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NON-COMPLIANT PATIENT – ETHICAL VIEWS

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ABSTRACT. Romania is among the top of European countries with the highest prevalence of self-medication. A better understanding of the present management of medical non-compliance could have a contribution in understanding and improving, from the ethical perspective, of the medical staff's behaviour for the purpose to reduce this phenomenon.

Keywords*: self-medication, medical non-compliance, doctor - patient collaboration*

REZUMAT. Pacientul necompliant – Perspective etice. România se află pe locurile fruntașe ale Europei în privința automedicației. O mai bună înțelegere a modului în care este gestionată în prezent necomplianța medicală poate contribui la înțelegerea și îmbunătățirea din perspectivă etică a comportamentului personalului medical cu scopul de a reduce acest fenomen.

Cuvinte cheie*: automedicația, necomplianța medicală, colaborarea doctor - pacient*

Introduction

Many mass-media articles were presenting in the last decades a problem the Romanian medical system is confronting: the non-compliance to treatment and, consequently, self-medication. The specialty literature discusses of an increased interest of the doctors and pharmacists for this topic[2]. However, in the actual pharmaceutical practice, patient monitoring is rarely encountered. Therefore, the magnitude of this phenomenon is not known in detail and it is

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[2] Prof. Dr. Farm. Laura Vicaş, *Complianţa pacienţilor la tratamentul medicamentos. Patient compliance with the treatment, Practica farmaceutică*, vol. 6, nr. 4, an 2013, pp. 198-200, https://farma.com.ro/articles/2013.4/PF_Nr-4_2013_Art-2.pdf, p. 198

difficult to evaluate from the perspective of the ethical dimensions of doctor-patient relationship. Yet, in media, there are articles that discuss cases of explicit refusal from some patients – some even with tragic consequences. We are talking about patients refusing to take vaccines, sanguine products, invasive therapies etc. Leaving the problem of the existence or nonexistence of a reason for the refusal, many patients who don't find time for a medical consult or do trust their doctor opt for self-medication, contributing to the high percentage of this phenomenon in Romania[3]. Although we are talking about different terms – non-compliance, refusal, self-medication – depending on the meaning given to these notions, their extent is more or less overlapping.

Methodology

In order to carry out the study, a survey based on quantitative and qualitative data was given to the students and residents of various medical specialties at a medical congress, organized by a Health Center in Mures county[4], on this theme.

The participants were informed and asked, after a presentation session, to complete the questionnaires, emphasizing the importance of the qualitative data in the study – possibly presenting some cases. They were assured of the anonymity of the questionnaires. Of the eligible participants, a 23,45% percentage (19 persons) have completed it. It is worth mentioning that some participants did not take part in the session the proposed case was presented.

This survey was addressed mostly to medical students and medical residents as in the clinical practice, they are relatively neutral in relation to managing a non-compliance situation – they are not the ones to take decisions and to give treatments to patients. However, they are familiar with the attitude of the medical personnel responsible in these situations and can also understand the patient's point of view, observe the non-compliance to treatment from the perspective of their own experience with the medical system. On the other hand, by having a minimal experience in the clinical area and knowledge of concepts and practices of medical ethics, they are able to detect if a certain type of behavior of the medical staff is adequate or not. In addition to the 10 students and 4 residents, 4 specialist doctors who wanted to get involved in the survey {University clinic/dentistry-orthodontics (1), surgery (1), family medicine (2),}

[3] Dr. Alexandrina Constantinescu, Automedicaţia la români, Farmacist+ro, Anul IX • Nr. 146 (3/2012), http://www.prolekare.cz/pdf?id=38619, p. 54

[4] Centrul de Medicină Preventivă şi Lifestyle Herghelia, jud. Mureş, (2-5 martie 2017)

with an experience of 3, 7, 24 and respectively 29 years of practice decided to answer the questionnaires.

The respondents, voluntarily and anonymously, filled the questionnaires with the requested data. They answered only those questions they felt they could do.

Results

From the quantitative data, it can be noticed that the explicit refusal of the medical prescriptions is not perceived in the clinical area as a major problem and, generally speaking, sufficient information is provided to the patients, in a somewhat accessible language. In the medical decisions, from the perspective of the medical staff, there is moderation on the doctor-patient relationship, with a tendency towards patient autonomy.

