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STANDARDIZING LAMA DOCUMENTATION: A CALL FOR STRUCTURED CHECKLISTS

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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.

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