



Department of Physical and Rehabilitation Medicine with the postgraduation
course

**Ethics in the doctor-patient relationship.
Compliance issues. The interests of
patient and doctor. Reasons for non-
compliance. Factors influencing patient
adherence to treatment**

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The purpose of the lecture

- To provide the 1st year students with better understanding of socio-psychological personality types to improve communication skills with future patients

Lecture plan

- Qualities that a doctor should display
- The problem of compliance and non-compliance
- Reasons for non-compliance
- Compliance and communication
- Social personality types recognition technology

“A doctor's communication and interpersonal skills encompass the ability to gather information in order to facilitate accurate diagnosis, counsel appropriately, give therapeutic instructions, and establish caring relationships with patients”

Duffy et al, 2004

“Patients reporting good communications with their doctor are more likely to be satisfied with their care, and especially to share pertinent information for accurate diagnosis of their problems, follow advice, and adhere to the prescribed treatment”

Chen et al, 2007: Zolnierek & Dimatteo, 2009

Interactive Survey

What qualities make a good doctor, in your opinion?



"Four years of medical school
and three years of residency,
and you come bothering
me with the *sniffles*?"

Qualities that a good doctor should have

Table 4. *Final classification of technical skills and affective-relational qualities*

Final classification	Technical skills	Affective-relational qualities
1	Professional competence	Love for people
2	Patience	Modesty, honesty, ethics
3	Attention	Empathy
4	Passion for profession	Absence of material self-interest
5	Courage	Good psychologist, kindness
6	Clinical sense	Desire to do good deeds/altruism
7	Consistency, ambition	Promptness
8	Responsibility	Personality
9	Experience	Optimism, spirit of sacrifice
10	Desire to improve	Hygiene
11	Collegiality	Good looking

Doctor-patient relationship

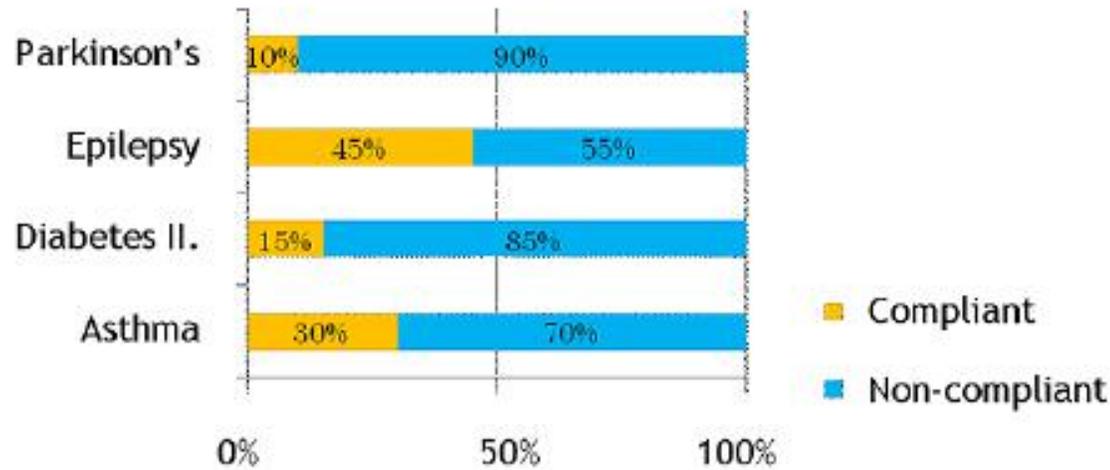
What does patient want from doctor?

- Understanding
- Help
 - a. RELIEF**
 - b. IMMEDIATE**
 - c. FOREVER**
 - d. NOT VERY EXPENSIVE**

Compliance

In medicine, compliance (also adherence, concordance, or capacitance) describes the degree to which a patient correctly follows medical advice. Most commonly, it refers to medication or drug compliance, but may also mean use of medical appliances such as compression stockings, chronic wound care, self-directed physiotherapy exercises, or attending counseling or other courses of therapy. Both the patient and the health-care provider affect compliance, and a positive physician-patient relationship is the most important factor in improving compliance, although the high cost of prescription medication also plays a major role.

