

의학적 충고에 반한 퇴원의 특성과 퇴원결정 요인에 관한 연구

- 사회사업가의 개입사례와 역할을 중심으로 -

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= Abstract =

A Study on the Characteristics of DAMA (Discharge Against Medical Advice) Case and Causal Factors of DAMA - Perspective of Medical Social Worker's Role and Intervention -

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Objectives : DAMA cases were analyzed to examine what the main casual factors of DAMA were and how to deal with these cases effectively in hospital with the DAMA interdisciplinary team including medical social worker whose role is to perform psycho - social assessment, family counsel, to evaluate family's DAMA need.

Patients and Methods : The content analysis of medical record and social work record were reviewed in 37 cases referred by medical doctor to DAMA team. These cases were reported by patients' self discharge request or family's request for discharge from September 1998 to February 2000. The DAMA team consists of Assistant Director of Hospital as team leader, medical staff in - charge, social worker, QI nurse, other staff members who are not involved in direct treatment for patient, and administrative clerk.

Results : The results of content analysis are as follows :

- 1) The most causal factors of DAMA consist of combination of more than 2 factors.
- 2) The major decision - maker is revealed to be son and daughter of patient.
- 3) In 59.4% of cases, family was not informed of patients' prognosis, alternatives, the consequence of DAMA at all.
- 4) In cases of DAMA report, the rapid intervention of social worker is carried out.

Conclusion : In this study, we propose the interdisciplinary team approach to make decision legitimately and ethically for DAMA. The suggestions from this study are as follows :

- 1) To deal with DAMA case properly, the interdisciplinary team approach should be considered.
- 2) The criteria for DAMA case should be formed carefully. For the explicit selection of DAMA case, preliminary system for high - risk patient screening is recommended.
- 3) The medical social worker is available for the psycho - social problems of the patient once family members. For the effective family counselling, discharge planning and nursing home placement, the participation of medical social worker should be mandatory.

KEY WORDS : DAMA(discharge against medical advise) · Interdisciplinary team · Medical social work · High - risk patient screening.

서 론

가 가

가 가 가
(hopeless discharge) DAMA 가 가

가 가

(Discharge Against Medical Advice : DAMA) 가 , 가 (discharge planning) MDT IDT 가, , DAMA 가 MDT , 가 , , IDT 가 , QI , IDT MDT 가 10 IDT 가 9 IDT가 5). DAMA 가 MDT IDT 가 DAMA , 가 DAMA , DAMA DAMA task force , , 가 2). 가 가 , 가 4). 가 DAMA 가(assessment) , DAMA DAMA 가 가 가 1). (multi - disciplinary team - work : MDT) (interdisciplinary team - work : IDT) MDT , DAMA 가 , DAMA IDT 가 , DAMA

연구 대상과 방법

1998년 9월 1일부터 2000년 2월 28일까지 18개월 동안 DAMA (Con-

1998년 6월 26일부터 MDT

Table 1. Age, Sex & Marital status distribution

Characteristics of the patients	Male(%)	Female(%)	Total(%)
Age			
30 - 39	-	1(100.0)	1(3.1)
40 - 49	2(66.7)	1(33.3)	3(9.4)
50 - 59	6(100.0)	-	6(18.8)
60 - 69	4(44.4)	5(55.6)	9(28.1)
70 - 79	3(30.0)	7(70.0)	10(31.3)
80 - 100	2(66.7)	1(33.3)	3(9.4)
Marital status			
Married	11(64.7)	6(35.3)	17(53.1)
Separated	1(100.0)	-	1(3.1)
Widowed	4(30.8)	9(69.2)	13(40.6)
Re-married	1(100.0)	-	1(3.1)
Total	17(53.1)	15(46.9)	32(100.0)

Table 2. Medical status of DAMA patient

	Medical status	Frequency	%
Diagnosis	Pulmonary Disease	8	25.0
	Trauma(accident, burn)	2	6.3
	Cerebrovascular disease	17	53.1
	Fracture	2	6.3
	Others	3	9.4
Department	Internal medicine	12	37.5
	Neurosurgery	11	34.4
	Surgery	4	12.5
	Neurology	5	15.6
Mental status on referral	Coma	6	18.8
	Semi-coma	8	25.0
	Stupor	5	15.6
	Drowsy	4	12.5
	Confusion	3	9.4
	Alert	6	18.8
Expected prognosis	Hopeless	16	50.0
	Poor	10	31.3
	Moderate	5	15.6
	More observation	1	3.1
Ventilator	Dependent	26	81.3
	Independent	6	18.8
Total		32	100.0

9 (, , QI 가
가 , , QI 가

DAMA 가, ,

가 DAMA

QI

가 , QI

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, DAMA , DAMA 1

, 가

SPSS PC⁺ (6.0 version)

결 과

1. 대상자의 특성

1) 대상자의 인구사회학적 특성

Table 1 17 (53.1%),
15 (46.9%) 65.9 (
13.5) 33 101
60 68.8%

가 53.1% (3.1%), (3.1%)

(40.6%) 가

가

, 29 (90.6%)
2 ,

가 1

15 (46.9%) 가 24

(75%)

