2	0	0	1	1	0
Discharge planning	8	3	0	1	1	3
Other	4	3	1	0	0	0

* Total figure exceeds 100 per cent because more than one reason was cited in some cases.

This table partly reflects the function of Social Service in this setting as it pertains to each hospital service. For example, social history is secured on each patient on Psychiatric Service, since background information is used as an aid to diagnosis and treatment planning on this service, therefore, the majority of requests for social history were from this service. Consent for Elector-Shock Treatment also pertains directly to this service.

On the Tuberculosis Service each patient is seen shortly after the admission to the hospital. Therefore, requests for routine evaluation were mainly seen on this service.

On the Medical Service patients are seen only on a referral basis. Requests for financial help pertained mainly to the patients on this service.

The nature of requests for social service indicated that in most instances a tangible service was requested. This leads one pose the question as to whether in the social worker's activities while rendering services to this patient group other problems have developed which gave and indication of the patient's intention to leave the hospital AMA.

TABLE XII

SOCIAL SERVICE CONTACT WITH PATIENT

Nature of Contact	Total	Number of Patients				
		Psychiatric	Tuberculosis	Medical	Surgical	Neurology
To discourage AMA	8	3	2	0	2	1
Administrative procedure	15	5	10	0	0	0
Casework treatment	13	7	5	0	0	1
VARO	12	5	2	3	0	2
Agency referral Casework	4	3	0	1	0	0
Other	1	1	0	0	0	0
Financial referral	13	1	3	7	1	1
Family problems	22	5	6	7	3	1
Discharge Planning	19	4	4	7	1	3
Health and Welfare report	2	0	0	1	1	0
Social history	8	4	4	0	0	0
To secure personal items	6	1	1	3	1	0
Contact relatives	3	2	0	1	0	0

* Total figure exceeds 100 per cent since in some cases more than one service was rendered to the patient.

Nature of contact s such as : To discourage AMA, agency referrals and discharge planning indicate that patient's intention of leaving AMA was known shortly before the irregular discharge took place, since this type of activity immediately follows the discharge. VARO -Agency referrals are requests for further medical treatment on out-patient bases for which only the service-connected beterans are eligible. Discharge planning is the actual preparation for patient's return to his family and community. Thirty-four contacts with the patients in this study were made after the decision to leave for AMA was reached. This indicated that the existing difficulties within this patient group were not known to Social Service during their hospitalization.

Services related to administrative procedure, help in securing personal items and contacting patient's relatives were mainly tangible services. Twenty-four contacts were of this nature and again did not show to what extent the patient's problems had a direct affect on his leaving AMA.

Financial andfamily problems and casework treatment contacts have direct bearing on the existing difficulties within this patient group and indicate that the pressáng difficulties which were impose on these patients due to their confinement were recognized during their hospitalization. Forty-eight contacts were of this nature. Whether these problems led to AMA discharge will be seen in the following table which presents medical-social service evaluation for AMA discharge and the socail service contact with the patient.

TABLE XII

MEDICAL-SOCIAL SERVICE REASON FOR AMA DISCHARGE CORRELATED WITH SOCIAL SERVICE CONTACT

Reason for AMA discharge	Total	* Nature of Social Service Contact												
		1	2	3	4	5	6	7	8	9	10	11	12	13 * *
Alcoholism	3		1	1					1					
Personality problem	9		4	3	2	1	1			3				
Poor hosp. adjustment	20	1	2	3	2	1	1		7	2		1	1	
Poor prognosis	2					1					1			
Family problems	11		2		2				5	2				
Financial problems	9				1	4			5	1				
Preferred other hospitals	5	1	1		1					1				
Refused treatment	30	4	3	4	2	5			5	7		2	2	
Preferred own home	4							1		2		1		
Refused discharge planning	2			1	2					1				
Pending disciplinary action	4	1	1							1		3		
To attend court hearing	1													
Unknown	6		2			1	1		1	1			1	

* There were more than one type of service rendered to the same patient, therefore, total figure does not correlate with the numbers of patients.