Statistics



Probability of suicide for patients with depression

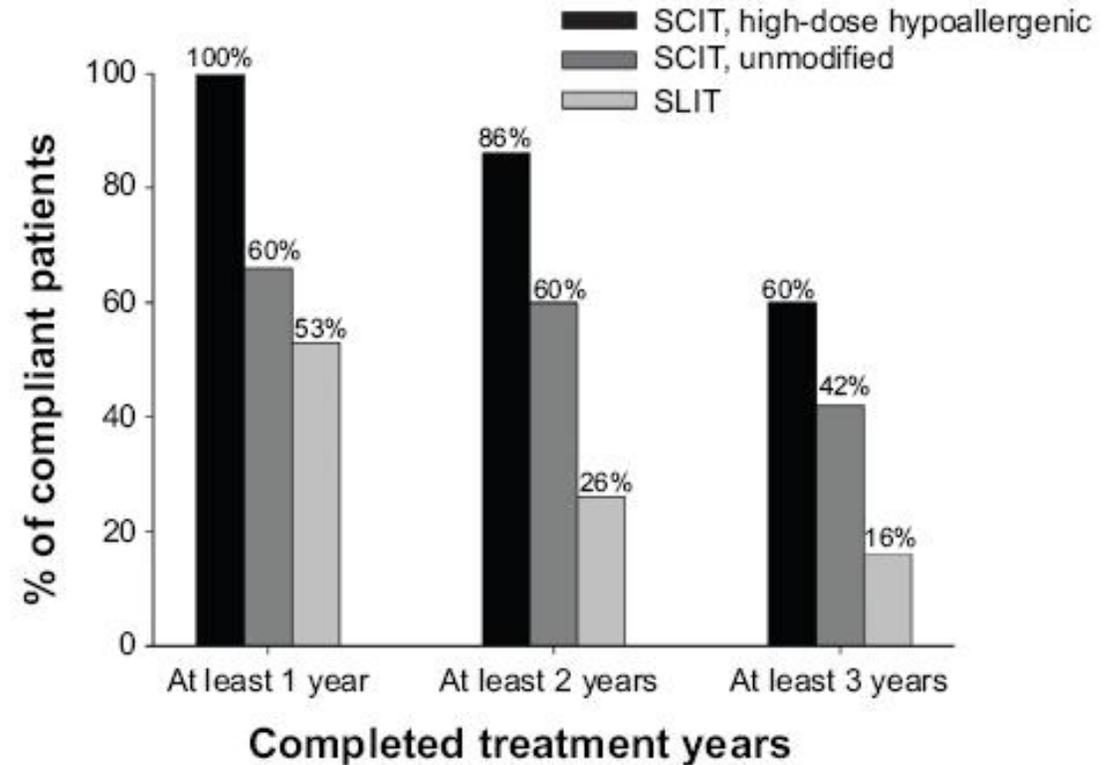
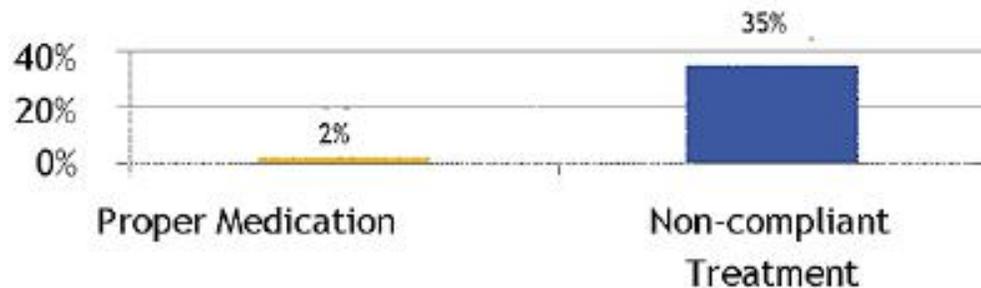
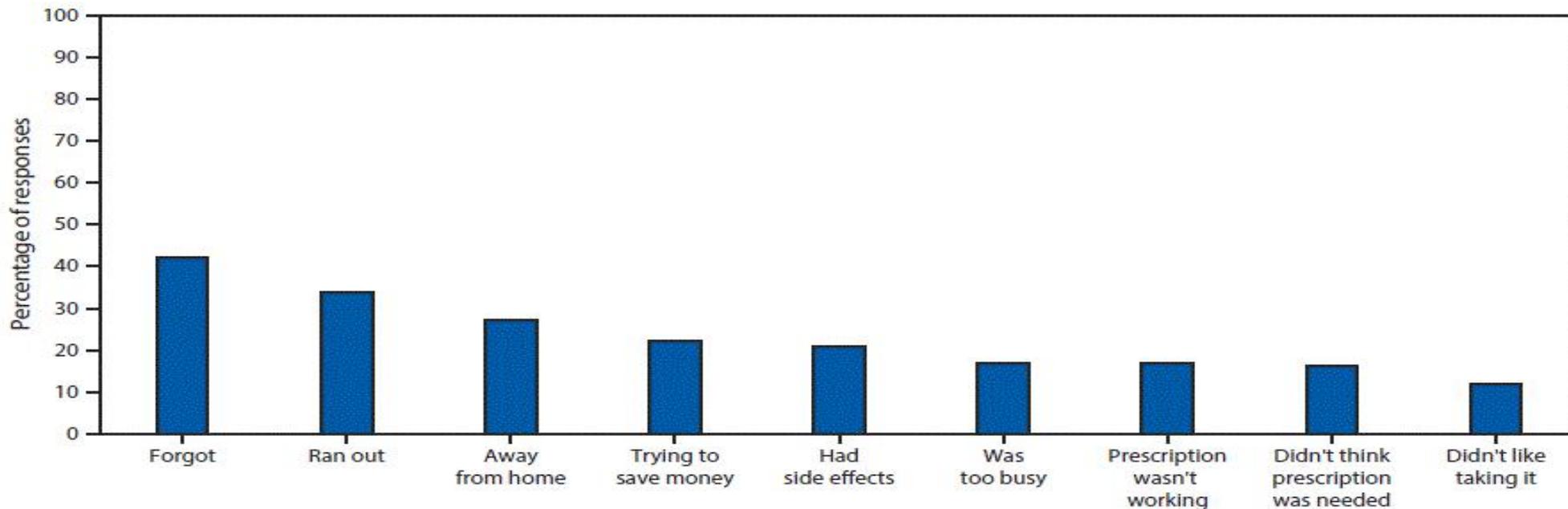


