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Feature Editor

Editor's Note: In this issue, the topic of noncompliant patients is explored. Lili Church, MD, presents some interesting perspectives on turning patient noncompliance into a "teaching moment." One editor's note that I would add—document everything. The fact that the patient is not compliant should be documented in a nonjudgmental manner in the patient's record, and, equally important, the provider should document what was recommended and an assessment of the patient's understanding of the recommendation.

I invite anyone with a problem, a question, a "dilemma," or a solution to contact me: David Campbell, MD, MEd, Family Medicine of St Louis, 6125 Clayton Avenue, Suite 222, St Louis, MO 63139. 314-768-3204. Fax: 314-768-3940. E-mail: DocDave52@aol.com.

Learning From Patient Noncompliance

Lili Church, MD

Patient noncompliance is common, whether it involves taking medicine, making lifestyle changes, undergoing tests, or keeping appointments. After unsuccessful attempts to improve compliance, what do physicians do then? There is a sense of loss of control and inability to ensure positive patient outcomes. Confusion can occur about patients' reasons, physicians' roles in patient choices, and what to do next. There is potential for unwanted feelings (anger, worry, detachment, frustration). These attitudes may project to the patient and risk becoming generalized to other patients.

These reactions are understandable. Yet, negative physician responses can have distinct deleterious effects on compliance and are counterproductive to achieving other patient and physician goals.

There are, however, some positive aspects to patient noncompliance. If nothing else, patient noncompliance can be an opportunity to learn the natural course of disease, develop respect for patient autonomy, and learn more about patient motivation.

Valuable lessons can be gained from perceived poor patient choices. In the teaching setting, the following questions and suggestions can be used in addition to other traditional methods (Table 1) to enhance patient compliance. The questions also are helpful as "rescue therapy" for the physician when nothing has worked. Particularly when patient noncompliance is predicted to lead to significant morbidity or mortality, taking advantage of such learning opportunities can help a resident sustain respect, interest, and enthusiasm for patient care.

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From the Department of Family Medicine, University of Washington.

Opportunity to Learn the Natural Course of Disease

What Will Result From Noncompliance?

Explore predictions for future development of symptoms, appearance of pathology, time course for improvement or development of complications, and longitudinal psychological outcomes. This is one way to bridge the discrepancy between how disease is increasingly seen with its subtle early signs and symptoms and how medical conditions may progress to more obvious and advanced forms.

What's the Worst Thing That Will Happen?

The answer helps weigh the relative importance of patient compliance in the specific situation and consequently helps residents place their own responses into perspective. The question serves as a mirror to help clarify if there is truly need for further intervention.

Start an Interesting Case Tickler File

Interesting, frustrating, unusual, or worrisome cases are filed here as a way to track patient outcomes. It's a great way to learn the natural course of disease.

Opportunity to Cultivate Respect for Patient Autonomy

They Are Not Ready Yet

Historically, this has been a helpful phrase for providers who work with patients with chronic diseases, such as alcohol dependence, and

Table 1

Methods to Enhance Patient Compliance

- Optimize access to care.
- Emphasize patient education.
- Use patient-centered communication during visits.
- Encourage patients to bring family and others in support system to appointments.
- Schedule regular follow-up visits
- Specifically ask patients questions about potential treatment side effects.
- Choose less-frequent dosing for medications (or other treatments) when possible.
- Offer less-expensive alternatives (even if suboptimal) when cost is a critical barrier.
- Confirm data; ask patients to routinely bring in medication bottles, blood pressure logs, Chemstick diaries; call pharmacies to check refills of prescriptions; check serum drugs levels, etc.
- Implement mail or telephone reminder systems.
- Structure environment (work schedule, visual cues, etc) to facilitate compliance.
- Initially simplify treatment regimens and advance the complexity after the patient gains experience and buy in.
- Explore patient reasons in event of noncompliance.
- Obtain patient feedback to confirm patient understanding.
- Use team approaches in organizing delivery of health care services.
- Use interpreter and community leaders as "cultural brokers."
- Create or creatively tap into community resources.

victims of physical abuse. It also is applicable to other situations in which a patient is perceived as continuing to make destructive choices despite the recommended alternatives. This phrase buys patience, reflects faith in future change, and maintains respect for patient autonomy.

Remember That They Are the Patient, Not You

This is for those who personalize patients' needs and choices and take bad outcomes as their own failures, a tendency that can also be regarded as egocentric.

Can You Redefine Noncompliance as Compliance?

For some patients, noncompliance is a way to assert control.[1] Why not work within such a framework to mutual advantage? Rather than belaboring what the patient is not doing, work with the patient to focus and identify what they do want to do. Encourage them to make a choice and try that. (Even no choice can be viewed as a choice.) Set the time to follow-up and reevaluate. If the patient's identified plan is not working, the physician's originally recommended treatment can be revisited, or a new option can be developed.

Opportunity to Gain Insight Into Patients' Lives, Beliefs, and Motivation

What Can I Learn From This?

Patients are our teachers. One of my mentors, Jo Jackson, MD, would say, "Every problem poses a gift." What is the gift?

Regularly Ask Patients, "So, What Worked? What Do You Think Made the Difference?"

All physicians have cared for patients who did not comply with recommended treatment, chose a different course, and then proceeded to get better.

What Is the Patient's Culture?

Experience and read about other cultures. Different cultures can serve as "natural experiments" for learning about the effectiveness of different health care beliefs. For instance, research exists that compares medical outcomes among countries that approach similar diseases with quite different treatments,[2] reflecting divergent philosophies about health and often with surprising results. Author Anne Fadiman, in the book *The Spirit Catches You, and You Fall Down,*[3] shares eight questions developed by Arthur Kleinman, a psychiatrist and medical anthropologist. Asking patients questions such as, "What do you think caused the problem?" and "What do you fear most about the sickness?" can help illuminate for physicians the attitudes, beliefs, and social structures underlying seemingly unwise patient decisions. Cultural exploration, be it academic or anecdotal, helps raise understanding and thus tolerance.

In conclusion, it is of interest to review both the methods to enhance patient compliance (Table 1) and the methods to enhance the physician-patient therapeutic relationship in dealing with patient noncompliance. The two approaches can be used concurrently with synergistic effect for the benefit of both patients and physicians.

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References

1. Conrad P. The meaning of medications: another look at compliance. Soc Sci Med 1985;20:29-37.
2. Solberg LI. Cross-cultural medicine and health care research. Editorial. Fam Pract Res J 1992;12:1-5.
3. Fadiman A. The spirit catches you, and you fall down. New York: The Noonday Press, 1997.