** Figures 1 to 13 under nature of Social ServiceContact represent type of service rendered as follows:

1 - To discourage AMA
2 - Administrative procedure
3 - Casework treatment
4 - VARO Referrals
5 - Casework Referrals
6 - Other Referrals
7 - Financial Referrals
8 - Family problems
9 - Doscjarge Planning
10 - Health andWelfare report
11 - Social History
12 - To secure personal items
13- Contact relatives

Findings from this table indicate that there is no correlation between the reason for AMA discharge and the social service contact wtih the patient during his hospitalization, except in few instances. These findings substantiate the findings in Table XII (page 26) which showed that in the majority of situations the existing difficulties which led to AMA discharge were not known to social service during patient's hospitalization. This can be explained by the fact that social service activity with these patients was limited to the period of their hospitalization and their requests for Social Service gave no clue as to the nature of the difficulties which led to AMA discharge.

Length of hospitalization affected the number of interwiews with the patients in this study. Thirty-five patients had only one contact with Social Service, 9 patients h d two interviews and 47 patients had more than three interviews. Nine patients of the group did not have any direct contact with Social Service, but were known through the contacts with their families.

Relative contact swith Social Service were predominately with the families of veterans who left AMA from Psychiatric Service. The services given were mainly interpretation of patients illness, social information and discharge planning.

Table XIV shows the Social Service contacts with relatives of the patients in this study.

TABLE XIV

SOCIAL SERVICE CONTACT WITH RELATIVES

Service	Total	Number of Relatives				
		Psychiatric	Tuberculosis	Medical	Surgical	Neurology
Interpretation of illness	17	11	4	1	1	0
Modification of attitudes	11	7	3	0	1	0
Casework referral	1	1	0	0	0	0
Financial referral	3	0	1	2	0	0
Other referrals	0	0	0	0	0	0
Discharge planning	13	8	1	1	2	1
Social history	7	7	0	0	0	0
Other	5	3	0	1	1	0

Interpretation of illness pertains to a discussion of the family's feelings toward the illness. In relation to mental illness the social worker might discuss with the patient's relatives such questions as those regarding hereditary factors, locked wards, hospital routine and recommendations which would bring about the patient's effective use of the treatment.

Modification of attitudes refers to the assistance given by Social Service in helping the patient's relative to develop insight into his feeling and emotions which have resulted in a disturbing aspect in the patient's environment.

Ideally, discharge planning is a continuing process that begins when the patient enters the hospital. Contacts with the family are focused on the patient's eventual return to the family and community. However, when the

family is faced with the immediate prospect of his return to the home. They may demonstrate mixed feelings of pleasure and dread, especially in situations in which the patient has had previous episodes of mental illness or tuberculosis. The worker not only helps them with their feelings, but she also aids them in understanding some of the effects of their reactions on the patient.

Of the total patient group, ten families were known to other social agencies, which were mostly local public agencies rendering financial assistance.

SUMMARY

Medical-Social factor seen in the reason for AMA discharge was presented statistically and discussed. Treatment of the veterans in thisstudy group was mainly interrupted because of social andpsychological factors, such as inacceptance of treatment, difficulty in adjusting ot ward routine and regulations, personality problems, financial and family problems. These problems varied among the patient group in this study, and the variation seemed related to such factors as particular hospital service to which the veteran was assigned, type of treatment, marital status, length of hospitalizationand previous irregular discharges.

SUMMARY AND CONCLUSIONS

This study attempted to present composite picture of the characteristics of 100 veterans who were known to social service and were discharged AMA from Veterans Administration hospital, Hines, Illinois during the period of April 1, 53 thruogh October 31, 54. The purpose of the study was to determine and evaluate factors involved in AMA discharges, with the hope that these might indicate measures which might lessen the incidence of this type of release.

Consideration was give to the general characteristics of these patients, the medical-social service evaluation of the reason forAMA discharge and the extent to which the factors leading to AMA discharge were known to social service during the patient's hospitalization.