Figure 3 Compliance with perennially applied high-dose hypoallergenic pollen SCIT, unmodified pollen SCIT and pollen SLIT.

Abbreviations: SCIT, subcutaneous immunotherapy; SLIT, sublingual immunotherapy.

Reasons not to be adherence



Neiman AB, Ruppert T, Ho M, et al. CDC Grand Rounds: Improving Medication Adherence for Chronic Disease Management — Innovations and Opportunities. MMWR Morb Mortal Wkly Rep 2017;66. DOI: <http://dx.doi.org/10.15585/mmwr.mm6645a2external icon>

60% of patients cannot remember what exactly the doctor recommended them to do

Table 1. *Factors that may influence compliance (according to Iamandescu, 1996)*

Nature of therapeutic prescriptions	<ul style="list-style-type: none"> - task-related difficulties: exercise, environment, household pet, hobby restrictions, possible frustrations; - prescription complexity: numerous, complicated; - side-effects inherent to treatment; - failure of some prescriptions or previous hospitalizations.
Doctor qualities	<ul style="list-style-type: none"> - intelligence (synthesis ability, intuition, clinical sense); - relational abilities: affective (optimism, human warmth, empathy); ethical (task involvement, resistance to tendency for patients to abandon treatment); - authority and prestige.
Patient	<ul style="list-style-type: none"> - level of understanding: low (naturally, by emotional blockage); - personality type: optimistic, conformist; depressed, highly anxious; - preconceptions about the doctor and/or treatment; - responsibility and motivation for following the treatment.
Disease	<ul style="list-style-type: none"> - evolutive phase: acute or chronic; severity; - disease-related limitations (on professional life, intimate life)
Peer influence	<ul style="list-style-type: none"> - social support: affective; material; information; active intervention, family incentives; - negative examples: information contagion - the patient obtains medical information from unauthorized sources and shares it with other patients.

How to solve the problem?

