



Ministry of Health

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Acronyms

LAMA	Leave Against Medical Advice
MOH	Ministry of Health

Policy and Procedures of Leave Against Medical Advice (LAMA)

1. Introduction

Patients may sometimes decide to leave the hospital against doctor recommendation. This act is called Leave Against Medical Advice (LAMA). Although a competent adult patient has the right to leave the hospital at any time (provided that the process is within the law and public health regulations), the duty of care that medical staff has towards their patients obligates them to make every possible effort to stop such type of leave to prevent any adverse events that can arise from that act.

This document aims basically to organize the LAMA process and explain the procedures that should be followed in such event in order to ensure patient safety and continuity of care.

2. Scope

These policy and procedures are applicable to:

- 2.1 All MOH health care institutions with inpatient services.
- 2.2 All staff involved in the process of patient discharge.

3. Purpose

- 3.1 To standardize the policies and procedures of leave against medical advice.
- 3.2 To implement an approach that minimizes the possible adverse outcomes that may affect patients leaving against medical advice.
- 3.3 To implement an effective approach for documenting all facts relevant to the LAMA process and the efforts taken to ensure patient safety.

4. Definitions

- 4.1 Leave Against Medical Advice (LAMA): self-discharge from a healthcare facility contrary to what the treating doctor perceive to be in the patient's best interest.
- 4.2 Child: every human being below the age of eighteen years as per the Gregorian calendar (Child Law, 2014). This should be differentiated from the departmental classification of patients implemented currently in MOH institutions in which only patients up to the age of 12 or 13 years are considered children. Therefore, regardless of patient's location

in the hospital, any patient who is below the age of 18 years has to be considered as a child.

- 4.3 Patient's decisional capacity: patient's ability to consent to or refuse medical care.
- 4.4 Incapacitated patient: a patient who lacks the mental or physical capacity (temporarily, intermittently or permanently) to sufficiently care for self and property or to meet the basic requirements to preserve physical health and safety.
- 4.5 Patient's representative: a person empowered to make or communicate healthcare decisions on behalf of an incapacitated or incompetent patient, and can be one of the following:
 - 4.5.1 A family member who, in good faith, can make a decision consistent with either the patient's expressed wishes or with what the patient would have wanted (e.g. parents, spouse, adult son/daughter, adult sibling, etc.).
 - 4.5.2 The legal guardian (if the patient is a minor or has been adjudged incompetent).
 - 4.5.3 An attorney-in-fact (a person authorized to act on behalf of another person) through a power of attorney document for healthcare decisions.

5. Policy

- 5.1 This document is the prime reference for LAMA policies and procedures in MOH. All MOH healthcare institutions have to modify their local policies and guidelines to generally conform to what is stated in this document (local policies and procedures can be kept along with this document as they are specifically tailored to fit the environment and needs of each hospital).
- 5.2 All LAMA requests have to be taken seriously and managed in an appropriate and lawful way.
- 5.3 Patients who express intention to leave the hospital have to be treated as vulnerable patients because of the possible adverse outcomes they may have, and they have to be given all the necessary support to discharge themselves safely.
- 5.4 Doctors should always balance between their duty to respect patients' autonomy and their responsibility to advocate for patients' well-being. Therefore, a doctor has to explore the patient's motivations to leave the hospital, assess patient's decisional capacity and risks of outpatient treatment, and discuss with the patient a safe alternative care plan that can satisfy both the patient's medical and social needs.
- 5.5 The doctor is the only authorized staff to accept or reject the patient's LAMA request.

