


Name of Policy: Against Medical Advice: Informed Refusal/Withdrawal of Treatment or Leaving the Hospital		 Effective date: 12/2025 Original effective date: March 3, 1991	
Policy Number: 3364-100-10-10			
Approving Officer: Chief Executive Officer Chief of Staff			
Responsible Agent: Chief Medical Officer			
Scope: The University of Toledo Medical Center			
Key words: Against medical advice, Refusal, Withdrawal, Treatment, Leaving the Hospital			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

The University of Toledo Medical Center (UTMC) recognizes that every competent adult or Legally Authorized Person has the right to make informed decisions regarding the patient’s medical care. Except for certain circumstances, a person has the prerogative to refuse or withdraw consent for treatments or diagnostic studies or to discharge himself/herself (the patient) from the hospital against medical advice.

(B) Purpose of policy

To respect the right of a competent adult patient or Legally Authorized Person to make informed decisions that are against medical advice and to see that potential risks and consequences of their action are properly explained and documented.

(C) Scope

This policy applies to UTMC and its Medical Staff.

(D) Definitions

- (1) **Against Medical Advice (AMA)** is defined as a patient who leaves UTMC after having been informed of and appreciating the risks of leaving without completing treatment.
- (2) **Elopement** is defined as a patient intentionally leaving UTMC without the knowledge of hospital staff.
- (3) **Incompetent Person** is defined as any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of chronic

substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this state.¹ Only a judge can definitively determine that an adult is incompetent and in doing so, appoints a guardian for the Incompetent Person.

(4) **Legally Authorized Person is defined as:**

- (a) An attorney-in-fact through a durable power of attorney for healthcare decisions;
or
- (b) The legal guardian if patient is a minor or has been adjudged incompetent; or
- (c) 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., determined in descending order of priority as follows:²
 - (i) The patient's spouse;
 - (ii) An adult child of the patient, or if there is more than one adult, a majority of the patient's adult children who are available within a reasonable period of time for consultation with the patient's attending physician;
 - (iii) The patient's parents;
 - (iv) An adult sibling of the patient, or if there are more than one adult sibling, a major of the patient's adult siblings who are available within a reasonable period of time for consultation with the patient's attending physician;
 - (v) The nearest adult who is not described in this section who is related to the patient by blood or adoption, and who is available within a reasonable period of time for such consultation.

(5) **Wandering** is defined as a cognitively impaired patient moving about UTMC without appreciation for where they are going.

(E) Procedure

(1) Leaving Against Medical Advice.

- (a) A competent adult patient or Legally Authorized Person (collectively referred to as "Patient") has the right to refuse or withdraw treatment. Issues regarding minors or potentially incompetent adults should be carefully weighed considering the risks

¹ ORC 2111.01(D).

² ORC § 2133.08 – provides order of priority.

and benefits of any particular course of action, including necessary intervention of the probate court. See Section F below for further guidance.

- (b) If a Patient expresses a desire to refuse or withdraw from a treatment or diagnostic study against medical advice (“AMA”) or if a Patient expresses a desire to leave the hospital AMA, the following procedure will be instituted:
 - (i) Request that Patient discuss AMA decision with the physician. Notify the attending physician, house officer, and nursing supervisor of the Patient's desire to refuse or withdraw treatment/studies or leave the hospital AMA. The attending physician or resident will discuss with the Patient the reason for the AMA decision and will advise the Patient of the potential consequences of the AMA decision.
 - (ii) The discussion should be documented in the medical record and include the following:
 - (a) The Patient’s diagnosis;
 - (b) The reason for the Patient’s AMA decision;
 - (c) The benefits of following medical advice and the risks of not following;
 - (d) Discharge instructions, including notation of any follow up visits or referrals and any prescriptions that were provided, should Patient decide to leave;
 - (e) The offer for the Patient to change his/her mind and either receive the treatment/study or return to the hospital.
 - (iii) Have the Patient sign the AMA form. If the Patient refuses to sign, read the form to the Patient, make a specific notation of the Patient’s refusal to sign the form, and have two witnesses sign the form as acknowledgement of the Patient’s refusal to sign.
 - (iv) Nursing will document in the Nursing Notes all pertinent information concerning the Patient's action. Include the Patient’s stated reasons for refusal, withdrawal or leaving, quoted verbatim.
 - (v) The witnessed release form is placed in the Patient's chart and if the Patient leaves AMA, discharge procedures are completed.
- (2) Elopement or Wandering.
- (a) If a patient Elopes or Wanders (leaves their unit or UTMC without the knowledge of UTMC staff):
 - (i) If Patient is alert and oriented, nursing staff will:

