



Against Medical Advice Forms: A Bridge or a Barrier? An Ethical Approach to Informed Refusal in Women's Health

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CPT Alexa Vercelli, DO, Ph.D., is a Chief Resident in Obstetrics and Gynecology at Walter Reed National Military Medical Center and an active-duty U.S. Army physician. She earned her Doctor of Osteopathic Medicine and a Ph.D. in Healthcare Ethics, integrating her passion for ethical decision-making with the care of women experiencing complex pregnancies.

CPT Vercelli's clinical and academic interests include maternal-fetal medicine, maternal critical care, obstetric ethics, maternal morbidity, and physician well-being. She has been actively involved in research focused on diabetes in pregnancy, obstetric hemorrhage, quality improvement, and healthcare ethics, with presentations at national meetings and multiple ongoing scholarly projects. She serves on the Walter Reed Institutional Review Board and Healthcare Ethics Committee and is committed to advancing evidence-based, compassionate, patient-centered care while supporting clinician resilience.

She has been recognized as an Society for Maternal-Fetal Medicine Resident Scholar and currently serves as the American College of Obstetricians and Gynecologists District X Army Section Junior Fellow Chair. Following residency, Dr. Vercelli will pursue fellowship training in Maternal-Fetal Medicine as she received the Army Civilian Sponsored position to start in 2027. In fellowship, she hopes to continue combining clinical excellence, research, education, and ethics to improve outcomes for mothers, infants, and the healthcare teams who care for them.



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Learning Objectives



At the conclusion of this activity, participants will be able to:

1. **Differentiate** an against medical advice (AMA) form from the process of informed refusal and appropriate clinical documentation.
2. **Apply** the American College of Obstetricians and Gynecologists' (ACOG) RESPECT communication framework when patients decline medically recommended care.
3. **Use** the BRIDGE framework to guide informed-refusal conversations, documentation, safety planning, and continued care in women's health.



When a Patient Says “No”



- Case: 32-year-old G2 P0101 at 37 weeks and two days gestational age presented to labor and delivery with a sustained severe range blood pressures requiring anti-hypertensives.
 - She meets criteria for pre-eclampsia with severe features.
 - Of note, she had pre-eclampsia with severe features in her last pregnancy and delivered at 36 weeks gestational age.
 - She agrees to an induction of labor, however, **she declines IV magnesium sulfate** for treatment of pre-eclampsia with severe features.



What Comes Next?



1. Re-counsel until she agrees
2. Ask her to sign an AMA form
3. Call Risk Management/Ethics
4. Explore why she is declining
5. Document refusal and continue care



What Does “AMA” Actually Mean?

- Leaving the hospital against medical advice
- Declining a recommended treatment
- Informed refusal
- Declining one intervention while accepting continued care
- **Declining recommended care is not synonymous with refusing care.**



Why This Is Different in Women's Health

- Clinical circumstances can evolve rapidly.
- Recommendations may change during the same encounter.
- Patients may accept some interventions while declining others.
- Decisions may have implications for both pregnant patient and fetus.
- Clinicians may experience increasing urgency as perceived risk increases.



When Maternal & Fetal Interests Appear to Conflict

- Autonomy ↔ Beneficence
- Patient values ↔ Clinician recommendations
- Maternal decision-making ↔ Concern for fetal well-being



ACOG: Pregnancy Does Not Eliminate Autonomy



- ACOG Committee Opinion No. 664: Refusal of Medically Recommended Treatment During Pregnancy
 - A decisionally capable pregnant patient retains the right to refuse recommended treatment, including when clinicians believe refusal may adversely affect fetal well-being.
 - Medical expertise is best applied when the physician strives to understand the context within which the patient is making her decision.



ACOG RESPECT Model



Box 1. The RESPECT Communication Model

Rapport

- Connect on a social level.
- See the patient's point of view. Consciously suspend judgment. Recognize and avoid making assumptions.

Empathy

- Remember that the patient has come to you for help.
- Seek out and understand the patient's rationale for her behaviors or illness. Verbally acknowledge and legitimize the patient's feelings.

Support

- Ask about and understand the barriers to care and adherence. Help the patient overcome barriers.
- Involve family members, if appropriate.
- Reassure the patient that you are and will be able to help.

Partnership

- Be flexible with regard to control issues. Negotiate roles, when necessary.
- Stress that you are working together to address health problems.

Explanations

- Check often for understanding. Use verbal clarification techniques.

Cultural Competence

- Respect the patient's cultural beliefs.
- Understand that the patient's view of you may be defined by ethnic or cultural stereotypes.
- Be aware of your own cultural biases and preconceptions.
- Know your limitations in addressing medical issues across cultures.
- Understand your personal style and recognize when it may not be working with a given patient.