- 5.6 The attending doctor can consider offering an "out on pass leave" instead of LAMA (where applicable).
- 5.7 Under no circumstances the following groups are authorized to leave the hospital against medical advice:
 - 5.7.1 Children,
 - 5.7.2 Adult patients who lack decisional capacity (incapacitated patients) without an authorization from a representative,
 - 5.7.3 Adult patients who have been determined by a court to be incompetent (legally incompetent) without an authorization from a representative,
 - 5.7.4 Patients who can actively or passively expose risk to the public or themselves (e.g. active TB patients, severely depressed patients, etc.),
 - 5.7.5 Patients under police custody or surveillance (except if they leave under police responsibility).
- 5.8 For children, the child guardian is prohibited by the Omani child law (Sultani Decree No. 22 of 2014 Promulgating the Child Law) from discharging the child against medical advice. The guardian is only allowed to take the child to another hospital to continue the treatment and only after filling out the form which is specified for that purpose; "Form of Acknowledgment to Complete the Treatment of a Child at Another Hospital" (Appendix 1). However, in case of suspected child abuse or neglect by the parents or child guardian, the LAMA request must be rejected.
- 5.9 In case where the child representative insists to discharge the patient against medical advice, the child protection team has to be informed of the incident in order to take actions.
- 5.10 Decisional capacity assessment has to be done for all adult patients who decide to leave the hospital against medical advice and have no authorized representative.
- 5.11 If there is doubt about the decisional capacity of the patient's representative him/herself, the decisional capacity assessment applied to patients should be done to the patient's representative.
- 5.12 Patients who possess full decisional capacity should be allowed to leave the hospital unless there are other prohibiting reasons as explained above. Impeding such patients from leaving the hospital without strong justification can be legally construed as assault.
- 5.13 If a patient from one of the unauthorized groups insists to leave the hospital against medical advice, the staff has to implement patient's detention procedures.

- 5.14 In case the staff is faced with any potential or actual violence and aggression in relation to LAMA proceedings, then the workplace violence procedures have to be followed.
- 5.15 For adult patients who have decisional capacity and insist to leave against medical advice, the doctor should make every possible effort to coordinate the ongoing outpatient care such as:
- referral to a nearby healthcare facility for follow-up or for any necessary radiology or laboratory investigations,
 - providing the needed prescriptions and consumables,
 - giving advice on how to act in case of developing new symptoms or if the condition worsens, etc.
- 5.16 All information related to patient's leave have to be documented clearly and precisely in the patient's medical record.
- 5.17 The MOH "LAMA Form" is the only form authorized for use in MOH healthcare facilities for LAMA cases.
- 5.18 The LAMA form should never be used in case of child patients, and "Acknowledgment to Complete the Treatment of a Child at Another Hospital" (Appendix 1) form should be used instead.
- 5.19 Hospital administrations should develop strategies to reduce the likelihood a patient may leave against medical advice such as improving patient-doctor communication, promoting shared decision making practices, monitoring staff adherence to relevant guidelines and policies, etc.
- 5.20 The LAMA policy is not applicable to situations where a patient leaves the hospital without notification (patient's escape or absconding). Instead, "missing person procedures" should be used.

6. Procedures

- 6.1 Whenever a patient states an intention to leave the hospital before the treating doctor orders the discharge, the ward nurse should immediately inform the patient's physician or the on-call doctor (as applicable). The nurse should also inquire about the reasons for patient's refusal to stay in the hospital and try to address any frustrating matters the patient may have.
- 6.2 If the patient is from one of the groups that are not authorized to leave against medical advice (see point 5.7), then the nurse should immediately notify the PRO and security

guard and implement any necessary detention procedures to prevent the patient from leaving the hospital. For minor patients who have no attendants, the parents or patient's guardian should also be notified.

- 6.3 Once the doctor arrives, he/she should try first to understand the reasons that made the patient decide to leave the hospital. If the reasons are identified, then reasonable efforts should be made to solve them and to persuade the patient to stay in the hospital. However, if these efforts fail and the patient insists to leave the hospital, then the patient's decision-making capacity has to be assessed before making a final decision about the LAMA request.

6.4 Assessing patient's decision-making capacity:

6.4.1 Assessment of patient's decision-making capacity aims mainly to identify incapacitated patients and protect them from the potential harm they may get from the LAMA decision.