No. Crt	**The evaluated aspect**	**Total absence (1)**	**Low frequency (2)**	**Moderate frequency (3)**	**Majority frequency (4)**	**Absolute frequency (5)**
1.	Frequency of refusal cases	2(2S)	12 (5S,3R,4M)	4(3S,1R)	1(1S)	–
2.	Providing treatment information	2(2S)	1(1S)	5(4S,1M)	5(1S,3R,1)	6(3S,1R,2)
3.	The ability to understand information provided	1(1S)	1(1S)	10(7S,2R,1M)	3(1R,2M)	3(2S,1R)
4.	Providing information on the possible consequences of refusing the treatment	–	2(2S)	5(1M)	5(2S,2R,1)	7(3S,2R,2)
5.	Providing information on the existence of possible medical alternatives, by highlighting their advantages and disadvantages	3(3S)	4(3S,1R)	2(2S)	6(1S,3R,2M)	4(2S,2M)
6.	Finding the type of doctor-patient relationship in making the decision (from the paternalist to a patient autonomy)	–	5(4S,1R)	6(3S,1R,2M)	6(3S,2R,1M)	2(1S,1M)
Legend		*S – student, R – resident, M - medic*				

The specialist doctors' answers tend to be positive on the doctor-patient relationship, the information offered and the respect for the patient's autonomy. Regarding the qualitative answers, they have presented the procedure for informing and mentioning the patient's refusal and offered some reasons for which the patients refuse the treatments, without specifying one to involve ethical aspects. Instead, the students tend to notice more the deficiencies in doctor-patient communication. Even in the section of open answers, they discuss more about patient's mistrust in the medical system and pharmaceutical industry.

On the other hand, bypassing the various reasons for not completing the questionnaires and specifying the unawareness of such situations, there were also people (students) mentioning their status in the clinical area as their reason for not completing it. They considered they are in the clinic only to learn and not the ones to take the medical decisions. They are not curing doctors and do not consider it ethical to talk about how the doctor and the medical staff manage their relationship with the patients, their informing and any other similar situations.

In a varying percentage, some participants in the study have chosen to answer also to the three fields focused on qualitative data, the most detailed answers being given by students. Most of the answers were given in the section regarding the presentation of some predominant reasons of treatment refusal (psycho-emotional, economic nature, etc.). Of those suggested as an example, the refusal for economic reasons was highly mentioned. Another aspect often mentioned was ignorance, the lack of an adequate education. Some participants offered some more explicit reasons, of which we mention the ones involving also behavioral aspects of the medical staff and the lack of a constant concern from the patient regarding his health.

The main reasons are:

"The loss of confidence in the pharmaceutical industry that has become a big business. The interest is not the wellness of patient, but the financial one: between doctors and the big pharmacies there are agreements, therefore, to recommend patients as many medicines as possible."
"I promote a healthy lifestyle and, sometimes, the treatment has more adverse reactions than benefits."
"The patient does not find useful the prescribed treatment; the patient does not trust the doctor; the doctor-patient relationship is not beneficial"
"A too sudden negative diagnosis was given; lack of financial support",
"Economically, they were not willing to invest the necessary time in periodic medical checks",

"Fear – They don't feel prepared. They do not wish to assume the risks of possible secondary effects".

The next item refers to present some aspects considered essential in managing a refusal. These answers highlight attitudes by which the patient would gain more confidence in the medical staff, thus achieving a better compliance. Due to the fact that each answer highlights important aspects from an ethical perspective, will be presented below:

"Other treatment alternatives should be presented";
"Improving the communication between doctor and patient; earning the patient's confidence by the doctor";
"I consider that the doctors should take into account also the patients' opinion and moreover to explain them (possibly summary) the adverse reactions versus benefits, what benefits a certain treatments gives them and what can happen if they don't take it at all or fully respect it.";
"The explanation of the procedure was resumed; other patients with the same procedure were presented to the patient, which whom he/she spoke; saw the procedure on other patient.";
"Providing complete information; Advantages/Disadvantages; Risk/ Benefit Balance";
"It is essential for the doctor to explain clearly and complete the consequences of refusing the treatment so that the patient to be aware and to assume them. Furthermore, the patient will sign the refusal paper.";
"Giving understandable explanations of the disadvantages to the patient";
"It is very important the authority of the doctor and its power of conviction of following a treatment or procedures (in order to establish a correct diagnosis and an adequate treatment); the patient should feel empathy from the doctor.";
"The explanations are too abstract";
"The patient's choice must be always respected, but we have to be sure that he/she understood the consequences of refusing the treatment";
"The patient is explained once the consequences of refusing/ interrupting the treatment, the discussion is recorded, together with the patient's signature of assuming the decision.";
"Ensuring an emotional comfort; explaining the type of treatment proposed and the risk/benefit report; explaining in detail of the procedure or treatment, so that the patient is not taken by surprise."

