An Approach for Working with At-Risk Patients Expressing Desire for Discharge

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October 29, 2026

Conflict of Interest

- No conflicts of interest to declare

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Objectives

- To describe legal and ethical challenges with cognitively-impaired patients expressing a desire to leave hospital
- To provide a decision support tool that can facilitate decision making in accordance with legal and ethical principles
- Assess acceptability and feasibility of the tool and educational intervention for ABI clinicians

Introduction

- **Clinical case:**
  - 73-year-old male with Major Neurocognitive Disorder (multifactorial: TBI, alcohol abuse, query NPH/Alzheimer's) presenting with cognitive deficits (MMSE 18/30) and behavioral symptoms (disinhibition, irritability), admitted to acute care **Sept 2018** after a fall, referred for psychiatric evaluation while on the ALC Transitional Care Unit **one year later**.

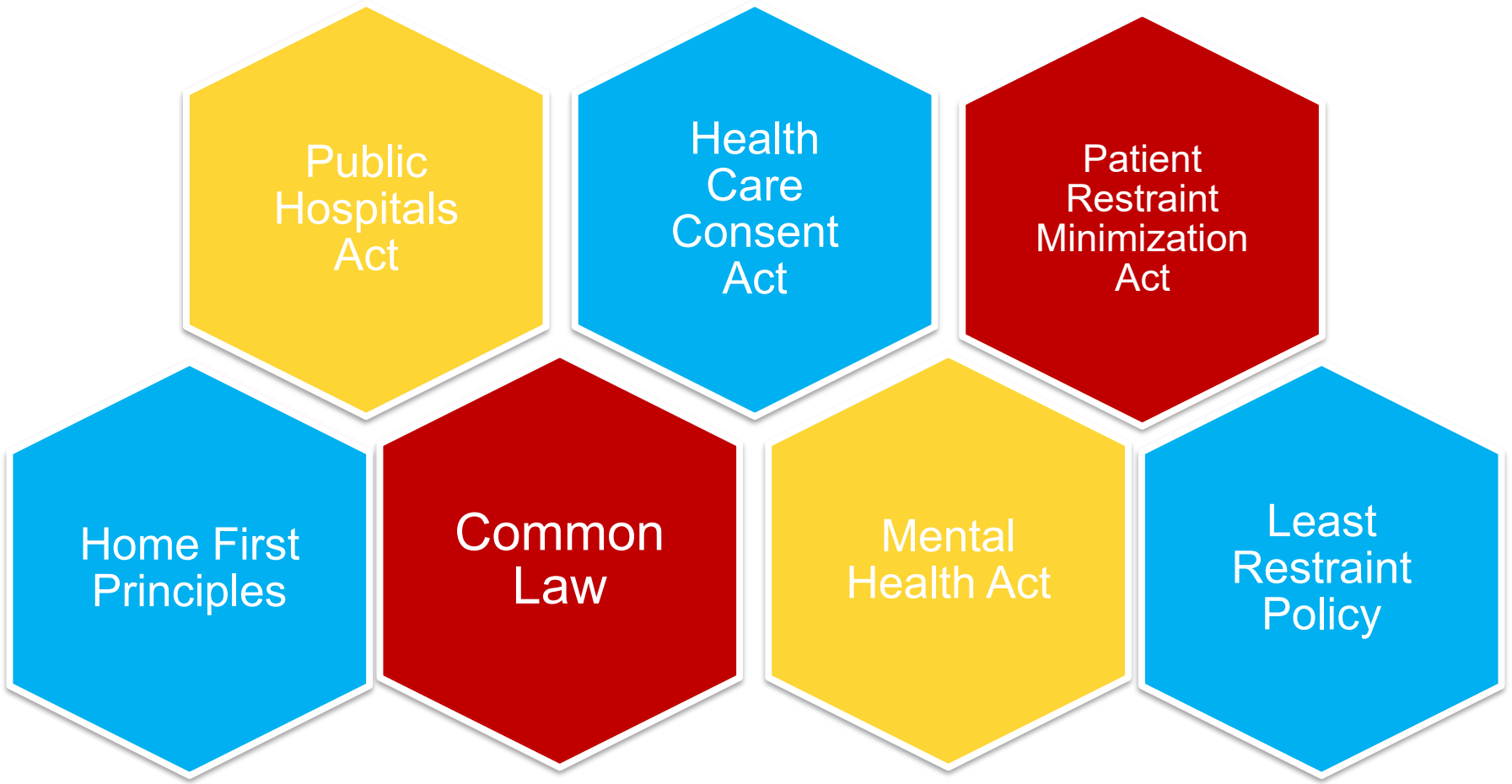
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The Challenge of At Risk Discharge