6.4.2 Patient's decisional capacity can be assessed by using the modified Appelbaum and Grisso model (Appendix 2) that involves four assessment criteria:

6.4.2.1 The ability to communicate a choice,

6.4.2.2 The ability to understand the relevant information,

6.4.2.3 The ability to appreciate a situation and its consequences, and

6.4.2.4 The ability to reason rationally.

6.4.3 If a patient lacks one of the four abilities, temporarily or permanently, then the patient lacks the decision-making capacity and has to be treated as an incapacitated patient.

6.4.4 Patient's possession of these abilities can be determined by having a conversation with the patient (verbal or non-verbal).

6.4.5 During the conversation, it is important that the doctor asks the patient to repeat the information back in his/her own words rather than just giving yes/no answers. This is because patients with some incapacitating conditions can retain some elements of the conversation and make you assume they understand, when it may not be the case.

6.5 Proceedings when a patient has decisional capacity:

6.5.1 If the assessment shows that the patient has decisional capacity, then the doctor should explain to the patient in layman's language all information relevant to the condition so that the patient can make an informed decision on whether to leave the hospital or to stay.

- 6.5.2 The provided information should cover at least the following points:
 - 6.5.2.1 patient's medical condition,
 - 6.5.2.2 benefits of continued hospitalization,
 - 6.5.2.3 risks associated with leaving the hospital,
 - 6.5.2.4 treatment alternatives.
- 6.5.3 In an attempt to convince the patient to stay, the doctor may also consider the following:
 - 6.5.3.1 enlisting the patient's attendant or a family member to convince the patient to stay,
 - 6.5.3.2 specifying a date for patient's discharge (when possible) so the patient knows how much longer he/she will stay,
 - 6.5.3.3 deferring a part of the evaluation or treatment to future visits (when possible),
 - 6.5.3.3.1 explaining that the patient has the authority to refuse an investigation or treatment and remains under hospital care,
 - 6.5.3.3.2 offering an "out on pass leave" instead of LAMA (where applicable).

6.6 Proceedings when a patient lacks decisional capacity:

- 6.6.1 If a patient is found to lack decisional capacity, then he/she has to be prevented from leaving the hospital.
- 6.6.2 If the patient's representative is available, the subject should be discussed with him/her. If the representative decides to proceed with leaving the hospital, then the same proceedings applied to patients who have decisional capacity shall be implemented.

6.7 Signing the LAMA form:

- 6.7.1 If the capacitated patient or the patient's representative still insists on leaving the hospital against medical advice despite all efforts to convince him/her to stay, then the doctor should fill out the LAMA form and ask the patient/attendant to sign it.
- 6.7.2 It must be clear that the LAMA form does not provide complete legal protection to staff who fail to adequately explain to the patient the possible adverse outcomes and to thoroughly document all the facts relevant to the LAMA event. The LAMA form will only assist in documenting that the patient

was given all information relevant to the LAMA decision, including the possible risks & consequences, and the doctor shall not be responsible for that decision.

- 6.7.3 The LAMA form should also be signed by the attending doctor, ward nurse, PRO, and the interpreter (if used); but only after patient's signature.
- 6.7.4 A staff should witness the signing of LAMA form by the patient or patient's representative.
- 6.7.5 Both manual and electronic signatures are accepted, depends on the hospital policy and the availability of electronic signature pads.
- 6.7.6 If the patient or patient's representative refuses to sign the form, then the attending doctor should read the form to the patient and make the notation "patient refuses to sign" in the space provided for patient's signature.

