
TITLE: DISCHARGE AGAINST MEDICAL ADVICE POLICY

1. BACKGROUND

The WA Country Health Service (WACHS) is committed to ensuring the safety and quality of health care for patients attending and receiving treatment at facilities within WACHS.

Patients attending health care facilities within WACHS occasionally self-discharge against the advice of their treating clinician. This policy assists clinicians to manage patients who self-discharge against medical advice.

2. POLICY

Patients who wish to self-discharge against the advice of their treating clinician, will be informed of the dangers of doing so, and will be requested to sign a Discharge at Own Risk MR36 form which is to be filed in the patient's medical record.

The patient is to be requested to remain in the hospital until review by a medical practitioner.

The treating clinician is to document the circumstances surrounding the self-discharge in the medical record.


Patients with a suspected or known mental health disorder.

If a patient with a suspected or known mental health disorder wishes to self discharge against medical advice, the treating clinician has a duty of care to assess their risk of significant harm. This duty of care requires an urgent assessment of the patient by a medical practitioner or an Authorised Mental Health Practitioner.

If the assessing clinician determines that there is a reasonably established risk of harm, duty of care requires consideration of referral for psychiatric assessment ([Operational Directive OD 0244/09 Emergency Psychiatric Treatment and Issues of Consent](#)) and/or emergency psychiatric treatment ([Operational Directive OD 0241/09 Completion of Transport Order \(Form 3\)](#)). Should the person leave the premises and concerns continue to be held, the police should be contacted and notified of those concerns.

Patients who may lack capacity to make treatment decisions

If, in the view of the treating clinician, the patient lacks capacity to make their own treatment decisions, the matter should be discussed with a person who would be considered by the Guardianship Board for appointment as a guardian and, if necessary, an urgent application for guardianship can be made (see 2.1).



If the patient or their guardian refuses to sign, the treating clinician needs to document refusal and the medical advice in the patients medical case notes. These entries are to be witnessed by another clinician.

If the patient is a minor, and their guardian wishes to discharge the patient against medical advice, advise the parent(s) that their action is not in the best interests of the child and that the Department for Child Protection (DCP) will be notified. DCP have statutory powers under the *Children and Community Services Act 2004* to apprehend the child and to return them to the hospital (see 2.2).

2.1 Urgent Application for Guardianship

An urgent application for Guardianship can be made through the [State Administrative Tribunal \(SAT\)](#).

Urgent Application Process

Select the SAT wizard from the link above and complete.

Step 1 – Select 'Guardianship and Administration Act 1990'

Step 2 – Select s40(1) Application for guardianship or administration order

Step 3 – Proceed with selected Act and Section

Step 4 – Review Application Overview

Step 5 – Proceed with Application

Step 6 – Enter Application information

Step 7 – Generate the form

Advise the SAT Service Officer that the application is urgent

2.2 Section 40 *Children and Community Services Act 2004* (only as a measure of last resort)

When DCP is not already involved with the family, the 'Officer in Charge' of the hospital has the power to invoke Section 40 to safeguard the child.

Section 40 allows the child to be held in hospital for two working days for observation, assessment and/or treatment without the parent's consent. It also gives DCP and police authority to remove the child from the parents and return the infant to hospital for two working days.

Section 40 does not alter any guardianship rights; the parents are still the legal guardians and it does not deny a parent's access to their child, it only determines that the child needs to remain in hospital.

Parents and DCP must be told verbally and then given notification in writing as soon as practicable.

DCP Office Hours	Phone:	9222 2555
	Freecall:	1800 622 258
	Fax:	9222 2776





Crisis Care

After hours: **9223 1111**
Freecall: **1800 199008**
Fax: **9223 1184**

3. DEFINITIONS

Child is defined as being less than six years of age as per the *Children and Community Services Act 2004*.

Department for Child Protection

The Department for Child Protection (DCP) is a department within the Government of Western Australia with a primary focus on meeting the needs of vulnerable children and families. It is responsible for protecting and caring for children, and supporting people at risk of crisis.

Discharge at Own Risk MR36 Form

The Discharge at Own Risk MR36 form is the WACHS standard discharge form and is available from the Department of Health WA Medical Records Form series.

State Administrative Tribunal

The State Administrative Tribunal (SAT) in Western Australia is the primary place for the review of decisions made by Government agencies, public officials and local governments and deals with human rights, vocational regulation, commercial and civil disputes, and development and resource issues.

Treating Clinician

The Treating Clinician is the medical professional responsible for the individual case management of the patient.

4. ROLES and RESPONSIBILITIES

Treating Clinician

The treating clinician is responsible for:

- informing a patient who wishes to self-discharge against medical advice of the dangers of doing so;
- requesting the patient sign a Discharge at Own Risk MR36 Form;
- documenting the circumstances surrounding self-discharge in the patient's medical record;
- documenting refusal to sign in the medical record of patients who refuse to sign a Discharge at Own Risk MR36 Form;
- where the patient lacks capacity to make their own treatment decision, discussing the matter with a person considered appropriate as a guardian; and
- if the patient is a minor, advising the parent(s) that their action is not in the best interests of the child and that the Department of Child Protection (DCP) will be notified.





5. EVALUATION

This policy will be reviewed in 2 years or sooner if required. Performance measures include:

- the number of patients who self-discharge that sign a Discharge at Own Risk MR36 Form
- the number of patient records where patients self-discharge that contain documentation of self-discharge circumstances.

6. REFERENCES

[Department for Child Protection](#)

[Office of the Public Advocate](#)

[State Administrative Tribunal](#)

[Children and Community Services Act 2004](#)

[Department of Health Operational Directive OD 0241/09 Completion of Transport Order \(Form 3\)](#)

[Department of Health Operational Directive OD 0244/09 Emergency Psychiatric Treatment and Issues of Consent](#)



SCHEDULE 1

E65823/12/88-10H-S/9211	
Please use I.D. label or block print	
HEALTH DEPARTMENT OF WESTERN AUSTRALIA _____ HOSPITAL	SURNAME _____
DISCHARGE AT OWN RISK	GIVEN NAMES _____
	D.O.B. _____

WARD: _____ DOCTOR: _____	

I, _____ (Given Names) _____ (Surname), am removing _____ from this hospital at my own (Relationship to patient ie self/child)

insistence and against the advice of the hospital (attending doctor and/or hospital staff). I have been informed by them of the dangers of leaving the hospital at this time. I hereby release the hospital, attending doctor and hospital staff from all liability for any adverse results caused by my action.

Signed _____ Relationship to Patient _____
Date _____ Time _____
Signature of Witness _____

TO BE SIGNED BY NURSE:
(If applicable)

A* The patient/relative of _____ has taken his/her discharge against medical advice. He/she refused to sign a statement acknowledging this fact and accepting full responsibility for his/her action and any consequence arising therefrom.
Date _____ Signed _____ (Nurse)

B* The patient refused to wait until a Medical Practitioner could advise him/her of the consequence of taking his/her own (relatives) discharge. I confirm that I have explained to _____ that to take his/her discharge might endanger his/her health.
Date _____ Signed _____ (Nurse)

* Delete either A or B

TO BE SIGNED BY MEDICAL OFFICER:
(If applicable)

I confirm that I have explained to the patient/relative the dangers that might arise out of his/her decision to take his/her own/their discharge.

Date _____ Signed _____ (Medical Officer)
Doctor's name (please print) _____

DISCHARGE AT OWN RISK

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