It was felt that the following findings seemed to have some significance: 1. Treatment was mainly interrupted because of the social and psychological factors originating outside of the hospital itself. 2. Pressing difficulties which led to AMA discharge made themselfes felt mainly during the first month of hospitalization. 3. In the main, factors leading to AMA discharges were not known during the hospitalization period of these veterans.

CHARACTERISTICS OF THE PATIENT

The study group consisted of one-hundred male patients, which were all male veterans. Thirty-five of these were from Psychiatric Service, 25 from Tuberculosis Service, 25 from Medical Service, 10 from Surgical Service and

6 from Neurology Service.

Analysis of the age factor in the study group indicated that the tendency for AMA discharge was higher among the younger veterans. Eightt-two patients of the total group were between the ages of 20 to 45, wtih the largest concentration within the age group of 30 to 35. The majority of the veterans in the study group who left AMA from each of the five hospital service studied were in the age range of 25 to 40.

There were approximately the same number of married and lone veterans. However, marital status varied on each hospital service, There were approximately the same number of single and married veterans on Psychiatric, Surgical and Neurology Services. On Tuberculosis and Medical Services married veterans predominated.

The majority of married veterans had more than one dependent. Since married veterans comprized majority of the study group on Psychiatric, Tuberculosis and Medical Service, the number of dependents is also highest on these services.

The study group consisted mainly of semi-skilled and skilled workers, with a small percentage of professional and white collar workers.

Treatment was mainly interrupted within the first three months of hospitalization with the exception of that of tuberculous patients, the majority of whom left within 3 to 6 months after hospitalization.

Of the 67 patients who left AMA within the first 3 months of hospitalization, 42 left in the first month, 17 in the second and 8 in the third month of hospitalization. Of this number, 26 patients were from Psychiatirc Service, 4 from Tuberculosis Service, 24 from Medical Service, 8 from Surgical Service and 5 from Neurology Service.

Of the total group 92 patients left within the first year. Eight left after one year.

Of the total group 26 patients had history of irregualar discharges and showed a repetitious pattern of behavior for interrupting treatment.

MEDICAL-SOCIAL SERVICE EVALUATION OF AMA DISCHARGE

Treatment was mainly interrupted because of the social and psychological factors related to illness and confinement.

The medical-social factors seen in the reason for AMA discharge were: dissatisfaction with medical treatment, difficulty in adjusting to hospital routine and regulations, personality problems, financial and family problems. These problems varied amon the patient group and seemed related to such factors as the type of illness, treatment, marital status, length of hospitalization and the personality of the patient.

Financial and family problems existed mainly among married veterans, who constituted 48 per cent of the total group.

Single veterans showed mainly poor hospital adjustment and refusal of treatment. These two reasons were also the main ones for AMA discharge among the divorce, separated and widowed veterans.

The main reason for AMA discharge on Psychiatric service was refusal of treatment and poor hospital adjustment. The majority of patients from this service left because of fear of Elector-Schock-Treatment and the need to be hospitalized on locked wards.

Poor hospital adjustment and family problems existed mainly on Tuberculosis service. Since treatment of tuberculosis generally requires a relatively long period of hospitalization, restlessness and family problems would be expected.

On the Medical service, financial problems and inacceptance of treatment were the main reasons for the AMA discharge.

Practically all patients from the Surgical service left because of fear of surgery.

Difficulty in adjusting to hospital routine was seen as the reason for AMA discharge on Neurology Service.

The first month of hospitalization was the most critical period for AMA discharge on Psychiatric, Medical, Surgical and Neurology Services. Practically all the financial and family problems which caused patients to leave AMA showed up during that period. Almost half of the patients of the total group who had difficulty in adjusting to the hospital routine and regulations and

refused treatment left during that period. Of the 42 patients who left within the first month, 13 were from Psychiatric Service, 18 from Medical, 8 from Surgery and 3 from Neurlogy Services.

