

# The Reasons for Refusal and Abandonment of Care at Sikasso Hospital

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## Abstract

**Introduction:** Refusal and abandonment of care have become recurrent phenomena in our health services and several factors are believed to be at the root of this.

**Objective:** The objective of this study was to describe the reasons for refusal and abandonment of community care at Sikasso hospital.

**Methodology:** This was a prospective descriptive study using a questionnaire to collect data. The study took place from January 1, 2021 to December 31, 2021. It covered all patients hospitalized at Sikasso hospital in the four major departments during the study period.

**Results:** 3631 hospitalizations carried out in the 4 departments and 351 cases of abandonments and escapes, i.e. a frequency of 9.61%. The age group [0-5] was in the majority, i.e. 68.4%, the male gender was the most represented, i.e. 55.3%. About half of our patients came from the circle of Sikasso, large majorities of patients were unschooled 84.9%, and they were dominated by the senoufos 55%. The pediatric department had the largest number of cases (286); the reasons for refusal and dropouts were by far the lack of economic means (93.4%).

**Conclusion:** This study allowed us to confirm that the refusal and abandonment of patient care represents a frequent phenomenon in our hospital structures; the effective implementation of the Universal Health Insurance scheme (RAMU) and an affordable pricing system in health centers, which could reduce cases of abandonment.

**Keywords:** refusal, abandonment, care, Hospital

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## INTRODUCTION

Abandonment means leaving alone a person who is suffering and asking for help. As long as medicinal therapy exists, we have the impression or sometimes the certainty of doing something useful and effective, but not all effective help is necessarily medicinal. Support or care or, as we say today, consideration calls for resources other than medications and, very often, the real treatment of the very sick elderly person, at the end of life, is presence, listening, speaking... in a way, consideration. As long as we are present, there is no abandonment [3]. Abandonment has become an increasingly frequent phenomenon in our health structures. The Sikasso hospital recorded a significant increase in this hospital indicator in absolute numbers: 98 cases of abandonment were recorded in 2003, 108 cases in 2004, 189 cases in 2005 and 248 cases in 2006 and 303 cases of abandonment in 2010[4] hence the need for this study.

## OBJECTIVES

The general objective is to describe the reasons for refusal and abandonment of care at Sikasso hospital and the specific objectives are: - Determine the prevalence of refusal and abandonment at the level of the four services - Identify the determinants of abandonment - Evaluate the condition of the patient after refusal or abandonment-Propose recommendations to reduce the rate of abandonment and escape.

## METHODOLOGY

Our study took place in the four departments of Sikasso hospital: general surgery, traumatology, pediatrics and the medicine department. This was a prospective study focusing on the reasons for refusal and abandonment of

care at Sikasso hospital. The study took place over a period of twelve months (from January 1, 2021 to December 31, 2021). Patients hospitalized at Sikasso hospital in the four departments during the study period constituted the study population. Our sample size was 351 patients, referring to the inclusion criteria of our study of patients hospitalized from January 1, 2021 to December 31, 2021. The variables studied were: age, diagnosis, dropout, Data sociodemographic: gender, residence, profession, marital status, level of education, ethnicity and reasons for refusal. A questionnaire established and validated before the study as well as the hospitalization registers constituted the data collection tools.

## RESULTS

3631 hospitalizations carried out in the 4 departments and 351 cases of abandonments and refusals, i.e. a frequency of 9.61%. The general surgery department recorded 519 hospitalizations and 9 cases of dropouts, i.e. a frequency of 1.73%, the Medicine department 576 hospitalizations and 38 cases of dropouts, or 6.59%, the Pediatrics department 2118 hospitalizations and 286 cases of abandonment or 13.50%, the Traumatology department 418 hospitalizations and 18 cases of abandonment or 4.30%. The age group [0-5] was in the majority, i.e. 68.4% (tab I), the male gender was the most represented, i.e. 55.3%. About half of our patients came from the circle of Sikasso (tab II), a large majority of patients was unschooled 52.25% (tab III), and they were dominated by the senoufos 55% (tab IV). The pediatric department had the largest number of cases (286), the reasons for refusal and abandonment were by far the lack of economic means 93.4% (tab V). The clinical course of patients was fair in 91.7%.

**Table I.** *Distribution of patients according to age*

Ages of patients	Number	Percentage
0-5	240	68,4
6-15	57	16,2
16-30	26	7,4
31-45	18	5,1
46 and over	10	2,8
<b>Total</b>	<b>351</b>	<b>100,0</b>

**Table II.** *Distribution of patients according to residence*

Address of patients	Number	Percentage
Circle of Sikasso	160	45,6

<b>Municipality of Sikasso</b>	141	40,2
<b>Région of Sikasso ( others circles)</b>	41	11,7
<b>Outside of Région</b>	9	2,6
<b>Total</b>	351	100,0