The questionnaire offered the possibility to the participants to present some observed cases or to speak from their own experience, but most mentioned that they do not know or did not wanted to answer. However, one of the participants offered a case from its own experience, presenting the impact of the inappropriate attitude of the clinician towards the non-compliance of the patient:

> "I had an incomplete spontaneous abortion, and after the clinical examination and the trans-vaginal ultrasound this diagnosis resulted, the doctor recommended emergency surgery and an anti-hemorrhagic drug. I told her that I don't want the curettage, since the pregnancy was incipient, as I preferred to be in vigilant expertise (aware that I am healthy) and if the conception product wouldn't be eliminated after a period, I would have taken attitude (of course, I have explained the doctor that I will pay attention to temperature and pain, if it had occurred or I have suspected an infection).
> Mrs. Doctor didn't warned me that the lack of the curettage could have negative consequences, but told me "Do as you wish!" and then recommended me an anti-hemorrhagic treatment, since I have refused the surgery. I wanted the body to remove the remaining embryo and for this I had to bleed.
> Mrs. Doctor followed the protocol, but did not take into account my wish."

Discussions

The present study revealed that among the participants, the refusal of treatments/medical procedures, although present in the Romanian medical system, is not considered a major problem – its frequency being relatively low.

On the other hand, if giving information about the treatment and its refusal is considered to be at one of the highest level, the patient's ability to understand is evaluated as moderate. In this context, probably, it is necessary for the medical field professionals to be more self-critical on the way they offer information regarding the treatment and its refusal, using more often tools to evaluate the way in which the given information answers to the patient's concerns. This aspect also needs an evaluation from the perspective of the patient's apperception for the accuracy of the data about the clarity of the process of obtaining the patient's informed consent.

It is interesting how the certainty of the professional diminishes when bringing into question the problem of providing information about the advantages and disadvantages of the different alternatives. On the other hand, it should be noted that the doctor-patient relationship is evaluated from a balance between paternalism and autonomy to a slight tendency towards autonomy. By correlating this aspect with those mentioned above, we can conclude the following: 1) the curing doctor manages to find the medical alternative that responds to the patient's expectations to the greatest extent; 2) during the anamnesis, the doctor manages to bring in discussion aspects that lead to the acceptance of the alternative (from the patient's value commitment); 3) the doctor presents several alternatives, emphasizing, according to personal considerations, one of them as appropriate; 4) the doctor-patient relationship remains at a superficial level in which the doctor gives the treatment and the patient tends to approve its decision without exposing his personal considerations and perplexities. This last aspect might be the most possible explanation of the existence of such a high percentage of self-medication in Romania. And this perspective is also supported by the authors concerned with this problem, who describe the following paradox: "some patients ask for medical advice and then ignore it, in varying degrees and in different ways, the therapeutic recommendations"[5]. This situation leads us to the possibility of a deep distrust of the patient in the doctor: the patient does not reveals his questions and perplexities, but prefers that, once he arrives at home, to consult with the close ones on the treatments or to search on discussion forums and other internet sources.

From the close analysis of the items in the questionnaire, as a whole, a discrepancy can be observed between the quantitative and qualitative answers. If we take into consideration only the answers with multiple items, we could conclude that the medical staff-patient relationship is unfolding in relative good terms. However, if we analyze the firmness of some answers to the open questions, we could seriously question on the establishment of a medical care based on the respect of human dignity, such as: "The loss of confidence in the pharmaceutical industry that has become a big business. The interest is not the wellness of patient, but the financial one: between doctors and the big pharmacies there are agreements, therefore to recommend patients as many medicines as possible", etc.