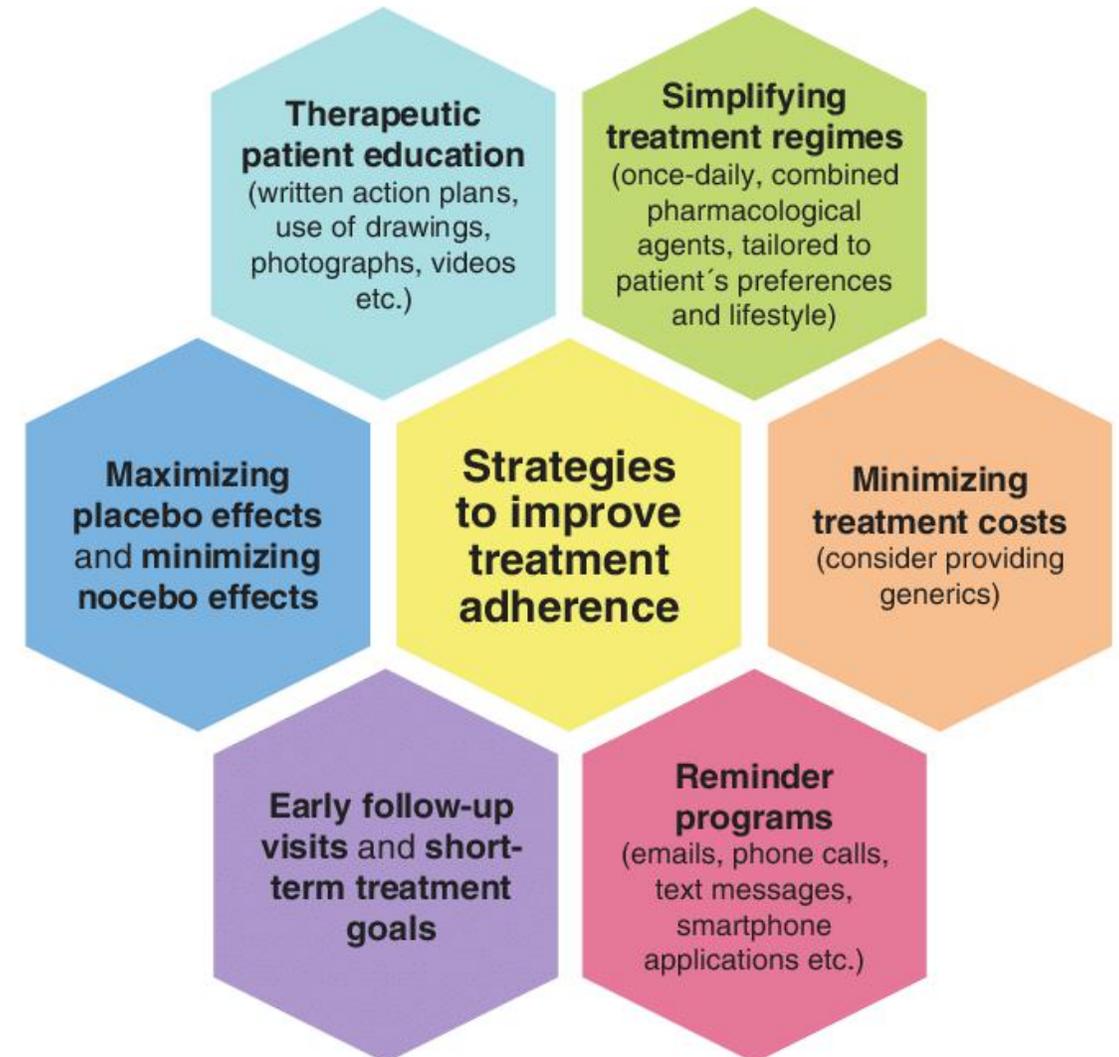
“NON-ADHERENCE TO TREATMENT ACROSS CHRONIC DISEASES IS A WORLD WIDE PROBLEM OF STRIKING MAGNITUDE”

Adherence to long-term therapy for chronic illnesses in developed countries averages 50%¹.

"We find that compliance improves when you only have to take one pill a day."