6.8 Discharge procedures:

- 6.8.1 Discharge procedures for LAMA patients are almost similar to routine discharge procedures.
- 6.8.2 The attending doctor should prepare a discharge summary that contains all information relevant to patient's condition and treatment, as well as the LAMA event. The doctor should also prepare an incident report of the event along with the discharge summary.
- 6.8.3 The doctor has to provide the patient with any necessary medications, consumables, follow-up appointment, sick leave, or referral to another health care institution. Under no circumstances shall a patient be prevented from the former services as a result or as a punishment for leaving against medical advice as this will be considered as a serious negligence and a breach of the duty of care.
- 6.8.4 The ward nurse should do the following:
 - 6.8.4.1 Complete other discharge procedures as usual.
 - 6.8.4.2 Give the discharge papers to the patient or attendant, and explain any treatment or follow up instructions.
 - 6.8.4.3 Check the vital signs just before releasing the patient to make sure it is safe to let the patient go. If new abnormal findings or worsening signs are detected, then the nurse has to inform the doctor to decide whether to still release the patient or reassess the discharge authorization.

- 6.8.4.4 Document in the patient's medical record all procedures done and instructions given, and the time of patient's departure.
- 6.8.4.5 Inform the bed manager/discharge planner about patient's leave.

6.9 Documentation:

- 6.9.1 Since the LAMA form does not truly protect the medical staff from law suits and only proves staff attempts to communicate with the patient, documenting all facts and efforts relevant to the LAMA event is crucial.
- 6.9.2 The medical staff who documents the relevant LAMA information should use, as much as possible, the same wording used by the patient or patient's representative during the discussion.
- 6.9.3 The following information needs to be documented in details in the patient's medical record:
 - 6.9.3.1 Patient's medical condition,
 - 6.9.3.2 The current treatment plan, its benefits, and patient's compliance,
 - 6.9.3.3 The possible risks of not following the medical advice,
 - 6.9.3.4 The reasons/circumstances of patient's refusal to stay in the hospital,
 - 6.9.3.5 Patient's decisional capacity (based on the results of the decision-making capacity assessment – Appendix 2),
 - 6.9.3.6 Any alternative treatment plan suggested and patient's response (also document if the patient no longer wants to participate in your care plan),
 - 6.9.3.7 Who signed the LAMA form, or patient/attendant's refusal to sign and why,
 - 6.9.3.8 The instructions given at discharge, including any prescriptions, follow up visits or referrals, and any other actions taken to ensure patient's safety,
 - 6.9.3.9 Clearly state that future access to care was not denied and the patient was welcomed to return at any time,
 - 6.9.3.10 Clearly state that the patient was given the opportunity to ask questions, and if possible state the questions asked and the answers given,
 - 6.9.3.11 Document any discussion with the family, and which family members were present for the discussion.

7. Document history and version control

Version	Description	Review Date
01	Initial Release	December 2025

8. Related Documents

- 8.1 Policy and Procedures of Out on Pass (MoH/DGSMC/P&P/002/Vers.01)
- 8.2 Policy and Procedure of Workplace Violence Prevention
(MoH/DGQAC/P&P/003/Vers.01).
- 8.3 Policy & Procedure of Incident Reporting & Learning System
(MoH/DGQAC/P&P/002/Vers.01)

9. References

Title of book/journal/articles/website	Author	Year of publication	Page
Child Law	Sultanate of Oman – Royal Decree No. 22/2014	2014	
Policy and Procedure of Adult Psychiatric Ward, NP:C/10	Nursing Department, Al-Masarra Hospital	2012	
Policy for Self -Discharge Contrary to Medical Advice (CTMA)	Western Health and Social Care Trust, HSC	2013	
A Policy to Support Adult Patients Wanting to Self-Discharge Against Medical Advice	Royal Cornwall Hospital, HNS Trust	2017	
Decisional Capacity	Susan Merel	2007	

10. Appendix

Appendix 1: Form of Acknowledgment to Complete the Treatment of a Child at another Hospital

