



PATIENT CENTERED CARE

The literature proposes that instead of trying to change patient's behaviors for better compliance, healthcare professionals should increase focus on their own behaviors by practicing patient centered care and shared decision making. This kind of transformation is implemented by good communication skills, understanding for the patients' social context and respect for the patients being experts of their own lives. This could be done without increasing cost or time, and with the potential benefits of solving the burden of non-compliance necessary for ensuring long term successful outcomes.

Patient non-adherence or non-compliance to treatment was early identified as a great barrier to obtain successful treatment outcomes. Decades of compliance research have tried to find a solution to the problem, and it has been proposed that 30-75% of all patients do not obtain full benefits from their treatment due to poor compliance,¹⁻³ and that non-compliance is a significant financial burden to the healthcare system.³ However, it should be noted that from the patient's perspective the question of non-compliance may be irrelevant, and Morris and Schulz report that about 70% of all non-compliance could be intentional due to psychological, interpersonal and social factors.⁴ Although the desire of improving patients outcomes (by means of enhancing treatment compliance) is high, research has failed to show consistent results of factors that causes non-compliance^{3,5} or which interventions could increase compliance.⁶ For example, a recent Cochrane review concludes that there is a lack of convincing evidence for effective intervention (e.g. mobile text messages and remote internet-based treatment support) to improve compliance.⁶ Another Cochrane review has studied the effect of different educational tools and found only low to moderate quality evidence to support multimedia education programs such as videos, computer games, slide-tape audiovisual presentation etc.⁷ Poor existing evidence also seems to be the case for targeted educational programs to reduce urinary tract infections among spinal cord injured patients practicing intermittent catheterization.⁸ Failing to prove efficacy of interventions has resulted in a shifted focus and healthcare professionals are recommended to abandon the paternalistic approach in favor of an increased patient perspective.^{3,5} Patients must not be labeled as non-compliers, but instead regarded as experts on treatment's impact on their daily lives.² This is defined by the WHO health promotion; "the process of enabling people to increase control over their health and its determinants, and thereby improve their health"⁹ and translated into the terms of 'shared decision making' or 'patients centered care' as an

essential part of all healthcare professional interactions with patients. The definition of patient centered care involves respect of individual patient preferences, needs, and values, and to endure patient involvement in clinical decisions.¹⁰

Realization of patient centered care involves focus on efficient communication skills among healthcare professionals.e.g.¹⁰⁻¹⁵ There is a lack of consensus how to best implement patient centered care, but the following aspects seem to be generally accepted to ensure a trustful and optimal patient-healthcare professional relationship:

- Open environment for communication with sufficient time and privacy.^{1,10-12,15}
- Active listening and open questions from the healthcare professional.^{10-12,14,15}
- Use of an adapted/everyday language.^{12,15}
- Flexibility based on the needs and preferences of each individual patient.^{10-12,15}
- Respect for the patient.^{10,12,15}
- A genuine and honest partnership between patient and healthcare professional (e.g. compassionate, empathic, attentive, trustful and understanding communication focus).^{1-3,10,11,14,15}

Another general opinion seem to be that best results are obtained by combining educational efforts with the behavioral strategies part of patient centered care.^{3,5} For example, combined one-to-one counseling with healthcare professionals, support groups and repeated education sessions with both oral, written and multimedia tools for increased understanding for the disease and therapy may contribute to increased compliance,^{1,5,7,15} but not as a single solution.⁵ In addition, it seems to be of importance to (whenever possible) aim for fitting the treatment solution into the patient's everyday life to improve compliance.¹

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