Trust

- Recognize that self-disclosure may be difficult for some patients.
- Consciously work to establish trust.

Modified with permission from Mutha S, Allen C, Welch M. Toward culturally competent care: a toolbox for teaching communication strategies. San Francisco (CA): Center for the Health Professions, University of California; 2002.



Applying RESPECT to Our Patient



- Instead of:
 - “We recommend you receive magnesium for pre-eclampsia with severe features to decrease your risk of eclamptic seizures. If you refuse, you will need to sign an AMA form.”
- Ask:
 - “Can you tell me what concerns you about receiving magnesium therapy?”
- Goal: Understanding, Not Agreement



The AMA Form: What Is It For?

- What it potentially provides:
 - Standardized documentation
 - Evidence that a discussion occurred
 - Prompt for risks/alternatives
 - Institutional process
- The Form $\neq$ Informed Refusal
 - A signed AMA form does not establish that informed refusal occurred.



When the Form Becomes a Barrier

- Replaces conversation.
- Becomes the goal of the encounter.
- Creates an adversarial “us versus you” dynamic.
- Suggests the patient has forfeited continued care.
- Substitutes a signature for meaningful documentation.



When Could the Form Be a Bridge?

- Prompts appropriate counseling.
 - Reinforces risks, alternatives, and follow-up.
 - Supports rather than replaces documentation.
 - Functions within an ongoing therapeutic relationship.
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- Are we using the form to document a conversation—or using the form instead of having one?



The AMA Form vs. the Medical Record



AMA Form	Clinical Documentation
Standardized	Patient-specific
Often signature-focused	Conversation-focused
May document refusal	Documents informed-refusal process
Limited clinical context	Captures reasoning, alternatives and plan
Supplemental	Essential



What Should We Document?



-
- Capacity
 - Recommended intervention
 - Risks and expected benefits
 - Risks of declining
 - Reasonable alternatives
 - Patient's questions/concerns
 - Evidence of understanding
 - Patient's decision
 - Alternative/safety plan
 - Follow-up and return precautions



From RESPECT to BRIDGE



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- The patient has capacity.
 - You used RESPECT.
 - She understands the recommendation.
 - She still declines.
 - Now what?



BRIDGE: Moving From Refusal to Continued Care



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- **B** — Build understanding
 - **R** — Recognize values
 - **I** — Inform risks, benefits & alternatives
 - **D** — Document informed refusal
 - **G** — Generate a safety plan
 - **E** — Encourage continued care



Understand Before You Document



- **BRIDGE:**
- **Build:** “Help me understand what concerns you about our recommendation.”
- **Recognize:** identify values, previous experiences, logistical concerns, fears.
- **Inform:** explain risks, benefits and alternatives without coercive framing.



Document Informed Refusal



- BRIDGE
- “Patient refuses magnesium sulfate therapy. Risks discussed. AMA form signed.”

OR

- “Discussed magnesium sulfate therapy to decrease risk of eclamptic seizures in pre-eclampsia with severe features. Patient understands the alternative of not receiving therapy and continuing with induction of labor with monitoring of blood pressures. She has previously received magnesium therapy sulfate in her prior pregnancy had experienced side effects that were not tolerated such as fatigue and flushing. After discussion and voiced understanding of the recommendation, patient declines magnesium therapy during labor. She is open to discussing magnesium therapy in the postpartum period.”



Generate a Safety Plan



- **BRIDGE**
- If the patient will not accept Plan A, what is the safest acceptable Plan B?
 - Additional monitoring
 - Modified treatment
 - Alternative medications
 - Shorter interval follow-up
 - Return precautions
 - Readdressing the decision if circumstances change



Encourage Continued Care



- BRIDGE
- “You do not have to agree with my recommendation for me to continue caring for you.”
 - Emphasize:
 - ✓ Maintaining access to care
 - ✓ Open communication regardless of decision
 - ✓ Opportunities for reassessment



Bring It Back to the Bedside



- Our patient continues to have increasing blood pressures throughout her labor course requiring more antihypertensive medications and a worsening headache.
- The conversation of magnesium therapy is revisited due to the change in clinical picture.
 - After sharing the provider concerns and changes to her clinically, patient agrees to magnesium sulfate therapy.



Bridge or Barrier?



- The form itself is neither. How we use it determines its role.
- **BARRIER**
 - Form → Signature → End of conversation

Versus

- **BRIDGE**
 - RESPECT → Informed refusal → Documentation → Safety planning → Continued care



Key Takeaways



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- Refusal is not abandonment of care.
 - Start with RESPECT.
 - The AMA form does not replace informed-refusal documentation.
 - Build a BRIDGE after disagreement.



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Questions?