Of the 42 patients who left AMA during this period 16 patients had a history of previous irregular discharges and indicated a repetitious pattern of behavior in interrupting treatment.

SOCIAL SERVICE ACTIVITY WITH THE STUDY GROUP

Social serviceactivity with these patients was limited to the period of hospitalization and the time immediately following discharge necessary fo complete services related to discharge planning.

The three main sources of referrals to social service were as follow: 55 patients were referred by the doctor, 33 patients had self referrals and 6 patients were referred by their family members.

Reasons for referrals partly reflected the function of social service in this setting. Patients from Psychiatric service were referred mainly for social history. Routine referrals were mainly requested on Tuberculosis service. Financial referrals involving financial assistance were made for the patients on Medical service. On Surgical and Neurology services maily referrals for tangible service were requested.

The nature of Social Service contact with these patients indicated that in the majority of instances patients' problems which led to AMA discharge

became known only shortly before the irregualr discharge took place. Also that the nature of referrals for social service indicated mainly requests for tangible services, through which, the emotional impact of illness leading to irregular diacharges was not revealed.

Contacts with relatives were mostly for interpretation of patient's illness, modification of attitudes and discharge planning. The majority of Social Service contacts with the relatives were with those of patients from Psychiatric service.

CONCLUSIONS AND RECOMMENDATIONS

Findings of the present study, which included patients from five hospital services, are very similiar to the ones found in Julia Garth study. A majority of AMA discharges in the present study can be attributed to factors arising outside of the hospital itself. Mainly treatment was interrupted because of the emotional factors imposed by illness requiring hospitalization and the social situation of the veteran's family due to his confinement. This indicates the need to treat the patient as a total personality by meeting his physical, social and emotional needs. This need could be met by expansion of the present services by providing more psychiatrists and medical social workers for individualized care of the total patient load.

In the majority of cases, difficulties leading to AMA discharge existed during the first month of hospitalization. Therefore, intensive social casework with the veteran and his family, during this period of the

veteran's hospitalization might help reduce the incidence of AMA discharges.

At the time of admission, the veteran must be psychologically and emotionally prepared for hospitalization. If the personality is strong or well-supported, the patient can withstand the wxternal pressures that compel him to leave the hospital before the treatment is completed. If the personality is not strong or is not supported and if the influences of both internal and external pressures are overwhelming, the patient will walk out on irregular discharge.

An automatic referral to Social Service of patients with history of previous irregular discharges might be one measure of preventing this type of discharge, since a repetitious pattern of behavior for interrupting treatment was presented by 26 patients of the total group.

From the stadpoint of the social service, this study points that an early recognition of the social andemotional factors would serve to reduce the incidence of irregualr discharges. Because the personal limitations imposed by illness handicap the patient in making his problems known in a hospital setting particularly the initiative should be taken by the Social Service Department for assessing the need of the patients and making its services available to those who can use them.

BIBLIOGRAPHY

BOOKS

Bartlett, Harriett. Some Aspects of Social Casework in a Medical Setting. Chicago, 1942.

Dunbar, Flanders. Emotions and Bodily Changes. 3rd ed. New York, 1947.

Elledge, Caroline. The Rehabilitation of the Patient: Social Casework in Medicine. Philadelphia, 1948.

Robinson, Canby. The Patient as a Person. New York, 1946.

ARTICLES

Berman, Jean and Leo H. Berman. "The Signing Out of Tuberculous Patients", The Family, XXV (April 1944), 67-73.

Cockerill, Eleanor. "The Use of the Psychosomatic Concept in Social Casework", Bulletin of the Johns Hopkins Hospital, IXX (January 1947) , 86-97.

Gilbreth, Lillian. "The Family as a Basic Unit in Community Strength," Bulletin of the Menninger Clinic, 12 (March 1950), 61-65.

Hamman, Louis. "The Relationship of Psyciatry to Internal Medicine ", Mental Hygiene, XXIII (April 1939), 177-189.

Menninger, William. "How Community Forces Affect the Family", Bulletin of the Menninger Clinic, 12 (March 1950), 53-60.