가 23 (71.9%)

가 29 (90.6%),

16 (50.0%)

2) 대상자의 의료적 특성

, Table 2 가 17 (53.1%)

가 8 (25.0%)
 가 2 (18.8%)
 가 1 (12.5%)
 가 12 (37.5%),
 11 (34.4%),
 4 (12.5%)
 가 8 (25%)
 가 6 (18.8%)
 가 19 (59.4%)
 6 (50%), 10 (31.3%)
 26 (81.3%)

2. DAMA의 제안과 결정

1) DAMA 결정 사유

DAMA Table
 3 DAMA (68.8%)
 가 (62.5%)
 (painless)가 43.8%,
 (helpless)가 25%
 DAMA 가
 가 28.1%
 가 25.0%
 가 DAMA 가
 (4) 가 (3)
 (2) 가
 가 7 (21.9%)
 4 (12.5%)

Table 3. Causal factor of DMMA(cumulative)

Causal factor	No. of case	%
Painless	14	43.8
Hopeless	20	62.5
Helpless	8	25.0
Financial	22	68.8

가 6 (18.8%)
 가 (2) DAMA
 2) DAMA 제안자
 DAMA 가 16 (50.0%)
 가 31.3%
 (9.4%), (6.3%), (3.1%)
 DAMA 12 (37.5%)
 (10)
 DAMA 가 3 (9.4%)
 DAMA 7 (21.9%) (Table 4).

3) 제 1 의사결정자

DAMA 1 가
 18 (56.3%) (Table 5).
 (37.5%), (9.4%),
 (6.3%), (3.1%)
 1 가
 (31.3%)가
 1 48.4 (11.2)
 23 71 (62.5%)
 5% (37.5%)
 (78.1%)
 가 7 (21.9%) . 81.3%가

Table 4. DAMA propose

Who propose first	No. of cases	%
Couple	12	37.6
Himself	3	9.4
Sons & daughter	16	50.0
Son in law	1	3.1

Table 5. Characteristics of decision-maker

1st decision-maker	Male	Female	Total(%)
Couple	3	10	13(40.6)
Son & daughter	17	1	18(56.3)
son in law	-	1	1(3.1)
Total	20(62.5)	12(37.5)	32(100.0)

Table 6. Timeinterval of social worker's intervention

Interval	Frequency(%)	Average	SD
Referral-intervention	On day 25(78.1)	0.28	0.63
1day	6(18.8)		
3days	1(3.1)		
Referral-response	On day 20(62.5)	0.5	0.76
1day	9(28.1)		
2days	2(6.3)		
3days	1(3.1)		
Referral-team conference	On day 6(18.8)	1.47	2.03
1day	6(18.8)		
2days	3(9.4)		
3days	1(3.1)		
7days	1(3.1)		
Intervention-discharge	Not held 15(46.9)	2.56	3.11
On day	8(25.0)		
1day	8(25.0)		
2days	4(12.5)		
3days	6(18.8)		
4days	1(3.1)		
7days	3(9.4)		
10days	1(3.1)		
13days	1(3.1)		
Total	32(100.0)		

Table 7. Recommendation of social worker and outcomes

Recommendation of social worker	On-going treatment	Discharge	Transfer	Expire	Total(%)
Discharge	-	20(100.0)	-	-	20(62.5)
Transfer	1(8.3)	2(9.1)	7(58.3)	2(16.7)	12(37.5)
Total	1(3.1)	22(68.8)	7(21.9)	2(6.3)	32(100.0)

1

가 46.9%
12.5%
가
가
가

3. 사회사업가의 개입

1) 사회사업가의 개입시기

Table 6 가 DAMA 가 DAMA 가
가
(: 0.28). 78.1%가
18.8%
1
DAMA

가
(: 0.5) 가 62.5%,
28.1%, 6.3%, 가 3.1%
DAMA
가
DAMA 가 17 (53.1%)
가
(: 1.47)
가 가 35.3%, 가 35.3% ,
가 (88.2%)가
가
2.56
가 25.0% 가 , 3
(18.8%) 2 (12.5%) 7 (9.4%) , 13

2) 사회사업가의 의견과 DAMA 환자의 최종 처리 결과

32 가 가
20 (62.5%) 12 (37.5%) 가가
20 (Table 7).
12 7 (58.
3%) , 2 , 2
1 ,

고 찰

DAMA
가
가

, 가 (18.8%) , 가 (6.3%) , 가 DAMA , 가 DAMA , 가 system 가 (- : 0.28) , 가 (- : 0.5) , DAMA , DAMA , DAMA 5 , DAMA (p<0.001), / / 가 DAMA (56.3%) (84.6%)가 (63.2%) DAMA (21.9%)가 , 가 , DAMA 68.8% , DAMA 가 DAMA , 가 DAMA , 가 , 2 , DAMA 가 78.1%가 , DAMA 가 40.6% , DAMA 가 DAMA가 **결 론** , DAMA , 가 , 가 , 가 1) DAMA , 가 (high risk patient screening system)가 , DAMA , DAMA 가 2) DAMA , DAMA 가 , DAMA 3) DAMA ,

DAMA가

가

References

4) DAMA

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