[5] Al. Secăreanu şi T. Neamţu, *Complianţa terapeutică. Coordonate medicale şi psihologice*, Ed. Gloria, Cluj-Napoca, 1996, p. 8

The pathway followed by the non-compliant patient

1. Seeking information from unauthorized sources
2. Dilemmas, strong values, fears and expectations
3. The doctor's prescription
4. Contrary demands of the patient/dilemmas regarding the treatment scheme
5. Doctor's attitude "Do as you wish!"
6. Additional information in alternative sources that strengthen the distrust in doctors/medical system.
7. Mistrust in the doctor's proposal and, subsequently, in the entire medical system
8. Choosing self-medication
9. High probability of self-diagnosis/wrong treatment
10. Impairment of quality of life (new and, probably, severe health problems)

The answers to the questionnaire show cases of a possible lack of a real concern from the medical system professionals, in their daily activity, to meet the needs and expectancies of the patient through the proposed treatment/ procedure. Such an example is the response of the gynecologist to the patient's perplexity in the presented case: "Do as you wish!" Is it sufficient for the doctor to present the treatment scheme to the patient and in case of any confusion to answer in such a way? Doctor's conduct in the case of refusal of treatment is mentioned in article13 from *Law no. 46/2003 (The law on patient's rights)*[6]and in article649 from *Law no. 95/2006 on the reform in the medical system*[7]. According to these normative acts, the refusal is recorded in writing after the doctor has given information on: "the diagnosis, the nature and aim of the treatment, the risks and the consequences of proposed treatment, the viable alternatives of treatment, their risks and consequences, the prognosis of the disease without treatment".

[6] *Legea nr. 46/2003,*Art. 13, http://www.dreptonline.ro/legislatie/legea_drepturilor_pacientului.php, Pacientul are dreptul să refuze sau să oprească o intervenţie medicală asumându-şi, în scris, răspunderea pentru decizia sa; consecinţele refuzului sau ale opririi actelor medicale trebuie explicate pacientului.

[7] *Legea nr. 95/2006* Art. 649. https://lege5.ro/Gratuit/geydamrugi/legea-nr-95-2006-privind-reforma-in-domeniul-sanatatii -

(1) To be subject to methods of prevention, diagnosis and treatment, with potential risk for the patient, afer their explanation by the doctor, dentist, nurse/midwife, accordng to the provision of align. (2) and (3), the patient is asked for written consent.

(2) To obtain the written consent of the patient, the doctor, dentist, nurse/midwifeare obliged to give the patient information at a reasonable scientific level for his/her understanding.

However, this practice involves a comprehensive dialog by which the doctor ensures that the patient understood all the mentioned aspects regarding the medical condition and the report between advantages and disadvantages of different medical alternatives. But the statement "Do as you wish!", even though a pleasant expression, denotes the indifference of the doctor and the possibility of an abandon if the patient has a different option than the medical recommendation. This attitude of the curing doctor will lead the patient to inform himself, to seek for alternatives and self-medication. The potential steps in making such a decision could be those presented in the table.

From the obtained information, it can be noted a range of attitudes in managing the patient's refusal: from indifference to his decision, to the attempt to offer the patient new evidence in order to highlight that the proposal of the curing doctor is the best. Finally, we ask the question: To what extent does the curing doctor offer the patient the possibility to choose the alternative that best suits his expectations (e.g.in the context of strong personal beliefs), even if the alternative, medically speaking, is not the most indicated in relation to the patient's health condition?

Conclusions

The present study is a restricted exercise and its purpose was to observe attitudes and hypotheses in order to develop new approaches on the proposed topic. The validation and invalidation of the data and hypotheses can be done only after an in-deep study, using qualitative instruments adapted to the depth of these aspects that target the patients as subjects.

In this study, the following aspects were noticed regarding the refusal of medical support: inaccessibility of medical service (due to distance, financial problems, time), poor communication between the doctor and patient (the need of improving it), lack of time, medical information presented in specialized terms, which are not always understood, distrust in the medical and pharmaceutical system that has become a business, the wish to avoid confronting the doctor considering that he would not be able to understand and accept the personal context. According to the presented case, it is not enough for the doctor to do what it is medically necessary, but also to listen to the patient's wishes and to analyze to what extent could be followed in the proposed treatment scheme.

(3) The information must contain: the diagnosis, the nature and aim of the treatment, the risks and the consequences of proposed treatment, the viable alternatives of treatment, their risks and consequences, the prognosis of the disease without treatment.

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