Table III. Distribution of patients according Level of education

<b>Level of Education</b>	<b>Number</b>	<b>Percentage</b>
<b>Not in school</b>	58	52.25
<b>Secondary</b>	42	37.83
<b>Primary</b>	8	7.20
<b>Koranic student</b>	2	1.80
<b>Higher</b>	1	0.90
<b>Total</b>	111	100,0

Table IV. Distribution of patients according to ethnicity

<b>Ethnicity of patients</b>	<b>Number</b>	<b>Percentage</b>
<b>Senufo</b>	193	55,0
<b>Bambara</b>	51	14,5
<b>Peulh</b>	38	10,8
<b>Minianka</b>	27	7,7
<b>Samogo</b>	13	3,7
<b>Sarakolé</b>	9	2,6
<b>others</b>	8	2,3
<b>Dogon</b>	5	1,4
<b>Bobo</b>	4	1,1
<b>Sonrhail</b>	2	0,6
<b>Maure</b>	1	0,3
<b>Total</b>	351	100,0

Table V. Distribution of patients according to reasons for dropouts

<b>Reasons for Dropouts</b>	<b>Number</b>	<b>Percentage</b>
<b>Lack of economic means</b>	328	93,4
<b>others</b>	11	3,1
<b>Lack of confidence in médical treatment</b>	5	1,4
<b>Treatment too long</b>	3	0,9
<b>Treatment constraints</b>	3	0,9
<b>Dissatisfaction</b>	1	0,3
<b>Total</b>	351	100,0

## DISCUSSION

We recorded 351 cases of abandonments and escapes in the four services, representing a frequency of 9.61%. This frequency is relatively higher than that observed by Sanogo et al 2010 (5.76%) during his doctoral thesis of medicine [4] and lower than that observed by Yao et al [8]

in 2021 in RCI (16 %). This difference in frequency could be explained by the diversity of the populations studied. The age group between 0 - 5 years totals 240 patients or 68.4%; this result is similar to that found by Sanogo et al in 2010.

Age did not seem to influence the regularity of treatment.

The age of our patients ranged from 0 to 90 years. The male gender was predominant with 55.3%, this male predominance was found by Yao et al in 2021[9]. More than the majority of our patients were Senufo which represented 55% this could be explained by the fact that a large part of our patients came from the circle of Sikasso of which the Senufo represent the largest proportion and this result is similar to that found by Sanogo et al in 2010[4]. The patients mainly resided in the circle of Sikasso (301) this could be explained by the fact that our study took place in the town of Sikasso and that the Sikasso hospital is the only second reference hospital in the region with equipment and diagnostic materials (biology, scanner, etc.) and therapeutics and specialist doctors, this result is superimposable to that of Samogo et al 344 cases (87.7%). Among the professions recorded, farmers represented the largest proportion with 17.3%; this rate is lower than that of Samake L, i.e. 33.3% [1]. The abandonment of treatment by farmers was explained by the lack of financial means and by the fact that they abandoned treatment to take care of their field work as soon as they felt better, especially during the rainy season. Patients not in school represented more than the majority of patients 52.25% followed by patients whose level of education was most often limited to secondary level, i.e. 37.83%. This rate is close to that of the study carried out by Samaké L 54.4% [1] and Sanogo et al 40.8% [4]. We have a high rate of out-of-school patients represented by children aged [0-5] who were not of school age. In our study, the proportion of single subjects was predominant, 79.2% of all patients. This high proportion was explained by the considerable frequency of children during our study. The pediatrics department had the highest number of abandonments and escapes (81.5%) followed by the medicine department (10.8%), these departments accounted for the highest number of hospitalizations in the structure. The failure of these heads of family or guardian was explained by three main reasons: Lack of financial means: Financial problems limit patients' access to hospitals and are seen as a barrier to access to health care [10]. , financial difficulties are also found in certain developed countries despite the health coverage system put in place; lack of confidence in conventional medical treatment; constraints in favor of professional activity to meet the needs of their family. It is at the time of hospitalization that the patient must be informed and educated: announcement of the diagnosis if necessary, the nature and probable duration of treatment.

Both the doctor and the paramedical staff assure this first observation.

In light of the results obtained, it must be recognized that certain health workers did not fully fulfill their role as educators towards patients. Successful treatment requires commitment from all staff at all levels. Furthermore, refusal and abandonment are thought of as choices. However, it is sometimes failures in the health system that lead people to turn to other forms of recourse, the effectiveness of which is not necessarily proven but which would offer treatment at a lower cost, taking into account their needs. And expectations [11]. It is a descriptive study which did not allow us to do cross-tabulations and a large part of the sample was absent at the time of the study.

## CONCLUSION

This study allowed us to confirm that the refusal and abandonment of patient care represents a frequent phenomenon in our hospital structures, with an overall frequency of 9.61%; the surgery department had a frequency of 1.73%, the Medicine department 6.59%, the pediatric department 13.50% and finally the Traumatology department 4.30%.

Reasons were given including lack of financial means as the primary reason, recourse to traditional medicine and religious belief. The effective implementation of the Universal Health Insurance scheme (RAMU) and an affordable pricing system, which could reduce cases of abandonment of care.

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