- Premature or self-directed discharge is most commonly discussed in the literature as discharge against medical advice (AMA)
- This talk focuses on a distinct and underexamined scenario: at-risk discharge, where patients are medically stable but community supports are not yet in place and they are not formally leaving AMA
- Unexpected and unsafe discharge requests may cause members of the clinical team to experience moral distress
- Our interprofessional team developed a structured legal-ethical decision support tool at Hennick Bridgepoint Hospital, Sinai Health, Toronto (Pelc et al., 2024)

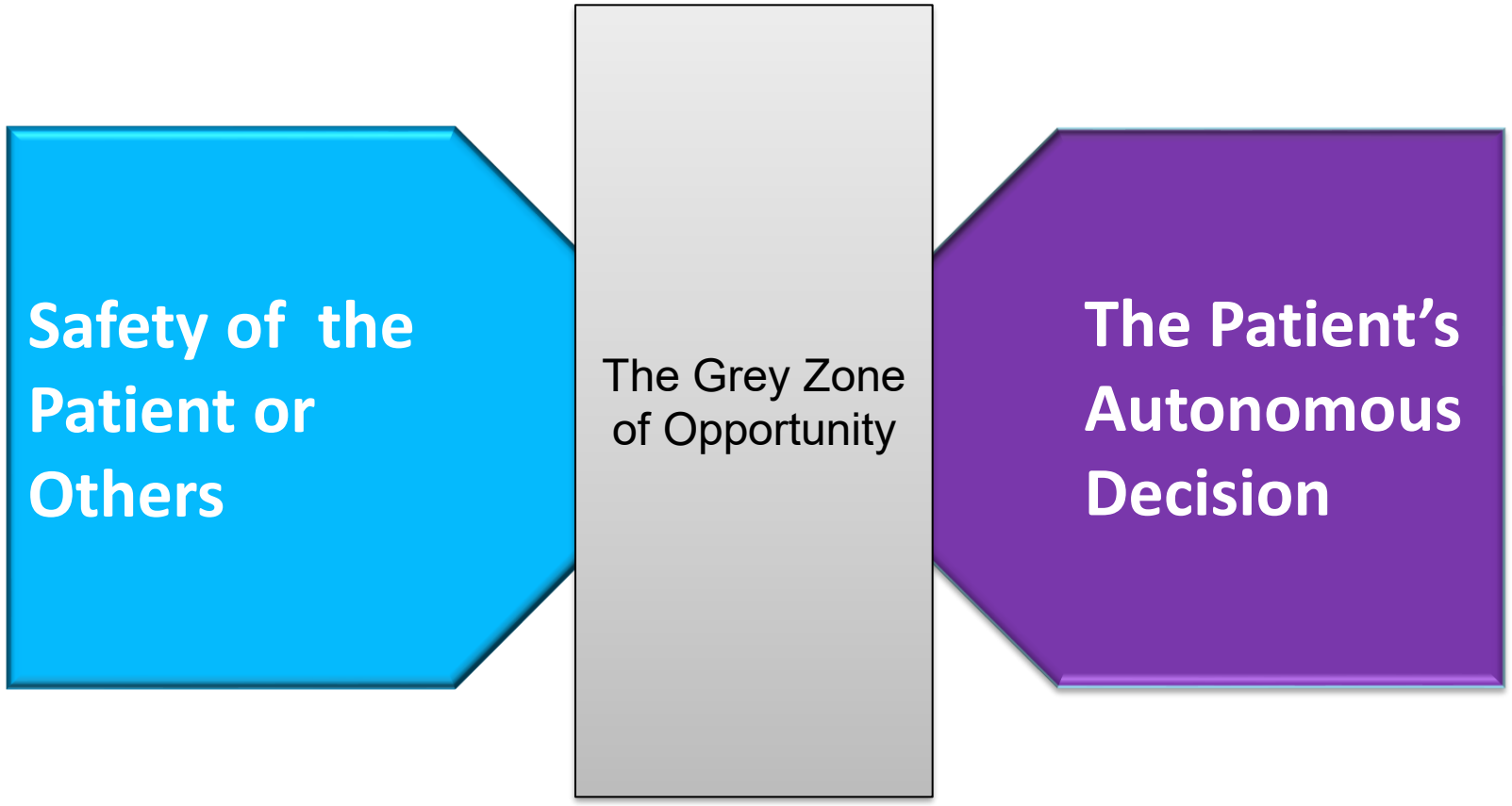
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Law and Policy Challenges



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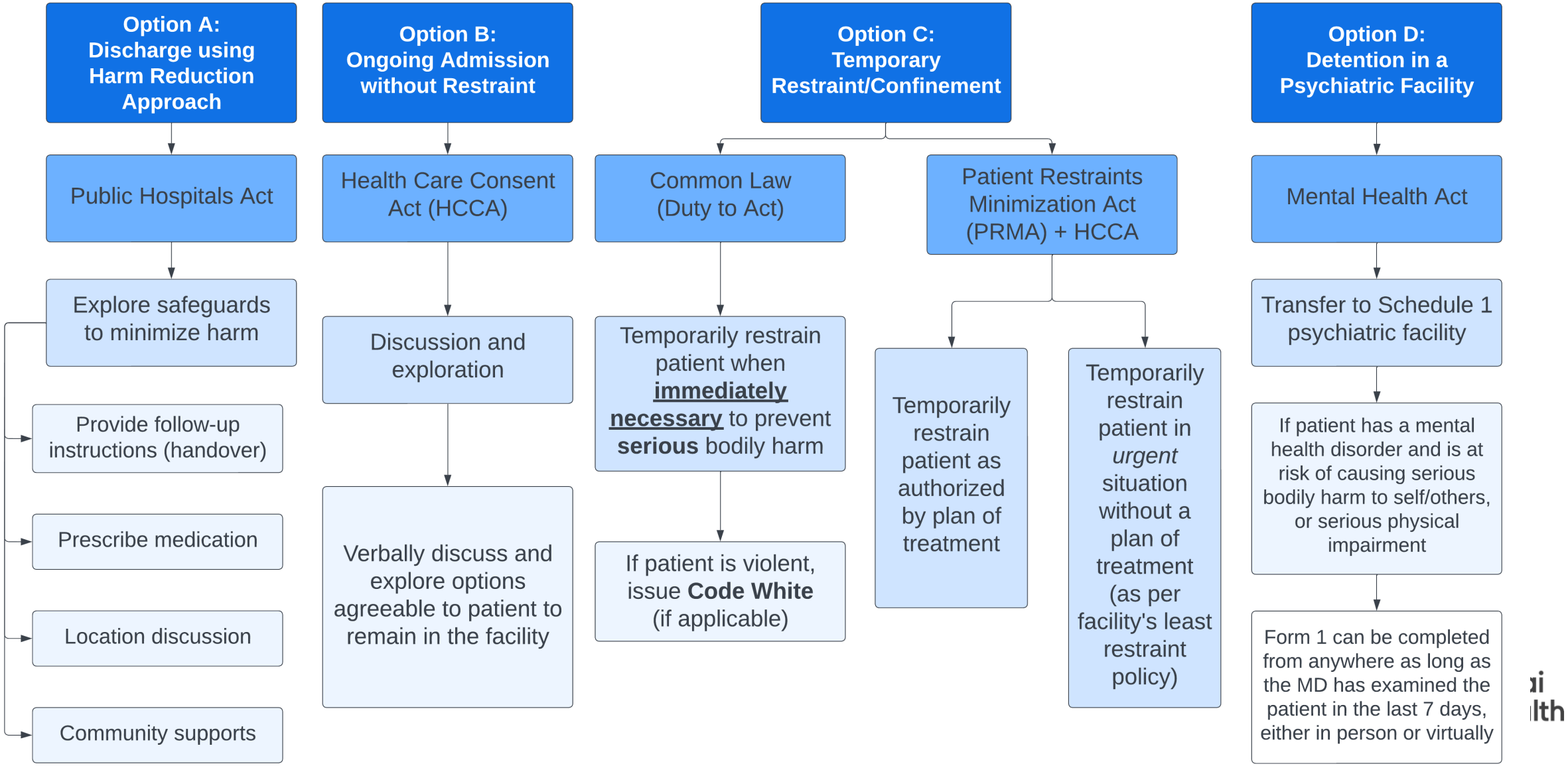
Ethical Challenges



Liability, Lawsuits, Patient/Family Complaints, College Complaints, etc.

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Decision Support Tool



Pilot Implementation Approach

Education

- 30-min in-service on legal /ethical framing, tool use, and case application

Embedded the tool into practice

- Integrated into weekly ABI interdisciplinary rounds over ~6 rounds
- Tracked use in the EMR

Evaluated acceptability and feasibility

- Pre-post surveys + 4 focus groups
- Qualitative content analysis

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Conclusion

- A structured legal-ethical decision support tool is **acceptable and feasible** for ABI rehabilitation clinicians, addressing at-risk discharge rather than formal AMA.
- **Key ethical-legal consideration:** Authority to prevent patients from leaving is limited by legal, professional, and ethical obligations. The question shifts from *“Can this patient go home?”* to *“Do we have the authority to prevent them from leaving?”*
- **Next steps:**
  - Expand pilot to additional clinical units
  - Incorporate quantitative measures (moral distress, clinician confidence)
  - Evaluate patient and care-partner outcomes

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Acknowledgements

- Omar Ghaffar, MD, MSc, FRCPC
- Rosanna Macri, MHSc, AccIM, QMed, CHE
- Bethlehem Tesfaye, HBSc
- Kathleen Reid, RN, MPH
- Marianne Saragosa, RN, PhD
- Jesstina McFadden, LLB, JD

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