 <p>سلطنة عُمان وزارة الصحة SULTANATE OF OMAN MINISTRY OF HEALTH</p>	HOSPITAL No. :
	Name :
Hospital :	Age : Sex : Nationality :
	Clinic/Ward : Consultant : Unit :
Acknowledgement to Complete the Treatment of a Child at another Hospital	
تعهد باستكمال علاج الطفل في مستشفى آخر	
<p>I, the undersigned, and the parent/guardian of</p> <p>registered with hospital number</p> <p>adhere to complete his/her treatment in another hospital within/out of Oman after discharge my child from</p> <p>Hospital by an adequate transportation based on my request and I will be fully responsible of this decision in terms of medical and legal aspects. The medical and legal consequences have been explained to me by the medical team & the administration officer according to Articles No. (21) & (68) Of the Child Law. I also declare that I have received all relevant medical documents related to my child's health.</p> <p>Full Name:</p> <p>ID:</p> <p>Address:</p> <p>Governorate: Wilayate:</p> <p>Mobile No: Signature:</p> <p>Date:</p>	<p>اتعهد أنا الموقع أدناه ولي أمر / وصي الطفل (الريض):</p> <p>المسجل برقم ملف ، باستكمال</p> <p>العلاج بمستشفى آخر</p> <p>داخل / خارج السلطنة بعد خروجه من مستشفى</p> <p>ونقله بوسيلة مناسبة ،</p> <p>وذلك بناء على طلبي وأتحمل المسؤولية الكاملة</p> <p>تجاه الطفل نتيجة لقراري هذا سواء من الناحية</p> <p>الصحية أو القانونية ، وقد أوضح لي الفريق الطبي</p> <p>والإداري عواقب ذلك وفقاً لحكمي المادتين (٢١)</p> <p>و (٦٨) من قانون الطفل ، كما أنني قد استلمت كافة</p> <p>المستندات الطبية الخاصة بالطفل .</p> <p>الإسم الثلاثي :</p> <p>الرقم المدني :</p> <p>عنوان المنزل :</p> <p>المحافظة : الولاية :</p> <p>رقم الهاتف : توقيع :</p> <p>التاريخ :</p>
<p>Doctor's Name:</p> <p>Signature:</p> <p>Adm. Deputy Name:</p> <p>Signature:</p>	<p>اسم الطبيب :</p> <p>التوقيع :</p> <p>الموظف الإداري المناوب :</p> <p>التوقيع :</p>
<p>Hospital Stamp:</p>	<p>ختم المستشفى</p>
<p>Please attach ID copy of parent/guardian</p>	<p>ترفق نسخة من البطاقة الشخصية لولي الأمر / الوصي مع الاستمارة</p>

Note: See backside of this form for Article No. (21) and (68) of the Child Law.

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Article (21)

The guardian shall ensure the child undergoes the necessary medical examinations and enters the governmental health institutions, or those licensed by the Ministry of Health, to receive treatment or medical care and shall not take him/her out of the institution unless his/her health condition allows according to the concerned doctor's advice.

The concerned doctor may, on the guardian's request, discharge the child patient to get the treatment in another health institution and may hand over the child to him after obtaining a written pledge stipulating continuation of treatment and provision of proper transfer. In all cases, the concerned health institution shall provide the guardian with all information, tests' reports medical examinations and the treatment plan of the child's own case.

Article (68)

In case of intended breach of any of his obligations stipulated in articles (19) and (21) of this law, the guardian shall be punished by imprisonment of minimum (6) months and maximum (3) years and by fine of minimum (100) OR and maximum of (500) OR. In case of neglect or dereliction, the punishment shall be a fine only, In case of repeated breach, the punishment shall be doubled in minimum and maximum.

Note:

- * White copy (original) should be kept in child's file
- * Pink copy (duplicate) should be sent to Head of Women and Child Health Section in governorate
- * Green copy (duplicate) should be given to the parents.

المادة (٢١)

على ولي الأمر إجراء الفحوصات الطبية اللازمة للطفل وإدخاله المؤسسات الصحية الحكومية، أو المرخص لها من وزارة الصحة، لتلقي العلاج، أو الرعاية الطبية، وعدم إخراجها منها ما لم تكن حالته الصحية تسمح بذلك حسبما يقرر الطبيب المختص.