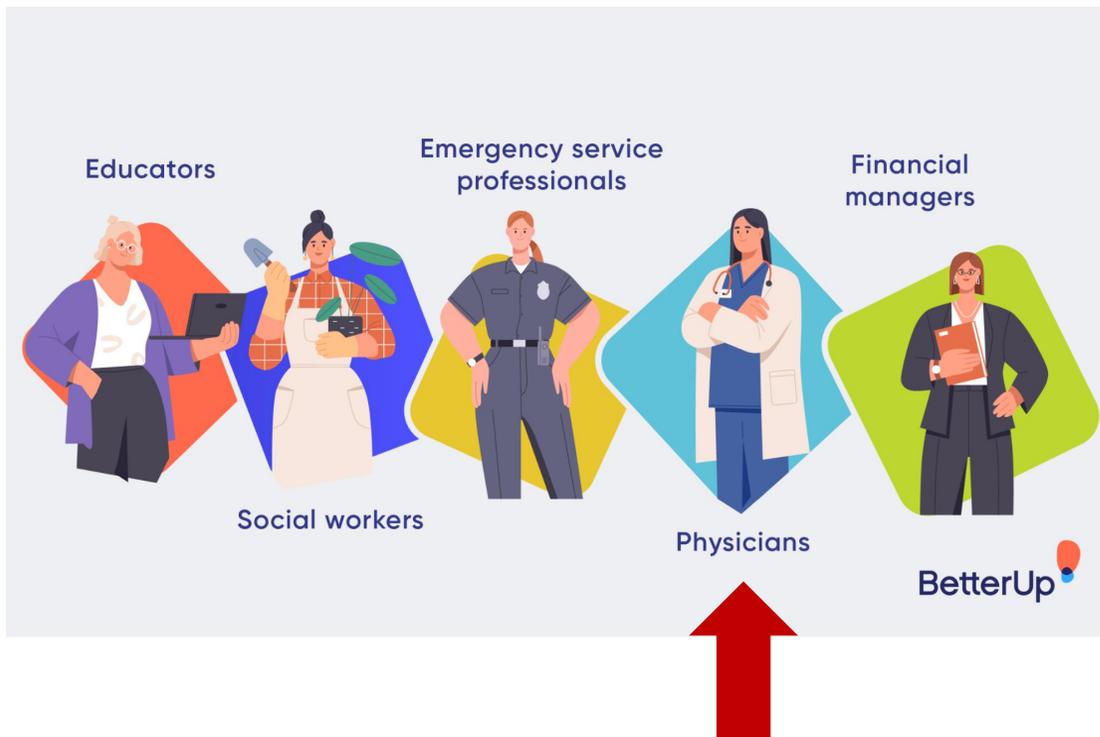


1. Sabate E. WHO Adherence Meeting Report. Geneva, World Health Organization, 2001.



Professional emotional doctor's burnout

Firstly, it is necessary to prevent the doctor's emotional burnout so that he can spend his resources on convincing the patient of the correctness of the treatment



How to help yourself we will discuss on practical lessons



Non-
compliance

- **Communication problem**

Compliance

- **Effective doctor-patient communication**

Doctor-patient communication: types

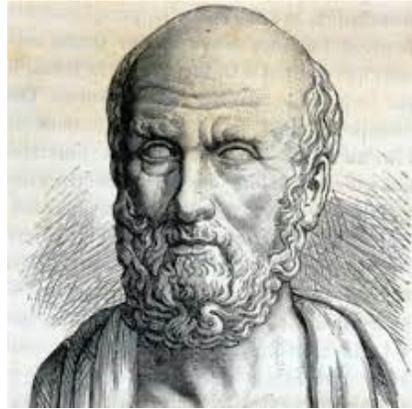
- Default: characterised by a lack of control on either side, not ideal
- Paternalism: characterised by dominant doctors and passive patients
- Consumerism: associated with the reverse, with it focusing on patients right and doctor obligations
- Mutuality: characterised by shared decision making and is often advocated as the best type of relationship

Doctor-patient relationship - always is conflict

What helps us to make the best communication?

Social personality type recognition

History



Hippocrates (400 BC)

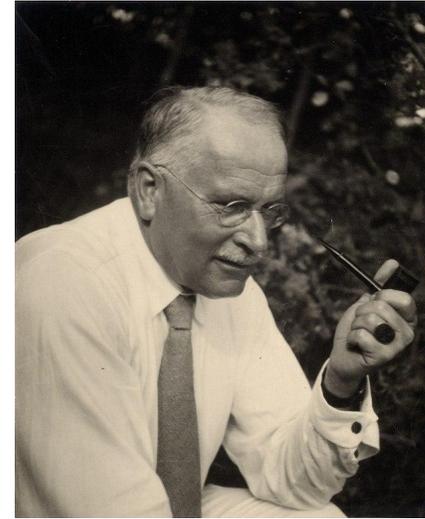
- founder of the theory of personality traits:
- 4 types: choleric, sanguine, phlegmatic, melancholic

Carl Jung (1929)

- 8 personality types, based on 4 basic psychological functions: to think, feel, sense and perceive

Katharine Briggs & Isabel Myers (1942) – described subtypes

Bill Bonsteter - 60 Behavioral Subtypes (Customized Software)



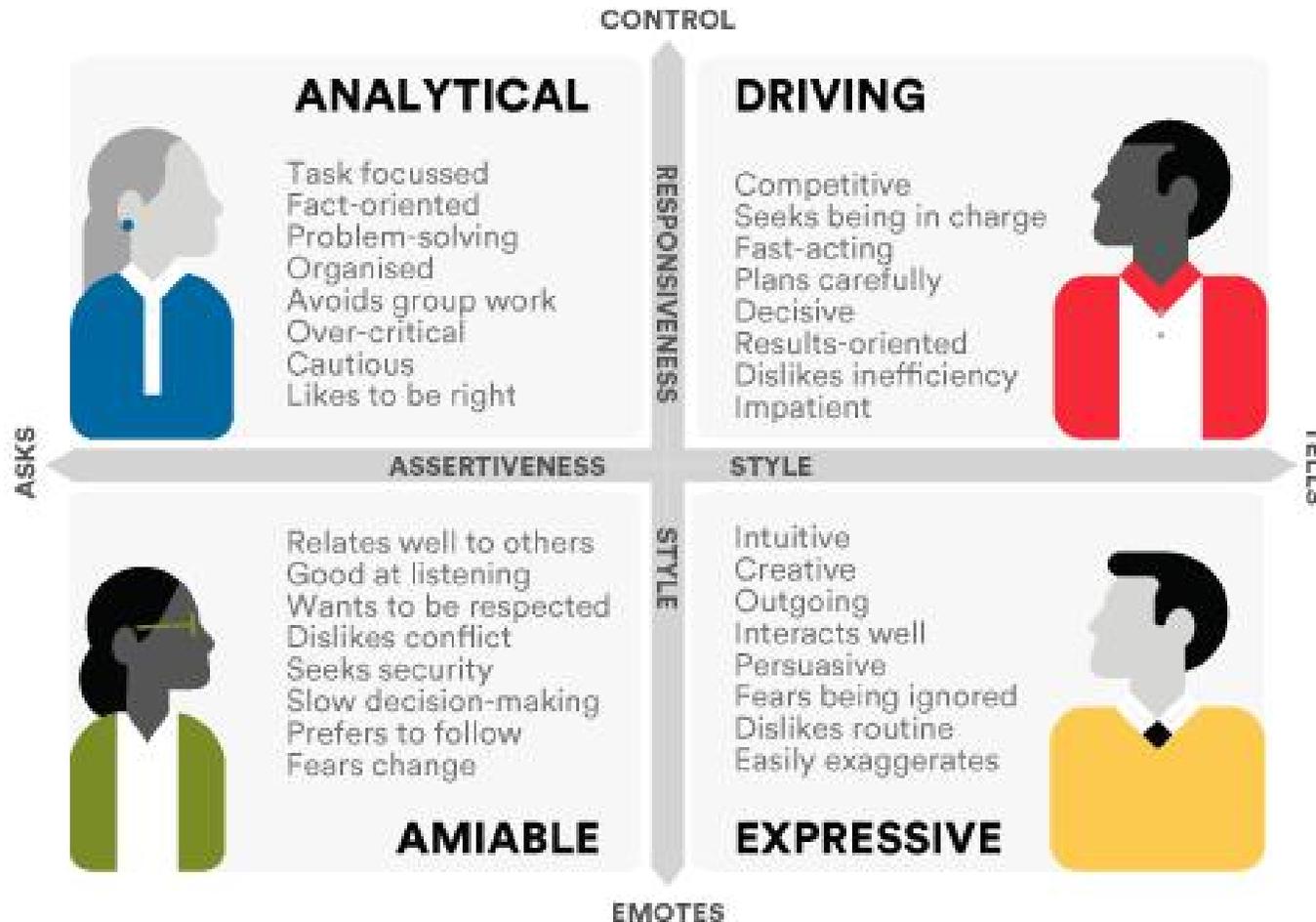
SOCIAL TYPE

Describing social type of a person solely by assessment of his or her behavioral features (facial expressions, gestures, speech, clothes)



DAVID MERRIL AND ROGER REID'S SOCIAL STYLES MODEL

BY <https://tracom.com/social-style-training/model/analytical-style>



What should you pay attention to?

- Movement (walk)
- Appearance (posture, clothing)
- Gestures
- Distance
- Facial expressions
- Eye contact
- Voice
- Speech

HOW TO RECOGNISE THE **EXPRESSIVE**

TALKING

- "I want..."
- States, commands
- Loud and fast
- Gets easily excited

BODY LANGUAGE

- Leans forward
- Uses a lot of facial expression
- Good eye contact
- Lots of gestures

COMMUNICATION STYLE

- Animated, excitable
- Comes on a little strong
- Informal, casual

RESPONSIVENESS

- Open and warm
- Enthusiastic and animated
- Enjoys the conversation

LISTENING PATTERN

- Listens well and reacts to what you are saying, talks a lot

WORK STYLE

- Unstructured, likes freedom
- Lots of people interaction
- Makes lists of people to call and places to go
- Has a lot of interesting items and gadgets
- Novelty items readily displayed
- Fast paced
- Bored easily
- Jumps from one thing to another



Movement: Loose, relaxed
Distance: Constantly changing
Voice: Can differ from cheerful, raised, loud, penetrating, sharp to lovely and pleasant

Speech: Words are used to evoke emotions, either with negative or positive connotations

Core Values:

- Being admired
- Extraordinariness

Such a patient needs attention, understanding, it is necessary to make it clear that you are working exclusively for him or her

Algorithm of communication

EXPRESSIVE

- Laugh with them
- Listen to their opinions
- Think big picture
- Recognize their contributions
- Lighten up
- Form a friendship

