

When patients decide to leave hospital before their treating physician advises them to do so, this is called a discharge against medical advice (DAMA). The prevalence of DAMA in the USA is in the range of 1%–2% for inpatient hospitalisations and 1%–20% for admissions to emergency departments. In this study, we further investigate the odds of readmission and mortality after DAMA using data extracted from a large, unselected, routinely collected regional archive of emergency department records and hospital discharge records (HDRs) from the Veneto region of Northeast Italy. By contrast, the association of DAMA with a higher risk of premature death is still debated, as the scientific literature reports small increases in mortality rates or inconclusive results. In two previous studies—one on patients discharged from 129 American Veterans Health Administration hospitals over the years 2004–2008 and another on a subpopulation of patients from an urban hospital in Canada—the authors found statistically significant increases in the risk of death for DAMA patients, with an adjusted HR of 1.11 at 12 months.<sup>5 9</sup> Conversely, a recent study conducted by Tan and colleagues in the USA showed a 20% lower risk of in-hospital mortality for DAMA patients than for all other patients. Finally, in an older, moderately sized, prospective study conducted by Hwang et al in Canada, the results failed to demonstrate any association between DAMA and mortality.