Rice, Elizabeth. "Generic andSpecific in Medical Social Work ", Journal of Social Casework, XXX (April 1949), 131-136.

Rothstein, Mildred. "Individual Personality Factors in Illness," Journal of Social Casework, XXVII (December 1946), 313-320.

Schless, Bessie. "Achieving Maximum Adjustment in Chronic Illness", Journal of Social Casework, XXVII (December 1946), 291-294.

Tedesco, Joseph. "A Study of Irregular Discharges in a Veterans Administration Hospital, "The American Review of Tuberculosis", (September 1953).

Wolfe, Theodore. "Psychotherapy in the General Hospital", American Journal of Psychiatry, 25 (May 1939), 1307-1317.

Joint Statement of Recommendations. "Planning for the Chronically Ill", Journal of the American Medical Association, 135 (October 1947), 343-347.

PAMPHLETS

A Statement of Standards to be Met by Medical Social Work Departments in Hospitals and Clinics. American Association of Medical Social Workers. Washington, 1940.

Casework Approach to Health Preblems. Family Service Association of America. New York, 1949.

Irregular Discharge, The Problem of Hospitalization of the Tuberculous. Veterans Administration Pamplet 10-27. Washington, 1948.

UNPUBLISHED MATERIAL

Garth, Julia. Leaving Against Medical Advice" A Study of TB Patients discharged AMA from November, 1952 through October, 1953". Unpublished Edition. Hines, Illinois, 1953.

Heisey, Virginia Eves. "Social and Emotional Factors contributin g to the Breakdown and Readmission of Tuberculous Patients previously discharged as apparently Arrested Cases." Unpublished Master's Thesis. Pittsburgh University, Pittsburgh, 1949.

Wynne, Margaret. "Social and Emotional Factors in the Background of Patients who left Deshon Veterans Hospital, Butler, Pennsylwania, AMA in October and November 1948." Unpublished Master's Thesis. Pittsburgh University, Pittsburgh, 1949.

SCHEDULE

I. Identifying Information

A Name_____Address_____

B Age_____Race: White____Negro____Other (specify)_____

C Religion: Catholic_____Protestant_____Jewish___Other____

D Occupation: Professional_____White Collar_____

Skilled_____Semiskilled_____Unskilled_____

E Present Marital Status: Single____Married____Separated_____

Divorced____Widower____

F Number of Dependents_____

G Service Connected_____Non-Service Connected_____

H Pension_____Amount_____; Compensation_____Amount_____

II. Hospitalization

A Hospital Service: NP____TB____Medical____Surgical____N_____

B Admitting Diagnosis_____

_____

C Treatment Plan_____

D Discharge Diagnosis_____

_____

III. Against Medical Advice Discharge

A Length of Hospitalization____days; Season Left_____

B Number of Previous Admissions_____Hines____Other VA_____

C Number of Previous Discharges:

AMA_____AWOL_____MHB_____Disciplinary_____

D Reasons for Previous AMA Discharges___ _____

_____

E Patient's Reason for Present AMA Discharge_____

_____

F Medical-Social reason for Present AMA Discharge_____

_____

IV Social Service Activity

A Source of Referral

VA:Med____Other VA Soc Serv_____Contact Rep_____Other_____
Non VA: Self_____Family_____All Others

B Reason for Referral to Social Service

Financial_____
Routine_____
Family Problem_____
Social History_____
Other_____

C Social Service Contact with Patient: No. of Interviews___

Services related to admin procedures
_____
Therapy_____
Agency Referral:
VA_____
Non VA:Finan_____Case Work_____
Other_____
Family Problems_____
Discharge Planning_____
Other_____

D Social Service Contact with Relatives: No. of Interviews___

Interpretation of Illness_____
Modification of attitude_____
Referral to other agency
Finan_____Case Wk_____Other_____
Discharge Planning_____
Other_____

E If Family Known to other Social Agency_____
Name of Agency_____

V NOTES: