
UNIVERSITI SAINS MALAYSIA
SHORT TERM RESEARCH PROJECT
FINAL REPORT

Principal Researcher: Dr. B.A. Kareem

Co. Researcher : Prof. Madya Dr. Abd. Rahman Isa
1991 - 1992

Department of Orthopaedics and Community Medicine
School of Medical Sciences
Kota Bharu

TABLE OF CONTENTS

1. INTRODUCTION
2. OBJECTIVES
3. PATIENT AND METHODS
4. RESULT
5. DISCUSSION
6. CONCLUSION
7. SUMMARY
8. REFERENCES
9. RECOMMENDATIONS
10. ACKNOWLEDGEMENTS

EVALUATION OF QUALITY OF LIFE AND REASONS FOR SELF DISCHARGE IN TRAUMA PATIENT AT H.U.S.M.

INTRODUCTION

Unexpected phenomena such as motor vehicle accident or falling down from heigher place that results in fractures makes one feel upset physically, mentally and financially.

In this present modern medical field there are more and more new approaches available to save and improve the quality of life.

In modern treatment in appropriate cases of fracture is treated by open reduction and internal fixation for early mobilization and discharge from the hospital. It is roughly estimated from our past experience that 10 - 20% of hospital admission in H.U.S.M. ends in self-discharge that is at own risk (AOR). This high rate of self discharges is felt by most experiences clinicians as peculiar of Kelantan. Self discharge of terminally ill patient or patients with poor prognosis is of little consequence to the patients quality of life. But when it occurs to patients with manageable illness, the loss either in lives, economic

productivities or social contributions are most tragic. Self-discharge for whatever reason is a form of non compliance and hence very costly to the healths budget without any benefit accrued from the expensive hospitalization and initial investigations and management. In Kelantan most of (13%) the self discharged cases occur in orthopaedic trauma. The brunt of self discharge incidence is seen in both open and close interventions, although it is more frequent in the open approach of surgical treatment. Even with all the modern facilities patient who self discharge still prefer the traditional treatment. A high proportion of these cases are lost completely to follow up with no indication of their occupational social or functional disabilities.

OBJECTIVE:-

1. This study hopes to identify factors that influence patients decisions for self discharge from orthopaedic care and the alternative treatment they seek thereafter.

2. To evaluate the quality of life of these patients by comparing with the pre-trauma status.
3. To re-counsel patients for compliance.

PATIENT AND METHODS

During the period between 1989 - 1991, 75 patients with closed and compound fracture of both limbs and pelvis randomly selected from orthopaedic wards who had made up their mind for self discharge were interviewed with a questionnaire and their clinical findings recorded. The patients were contacted by mail and persuaded to return to hospital for follow up in orthopaedic clinic 6/12 later to reassess the patients previous fracture condition, their quality of life. At the same time they were re-counselled for compliance. Out of the 75 only 23 responded. One other patient was admitted and self discharged elsewhere. He presented to U.S.M. with severe shortening of lower limb.

RESULTS:

The age of the patients examined range from 3 to 70 years with mean age of 27 years. They were all male and 17 patients (77.3%) had secondary education. In this study the main occupation of the patients belong to the manual occupational group such as farmers, construction worker, students, teacher, business and those claimed to be unemployed. (Table 1)

Table 1: The distribution of self discharge orthopaedic patient by occupation.

| Occupation | No. patient | % |
|---------------|-------------|------|
| Farmer | 5 | 22.7 |
| Manual worker | 4 | 18.2 |
| Businessman | 4 | 18.2 |
| Student | 3 | 13.6 |
| Unemployed | 5 | 22.7 |
| Teacher | 1 | 4.5 |
| Total | 22 | 100 |

Note : 1 case 3 year child

Eighteen patients (78.3%) sustained injury on the road traffic accident of which seventeen patients (94.7%) were motorcyclist. The other patient was involved a in motor car accident.

Commonest site of injury was fracture femur as occurred in thirteen patients (56.5%) and other four patients suffered other long bones fractures. Twenty two patients (95.7%) had simple fracture and only one patient (4.3%) had compound fracture. (Table 2)

Table 2: Anatomical sites of fractures of self discharged orthopaedic patients

| Anatomical site of fracture | No. | % |
|-----------------------------|-----|------|
| Shoulder girdle | 1 | 4.3 |
| Forearm | 1 | 4.3 |
| Hand | 2 | 8.7 |
| Pelvic girdle | 1 | 4.3 |
| Hip | 1 | 4.3 |
| Femur | 13 | 56.6 |
| Tibia and fibula | 3 | 13.1 |
| Ankle | 1 | 4.3 |
| Total | 23 | 100 |

At H.U.S.M. the line treatment proposed to the patients were conservative for eight patients (36.4%) and surgical for fourteen patients (63.6%)

In this study, there as on cited by patients for self discharges were many as presented in Table 3.

Table 3: Reasons for refusal or incomplete hospital treatment as, sited by the self discharge orthopaedic patients

| Reasons | Frequency |
|--|-----------|
| Fear of surgery | 2 |
| Fear of plaster | 1 |
| Want early discharge | 1 |
| Prefer Bomoh's treatment | 16 |
| Less fear by Bomoh treatment | 2 |
| Familiar with Bomoh | 8 |
| Bomoh treatment superior | 19 |
| Influenced by parents/relatives/friends | 22 |
| Missed understood the proposed treatment | 1 |

* Total more than 23 because patients give more than one reason.

The main reason mention by the patients was that bomoh treatment is superior and preferable to them. The treatment modes employed

by the bomoh were mainly the usage of splintage using bamboo or wood with or without initial traction using rubber tubings. All the long bone fractures underwent the above treatment assisted by other modes of treatment such as herbal medication, massage, incantation and drinking holy water (Table 4)

Table 4: Mode of treatment employed by the Bomoh on the self discharged orthopaedic patients.

| Method of treatment | Frequency |
|---|-----------|
| Incantation | 10 |
| Use of holy water | 14 |
| Splint with or without initial traction | 16 |
| Herbal medication | 11 |
| Local application (medicated oil) | 12 |
| Massage | 13 |

Note : Total > 23 because one patient underwent more than 1 mode of treatment.

Eight patients were unhappy with the result received after treatment by Bomoh and six were contented while nine were satisfied. Those who were unhappy were not willing to accept surgical intervention and hence accept as God given fate. While those who

were contented accepted whatever the deformity.

The quality of life assessment showed that patients (39.1%) were not able to earn a living and support was provided by close relatives. Five patients (21.7%) had adapted to new jobs due to incapability with reduced income compared to the pretrauma status. Twenty two patients were able to take care of themselves like going to toilet and bathing. Two patients had nagging pain during movements. 21 patients (91.3%) had occasional pain in the joints near to fractures.

After clinical assessment and counselling four patients were evaluated as suitable for corrective surgery. Only two patients showed willingness for possible surgical correction for shortening, but in the end only one patient was operated for shortening of 4 cm with satisfactory result.

DISCUSSION

Most of the trauma cases are due to road traffic accident. They brought to the hospital soon after sustaining injuries in by passerby, friends and relatives for registering the accident, finding out if any bones are fractured and to have initial treatments.

In this study we selected seventy five patients by only twenty responded to be re-examined. The reason for the poor turn out may be :

- 1) old addresses which was entered from their identity card and therefore not contactable
- 2) shy to come to hospital because of self discharge on bad result of native treatment.
- 3) the good result of native treatment

Most of our patients are in the young age group and all are males. This age group is more prone for accidents because of their heroism and high social activities. Most of the trauma is due to motor cycle accidents. They get thrill by fast driving

and end up with an accident involving mostly fracture of long bones such as femur and tibia.

The degree of relationship between education, income for Bomoh treatment is not significant.

A noteworthy observation in this study is that patients with simple fractures prefer Bomoh treatment than patients with compound fractures due to complications such as osteomyelitis.

Based on the available data the reasons for self discharge for Bomoh treatment are many such as superior, prefer Bomoh treatment, influenced by relatives and friends, familiar with Bomoh, fear of surgery, dislike hospital surrounding and feel that Doctors are not approachable.

This study found that most of the patients when suggested surgery get self discharged in comparison to conservative treatment. The morbidity of Bomoh treatment is mainly shortening. This may be due to improper reduction, failure of maintaining the reduction by traction.

In our observation it was found that the joints adjoining the fracture site was not much restricted. It may be due to functional bracing given by Bomoh treatment.

The quality of life in these patients was found jeopardised like losing the job, changing the occupation which resulted in reduction of income. The patients who had shortening of more the 2 cm when suggested corrective surgery they were not willing for fear of surgery.

CONCLUSION

A peculiar phenomenon in the Kelantanese Malay culture as seen in this study is their firm adherence to the Bomoh in treating fractures. M.H. Mohd. Hashim et al reports that the enduring popularity of the Bomoh are due to their approachability with an informal practice setup, willingness to serve and provision of hospitality to patients and relatives as part of the Bomoh-patient relationship. The Bomohs' mannerisms and communications with conscious use of the power of suggestion are both satisfying and confidence inspiring to the patients.

In this study the results of the Bomohs' treatment on the whole were not impressive. But then the study sample was small with a high non-response. A further study to compare objectively the outcomes of modern medicine treatment and that of the Bomohs' treatment in the management of fractures, if feasible, should be carried out. The true medicinal value of the traditional medication used to treat fractures is also worth studying.

SUMMARY

In hospital Universiti Sains Malaysia, self-discharged cases in orthopaedic trauma is high, estimated at 13% of all self-discharged cases. Between 1989 to 1991, 75 patients with close and compound fractures, who had made up their mind for self-discharge were randomly selected and were interviewed with a questionnaire to identify the factors that influence the patients' decision for self-discharge. More than six months later, they were contacted by mail to return to the hospital for re-examination, evaluation of their quality of life, and re-counsel for compliance. Twenty-three patients responded. All of them were males and 78.3% sustained injuries in traffic accident. Fracture of femur accounted for 56.5% with a majority (95.7%) had close fractures. The line of treatment proposed were conservative for eight and surgical for 15 patients.

Reasons cited for self-discharge were many but a majority believed that traditional (Bomohs') treatment was superior in healing rate. The quality of life evaluation was compromised by shortening of limb disability, nagging pain, reduction or loss of

earning in all of them. Four patient recommended for corrective surgery but only one accepted with good functional outcomes.

KEYWORDS

Fracture, self-discharge, traditional treatment.

REFERENCES

1. M.H.Mohd. Hashim, Isa A.R., I.Mohd. Sharai. Kelantanese

Bomohs:

Their practices and influence on modern medicine.

Diagnosa 1990; 4 (2): 40-7

RECOMENDATION:-

1. On admission patients correct present address to be recorded in the case sheet.
2. A comparitive study between Bomoh and hospital treatment for fractures.
3. Is there any medicational value in the herbs used for fracture healing.

ACKNOWLEDGEMENT:-

This study was supported by Universiti Sains Malaysia short term grant ACC No.: 322/0500/3480. We would like to thanks all the staffs, who had helped us in this study.