HOW TO RECOGNISE THE **AMIABLE**

TALKING

- "I feel.."
- Enquires
- Quieter and slower
- Does not vary voice much

BODY LANGUAGE

- Leans back
- Some facial expression
- Good eye contact
- Regular gestures

COMMUNICATION STYLE

- Dreamy thoughts
- May seem vague
- Informal, casual

RESPONSIVENESS

- Friendly
- Responsive
- Enjoys the conversation

LISTENING PATTERN

- Caring listener who reacts to what you are saying

WORK STYLE

- Easy going, cooperative
- Always willing to be of service
- Goes with the flow
- No strong sense of urgency
- Surrounded by sentimental mementoes
- Pictures of family and friends
- Needs time to change
- Dislikes pressure



Movement: Soft, smooth
Distance: Tends to shorten the distance after some time

Voice: Smooth, speaks softly, calmly, listen rather than speak themselves

Speech: Evokes positive emotions, avoids negative words

Core Values:

- Safety of the therapy, trust
- Feelings, interpersonal relations, peace
- Respect, delicacy

It is important to make it clear to the patient that you are listening to him or her, you need to show compassion

Algorithm of communication AMIABLE (FRIENDLY)

- Approach conflict carefully
- Get to know them
- Consider their perspectives
- Draw out their opinions
- Handle issues in private
- Always be courteous

HOW TO RECOGNISE THE **DRIVING**

TALKING

- “I will...”
- States, commands
- Loud, uses voice to emphasise points
- Speaks very fast

BODY LANGUAGE

- Leans forward
- Limited or no facial expression
- Intense eye contact
- Deliberate movements

COMMUNICATION STYLE

- Direct, to the point
- Outspoken
- Business-like

RESPONSIVENESS

- May appear pushy
- Reserved and cautious
- Can appear preoccupied

LISTENING PATTERN

- Can be a poor listener, likes to interrupt and summarize

WORK STYLE

- Works in priority order
- Does several things at once
- Intense, driven
- Generates ideas
- Functional, organised
- Works whirl-wind fast
- Likes change



Movement: Confident, stately

Distance: Keeps distance

Voice: Loud, rhythmic, speaks fast

Speech: Convincing, almost no emotions, speaks only if needed

Core values:

- Control
- Decision, action, result
- Conversation is used only to achieve their goal, don't care much about relations

Such patients appreciate specified explanations and expect visible result of the treatment

Algorithm of communication DRIVING

- Respect their time
- Stick to facts
- Follow up on promises
- Show your competence
- Earn their trust
- Let them have some control

HOW TO RECOGNISE THE **ANALYTICAL**

TALKING

- “I think...”
- Enquires
- Speaks quietly and at a moderate pace
- Does not vary voice much

BODY LANGUAGE

- Leans back
- Limited or no facial expression
- Limited eye contact
- Limited gestures

COMMUNICATION STYLE

- Specific, concise
- Clear, logical
- Formal, bottom-line

RESPONSIVENESS

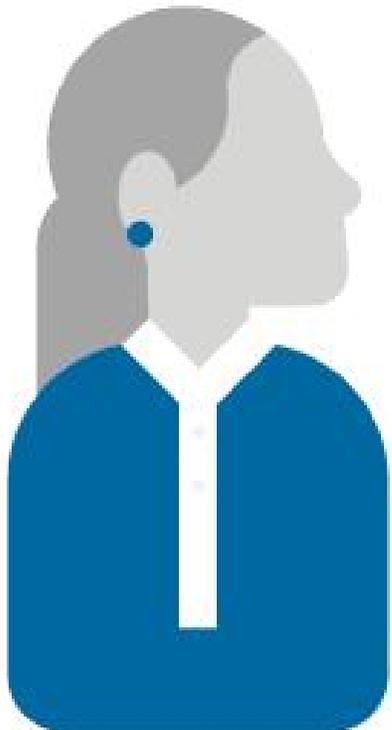
- May appear unresponsive
- Reserved and cautious
- Can appear preoccupied

LISTENING PATTERN

- Listens... but may appear as though they are not

WORK STYLE

- Thorough, attentive to detail
- Step by step procedures
- Concentrates on one thing at a time
- Lots of paper
- Work is in piles
- Methodical
- Steady stream of work
- Likes a predictable routine



Movement: Slow, rhythmical

Distance: Keeps long distance

Voice: Smooth, calm, monotonous

Speech: Result oriented, asks a lot of questions

Core values:

- Well organized, good structure
- Specific details
- Convincing exact explanations
- Facts, evidence
- Compliance with the rules

Such patients require special attention to the details, facts and logical explanations when discussing the upcoming treatment

Algorithm of communication

ANALYTICAL

- Take your time
- Communicate clearly and concisely
- Don't pressure for answers
- Respect their process
- Ask directly for their feedback
- Give them space

