

Taking Medicine: Helping clients make the most of advice and medicines

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Taking medicine is sometimes called 'compliance', 'concordance' or 'adherence'.

Forgetting Compliance: Aboriginal health and medical culture, by Kim Humphery, Tarun Weeramanthri and Joseph Fitz¹ provides a comprehensive review of these issues in the Northern Territory Aboriginal health care situation. This is a useful background to the subject of uptake of advice and medication.

Understanding why clients don't do exactly what you tell them

Forgetting Compliance invites us to consider the entire environment in which we provide health care services, including social and economic circumstances, the institutions through which health care is provided (that is DHCS or Aboriginal-controlled organisations) and their methods of making decisions, as well as the clinical encounter.¹

Humphery emphasises that compliance is not a medical issue, and while we should not ignore clinical approaches to improve the uptake of treatment and advice, a medical approach does not have the capacity to address all aspects of Aboriginal health (p 103). A more far-reaching approach is needed.

Treatment protocols, even if followed precisely by both health professionals and clients, are of limited effectiveness. The probability of benefit for any individual patient receiving treatment, for risk factors such as hypertension, is modest. For example, it is necessary to treat around 128 people with diastolic blood pressure 90 to 109 to prevent one stroke, heart attack or death in five years.² Deaths of people who diligently obeyed medical orders contribute to others' ambivalence about treatment.³ Thus, the choice to take no treatment or intermittent treatment is justifiable. Non-compliance is neither deviant nor illogical. There is a conflict between the demonstrated benefit of management of risk factors in a population and the uncertain benefit for any individual.

Not everyone agrees about the level of power and authority appropriate for health professionals. However, using the word compliance, or alternative words such as adherence or concordance, suggests that agreement with health professionals is normal and appropriate. The effort to improve compliance is an effort to demonstrate and increase the power of Western biomedicine and the health professionals (pp 13-14). 'The power of medical knowledge is by no means proven or self evident and, to patients, medical carers may well have a misplaced level of confidence.'³

[Editor: We do not necessarily agree that efforts to implement evidence based health care, with informed autonomous decision making by clients, is an effort to increase the power of Western biomedicine and health professionals. It is, however, often important to differentiate evidence-based advice from medical wisdom, and to be skilled at communicating the size of the expected benefits and harms involved in health care choices.]

Treatment protocols

Uptake of medical advice is always imperfect. Studies around the world have included trials of strategies to improve compliance. A Cochrane review of clinical strategies to improve adherence⁴ concluded that:

The full benefits of medications cannot be realised at currently achievable levels of adherence. Current methods of improving adherence for chronic health problems are mostly complex and not very effective. More studies of innovative approaches to assist patients to follow medication prescriptions are needed.

According to this review the strategies useful to improve treatment adherence and outcome are:

- Using simple treatment regimens.
- Recalling patients who miss reviews. This ensures that they remain in contact with the health care system, an essential prerequisite for continuing long-term treatment.
- Complex interventions which had some effect included combinations of more convenient care, information, counselling, reminders, self-monitoring, reinforcement and family therapy. However these interventions are 'not very effective' despite the amount of effort and resources they consume.⁴

The conclusion of this systematic review of clinic trials echoes the theme of Forgetting Compliance, that is the need to look beyond the clinical encounter in order to give clients the full benefits of available treatments.

Social issues

The concepts of compliance, adherence and concordance suggest that people respond to the advice of health professionals only as individuals. However, people are also members of communities, and respond as members of communities that have communal histories of contact with health professionals.¹

To understand why people may choose to follow the advice of providers of health care, it is important to consider the clinical consultation in its personal, social, and sociopolitical context. If we don't do this we may overlook important aspects of the consultation, and fail to account for our clients' position.

Here is a list of factors that may affect uptake of health care advice.^{1,3,4,5} They have not been rigorously demonstrated to improve treatment uptake in every situation: nor is this necessarily the goal of health care providers. However, being aware of these factors may enable us to develop strategies to improve uptake.

Factors that may affect uptake of health care advice

Clinical factors

Client factors

- Belief systems, including beliefs about the condition and what should be done if anything. Consultation is an exchange of information and a learning experience for both parties. The client can provide you with useful information about the cause, natural history and appropriate management of the condition, and vice versa. From agreed information you can work towards agreed management plans.
- Feeling autonomous in treatment decisions. Start with the client's choice of management, and find out how your choice can be incorporated.
- Co-morbidities, including drug and alcohol use, and psychological illness, and intercurrent illness
- previous treatment uptake history

Treatment factors

- Simplicity of treatment
- Side effects and unpleasant effects of the treatment
- Unexpected symptoms developing while taking treatment
- Length of treatment
- How much behaviour change is needed for the treatment

Health care service factors

- How and where health care services are provided
- How easy it is to travel to the service
- Waiting times
- Atmosphere in clinic, including attitudes and appearances of staff
- Interaction between client and providers, including duration and closeness of consultation
- Supervision of client and treatment
- Continuing contact between service and client, whatever management is being used
- General level of client satisfaction with the service
- The organisation and structure of the health care service
- Decision-making within the health care service
- The relative power of the clients and the providers of health care services

Clinician factors

- Sharing the client's understanding of the condition
- Empathising with the client
- Agreeing with the client's intentions regarding treatment plans
- Clear instructions in an appropriate language
- Repetition of instructions to clients and family members
- Written or pictorial instructions
- Using standard treatment plans, followed by all members of the health care team
- Checking medications taken, or using dosette boxes or Webster packs)

Non-clinical factors

Individual client factors

- Routine and structure in everyday life

- Living environment including health hardware, crowding, security, safety
- Living situation including co-habitants and social obligations
- Relationships and interpersonal situations
- Legal and financial situation
- Languages spoken (English competence when medical consultations are in English)

Community factors

- Support for the health care service and the treatment provided
- Ceremonial and seasonal factors

Factors in the wider society

- The socio-economic situation of clients
- Cultural practices
- Social justice in the health care system and society as a whole

Conclusion

There are many factors to consider in optimising the process of giving treatment.

At the level of the clinical consultation simpler treatment regimens and recalling clients for reviews improve treatment uptake and outcomes.

Other factors important in improving uptake and outcomes operate throughout the society in which the health care service is run. These include the client's living situation, community and the wider society. In this respect it is clear that health care provision is a political issue, and political action is part of improving health care and health.

[Editorial committee comments: We are very aware that one of the major gaps between the potential health gains from what health services can offer and what actually happens may come under this broad banner of 'compliance'. This is true for all settings, but as mentioned above there are probably more reasons, more often for 'poor compliance' in Indigenous communities.

In the protocols we have emphasised the importance of having a trusting ongoing professional relationship between clients and health service staff. This is, of course, a two-way relationship where the health professional must also trust and respect the wishes and choices of the client. Relationship building should be deliberate and a major part of consultations, especially in the early weeks after diagnosing a chronic condition.

Some practical clinical suggestions have been included, such as minimising the number of times a day a person is expected to take medication.]

References

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