

STANDARDIZING LAMA DOCUMENTATION: A CALL FOR STRUCTURED CHECKLISTS

Kajal R Shetty^{1*}, Chinmayee Sai Sathya², Borra Hema²

¹Assistant Professor,

Department Of Anesthesia & Operation Theatre Technology, Kasturba Medical College, Manipal
Academy of Higher Education, Mangalore.

Email ID: kajal.shetty@manipal.edu

²Postgraduate student,

Department Of Anesthesia & Operation Theatre Technology, Kasturba Medical College, Manipal
Academy of Higher Education, Mangalore.

Research Domain: Health Science

Type of the Article: Letter to Editor

Type of Review/ Peer-Reviewers: Peer Reviewed by Asst. Professor: Mrs. Gnana Nisha juliet

Indexed in: OpenAIRE.

DOI: [10.66159/IJAHS.2025.1204](https://doi.org/10.66159/IJAHS.2025.1204)

Received on: 14/08/2025

Published on: 27/08/2025

How to Cite this Paper:

Kajal R Shetty, Chinmayee Sai Sathya, & Borra Hema. (2025). STANDARDIZING LAMA DOCUMENTATION: A CALL FOR STRUCTURED CHECKLISTS. In INDIAN JOURNAL OF ALLIED HEALTH SCIENCE (Vol. 1, Number 02).

© With Author. This work is licensed under a Creative Commons Attribution-Non-Commercial 4.0 International License, provided that proper citation is given to the source of the publication.

Disclaimer: The scholarly papers reviewed and published by IJAHS Publications, Tamil Nadu, India, represent the views and opinions of their respective authors and do not reflect the official views or opinions of the IJAHS. The IJAHS disclaims any liability for harm or loss arising from the published content to any party.

TO THE EDITOR,

Leaving Against Medical Advice (LAMA) continues to be a challenging and often under-addressed issue in hospital practice. Across emergency departments, wards, intensive care units, and perioperative settings, LAMA is associated with interrupted care, increased risk of adverse outcomes, and significant medico-legal uncertainty [1-3]. Despite its frequency, the approach to LAMA documentation remains highly variable and frequently inadequate [1].

One of the major concerns surrounding LAMA is the lack of uniform documentation. In many instances, records are limited to a brief note or a signed form, without detailed documentation of the patient's clinical status at the time of departure, the risks explained, alternatives offered, assessment of decision-making capacity, or clear post-LAMA instructions [1]. Such incomplete documentation not only compromises continuity of care but also places health-care professionals and institutions at medico-legal risk, particularly when adverse events occur after discharge [2-3].

The issue becomes even more critical in high-acuity settings such as intensive care units and perioperative care, where patients may be receiving intravenous antibiotics, anticoagulants, opioids, or life-sustaining therapies, and may have indwelling lines or supportive devices in situ. In these contexts, LAMA is not merely an administrative event but a complex clinical and ethical process that requires careful counseling, clear communication, and meticulous documentation [1]. A signed consent alone does not adequately reflect informed refusal or shared decision-making.

Checklists have been widely adopted in health care as effective tools to reduce omissions, improve communication, and enhance patient safety [4,5]. The success of structured checklists in surgical and critical care settings suggests that a similar approach could be beneficial for LAMA documentation [4]. A standardized checklist can prompt clinicians to systematically document essential elements such as the patient's condition, ongoing therapies and devices, counseling regarding risks and alternatives, witness involvement, and follow-up or transfer advice.

In this context, we have developed a structured, copyright-registered LAMA checklist (ROC number - LD-20250178252) intended to support comprehensive and consistent documentation across acute care settings. The objective of such a tool is not to replace clinical judgment, but to assist health-care professionals in ensuring that key clinical, ethical, and medico-legal aspects of LAMA are addressed, particularly in busy and resource-limited environments.

Standardizing LAMA documentation through structured checklists may improve clarity, protect both patients and clinicians, and facilitate continuity of care when patients present elsewhere after leaving against advice[2,3]. We encourage institutions and professional bodies to recognize LAMA as a patient safety concern rather than a purely administrative formality, and to consider adopting and evaluating structured documentation tools to strengthen LAMA practices.

REFERENCES:

1. Alfandre DJ. "I'm going home": discharges against medical advice. In Mayo Clinic Proceedings 2009 Mar 1 (Vol. 84, No. 3, pp. 255-260). Elsevier.
2. Southern WN, Nahvi S, Arnsten JH. Increased risk of mortality and readmission among patients discharged against medical advice. The American journal of medicine. 2012 Jun 1;125(6):594-602.
3. Glasgow JM, Vaughn-Sarrazin M, Kaboli PJ. Leaving against medical advice (AMA): risk of 30-day mortality and hospital readmission. Journal of general internal medicine. 2010 Sep;25(9):926-9.
4. Hohenfellner R. Re: a surgical safety checklist to reduce morbidity and mortality in a global population. European Urology. 2009 Aug 1;56(2):395.
5. Treadwell JR, Lucas S, Tsou AY. Surgical checklists: a systematic review of impacts and implementation. BMJ quality & safety. 2014 Apr 1;23(4):299-318.