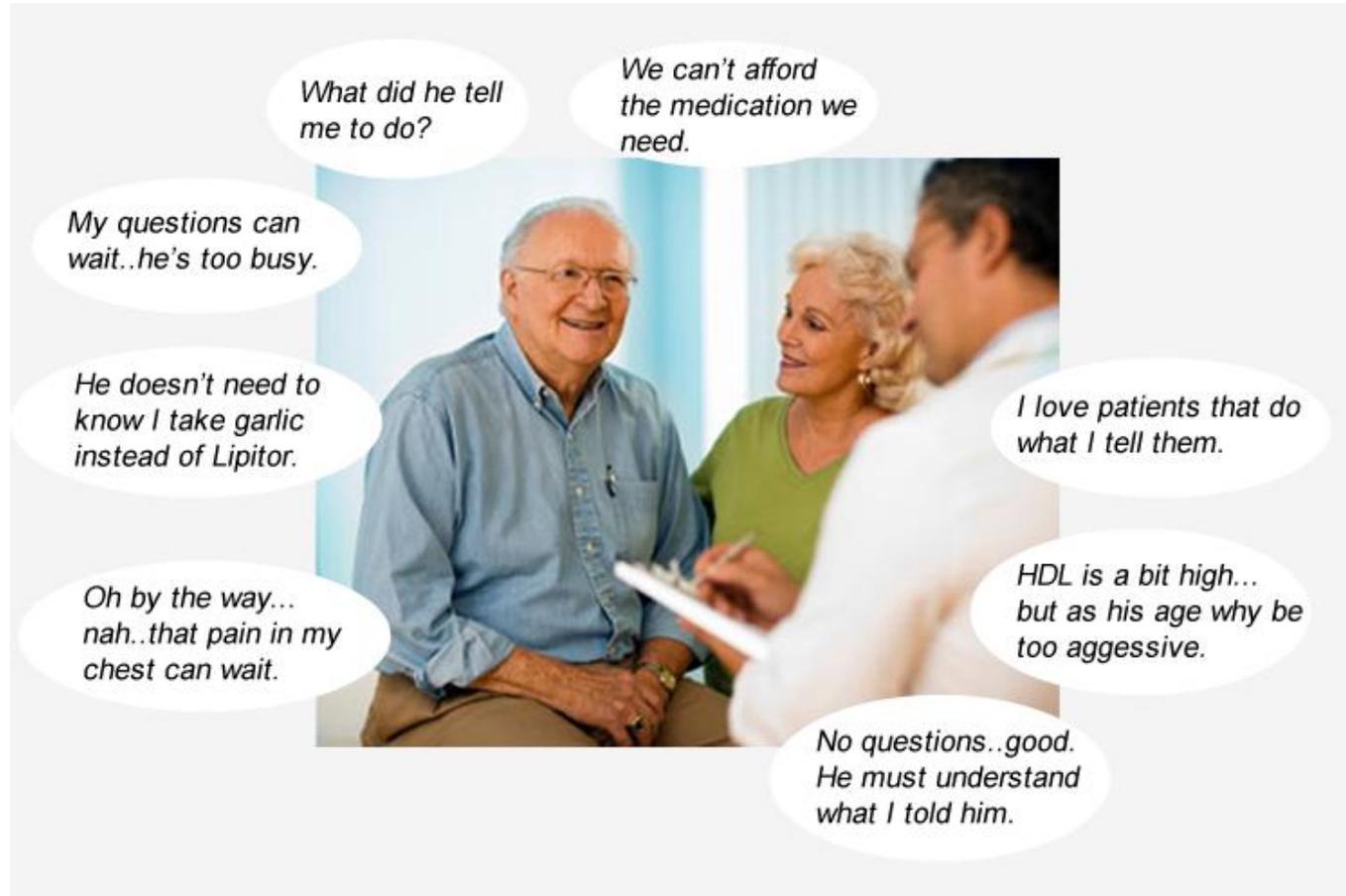
Common mistakes

- Not introducing themselves
- Not asking for clarifications from patient
- Not allowing or encouraging patients to ask questions
- Not asking questions about patients feelings
- Not providing information in a form that patients can use
- Use of medical Jargon (language) - patients understood only 36% of terms

CONCLUSION

- The reasons for non-compliance are complex and varied
- One of the main reasons for non-compliance is the problem of doctor-patient communication.
- Ability to apply the concept of psychosocial types is the most important factor in increasing efficiency of doctor-patient communication

Thank you for attention



Wish the situation on the picture will never take a place in your professional life!

ЛИТЕРАТУРА

Основная

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