- (a) Contact the Patient's physician;
 - (b) Contact the Patient;
 - (c) If the Patient is not located and returned to their unit or room within thirty (30) minutes after last being seen, the patient will be discharged; and
 - (d) Thoroughly document in the Nurses notes all pertinent information and action concerning the Patient's departure.
- (ii) If patient (1) is cognitively impaired, (2) has been appointed a guardian, or (3) is at risk of harm to self or others, nursing staff will:
- (a) Contact the Patient's physician;
 - (b) Initiate a Code Brown (see Safety Manual Policy SM 08-004);
 - (c) Attempt to contact the Patient and Patient's contact person as indicated in Patient's medical record, as applicable;
 - (d) If the Patient is not located and returned to his/her room within thirty (30) minutes after the initiation of the Code Brown, the patient will be discharged; and
 - (e) Thoroughly document in the Nurses notes all pertinent information and action concerning the Patient's departure.

(F) Capacity, Competency and Medical Hold Procedure

- (1) Adults are presumed to be competent. Mental retardation and mental illness do not necessarily result in a finding of incompetence. Only a judge can definitively determine that an adult is incompetent. However, when patients subject themselves to significant and immediate risk by attempting to leave UTMC AMA, they should be detained for the minimum period of time necessary to determine (1) the basis for their refusal and (2) their decision-making capacity. This type of detention is known as a "Medical Hold."
- (2) In cases when capacity is questionable, the benefits of a patient's express wishes should be weighed against the immediacy of the relevant medical issue in regard to the potential for significant harm to themselves or others. **A Medical Hold is appropriate only where (1) the patient is incapable of making the decision to leave AMA, and (2) the patient requires emergent treatment and needs to remain in the hospital for his or her immediate safety.**
- (3) Whenever possible, the use of physical restraint should be avoided when subjecting a patient to a Medical Hold. However, the responsible physician or nurse may order physical restraint if necessary to prevent departure and preserve health. In every instance, Acute Care Restraints policy #3364-100-53-12 must be followed and the basis for believing that

the patient lacks decision-making capacity must be specifically documented in the medical record.

(G) References

- (1) <https://psnet.ahrq.gov/web-mm/elopement>.
- (2) ORC § 2111.01(D).
- (3) ORC § 2133.08.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Daniel Barbee Chief Executive Officer</p> <p>12/4/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Puneet Sindhwani, MD Chief of Staff</p> <p>12/20/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Michael Ellis, MD Chief Medical Officer</p> <p>12/8/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Legal, Chief Medical Officer</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • <i>None</i> <p>Initial effective date: <i>March 13, 1991</i></p> <p>Review/Revision Date:</p> <p><i>October 13, 1993</i></p> <p><i>September 11, 1996</i></p> <p><i>July 14, 1999</i></p> <p><i>April 10, 2002</i></p> <p><i>November 10, 2004</i></p> <p><i>November 25, 2009</i></p> <p><i>November 1, 2013</i></p> <p><i>July 1, 2017</i></p> <p><i>July 27, 2022</i></p> <p><i>December 2025</i></p> <p>Next review date: 12/2028</p>
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