

On Compliance

By Judith A. Greenfield, PhD, RN

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Whether one calls the following of treatment regimens compliance, adherence, or self-management, certain claims can be made. First, the capacity of the human body to heal itself aside, a treatment's potential to manage symptoms or affect a cure has little chance of coming to pass if it is not followed. Second, a large percentage of treatments are not followed as prescribed -- if at all -- with reports of noncompliance rates as high as 50% not uncommon.^{1,2}

Given the many reasons for this phenomenon, a wide variety of remedies are offered. Simplified dosing schedules, patient and family education³, incentive programs⁴, and follow-up calls to patients⁵ are just some of the many useful recommendations for improving compliance. Encouraging patient involvement in decisionmaking, as noted on page PS1 of this publication, is also a recurring recommendation for increasing compliance.

While it is unrealistic to expect that patient participation in decisionmaking will completely eliminate instances of noncompliance, logic would suggest that patients will be more likely to follow the treatment regimens they have chosen after substantive discussions with their physicians. And research of the last three decades supports this. Whether dealing with parents of pediatric patients or competent adult patients, studies show that encouraging the expression of major concerns and involving patients in the decisionmaking process are correlated with improved compliance.⁶

¹Elizabeth A. Bayliss et al., "How Can I Improve Patient Adherence to Prescribed Medication?", *Journal of Family Practice* 50(4): 303 (April, 2000).

²"Incentive Program Improves Spirometry/Medicine Compliance (among youthful asthmatics)", *Health & Medicine Week* (April 2, 2001) 6.

³See note 1

⁴See note 2

⁵*AIDS Alert* 15(2): 18 (February 2000)

⁶Samuel M. Putnam and Mack Lipkin, Jr., "The Patient-Centered Interview: Research Support", in *The Medical Interview: Clinical Care, Education, and Research* Mack Lipkin, Jr., Samuel M. Putnam, and Aaron Lazare, eds. (NY: Springer 1995)

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