وللطبيب المختص بناء على طلب ولي الأمر التصريح للطفل المريض، أو المصاب، بالخروج للعلاج في أي مؤسسة صحية أخرى، وتسليم الطفل إليه بعد تعهده كتابةً باستكمال علاجه، ونقله بوسيلة مناسبة، وفي جميع الأحوال على المؤسسة الصحية المعنية تزويد ولي الأمر بكافة المعلومات، والتقارير الخاصة بنتيجة الكشف، والفحوصات الطبية والإجراءات العلاجية الخاصة بحالة الطفل الصحية.

المادة (٦٨)

يعاقب بالسجن مدة لا تقل عن (٦) ستة أشهر، ولا تزيد على (٣) ثلاث سنوات، ويفرامته لا تقل عن (١٠٠) مائة ريال عماني، أو ياحدى هاتين العقوبتين ولي الأمر الذي يخل عمداً بأي من التزاماته المنصوص عليها في المادتين (١٩)، (٢١) من هذا القانون، وتكون العقوبة الغرامة فقط إذا وقعت الجريمة بإهمال أو تقصير، وفي جميع الأحوال تضاعف العقوبة بحديها الأدنى والأقصى في حالة التكرار.

الملاحظات:

- * النسخة البيضاء (الأصلية) تحفظ في ملف الطفل
- * النسخة الورديّة (نسخة) ترسل لرئيسة قسم صحة المرأة والطفل بالمحافظة
- * النسخة الخضراء (نسخة) تسلّم لولي الأمر

Appendix 2: Assessment Criteria for Decision-Making Capacity

Criterion	Patient's Task	Physician's Assessment Approach	Questions for Clinical Assessment <i>*patient's responses to these questions don't need to be verbal</i>	Comments
Communicate a choice	Clearly indicate preferred treatment option	Ask patient to indicate treatment choice	<ul style="list-style-type: none"> - Have you decided whether to follow your doctor's (or my) recommendation for treatment? - Can you tell me what the decision is? - (if no decision) what is making it hard for you to decide? 	Frequent reversals of choice because of psychiatric or neurologic conditions may indicate lack of capacity
Understand the relevant information	Grasp the fundamental meaning of information communicated by physician	Encourage patient to paraphrase disclosed information regarding medical condition and treatment	<p>Please tell me in your own words what your doctor (or I) told you about:</p> <ul style="list-style-type: none"> - The problem with your health now. - The recommended treatment. - The possible benefits and risks (or discomforts) of the treatment. - Any alternative treatments and their risks and benefits. - The risks and benefits of no treatment. 	Information to be understood includes nature of patient's condition, nature and purpose of proposed treatment, possible benefits and risks of that treatment, and alternative approaches (including no treatment) and their benefits and risks
Appreciate the situation and its consequences	Acknowledge medical condition and likely consequences of treatment options	Ask patient to describe views of medical condition, proposed treatment, and likely outcomes	<ul style="list-style-type: none"> - What do you believe is wrong with your health now? - Do you believe that you need some kind of treatment? - What is treatment likely to do for you? - What makes you believe it will have that effect? - What do you believe will happen if you are not treated? - What do you think your doctor has (or I have) recommended this treatment? 	Courts have recognized that patients who do not acknowledge their illnesses (often referred to as "lack of insight") cannot make valid decisions about treatment. Delusions or pathologic levels of distortion or denial are the most common causes of impairment.
Reason about treatment options	Engage in a rational process of manipulating the relevant information	Ask patient to compare treatment options and consequences and to offer reasons for selection of option	<ul style="list-style-type: none"> - How did you decide to accept or reject the recommended treatment? - What makes (chosen option) better than (alternative option)? 	The criterion focuses on the process by which a decision is reached, not the outcome of the patient's choice, since patients have the right to make "unreasonable" choices

Adopted from: Merel, Susan (2007). Decisional Capacity

