This case study reflects clinical care with risk management implications. The doctor's name and some details have been changed for confidentiality purposes.

It was a typical Monday morning, and Dr. Jones was reviewing the numerous reports and test results he had received over the weekend. He was surprised to learn that one of his patients was hospitalized as the result of a stroke. Dr. Jones reviewed the patient's record, which indicated the patient had been seen the previous week with symptoms of dizziness and ear pain. At that time, the patient was given a prescription for prednisone, as Dr. Jones believed the patient was experiencing a second episode of vertigo. The patient's medical record also reflected the discussion between Dr. Jones and the patient about the risk of diabetics taking prednisone and his need to increase the patient's insulin. Knowing that the patient had a history of failing to follow instructions, Dr. Jones considered his recent care of the patient. Did the patient understand the insulin dosing instructions? Did the patient comply? Dr. Jones wondered if he could have done anything further to reduce the risk of this outcome.

A scenario like this could occur in any physician practice. When patients don't adhere to the agreed upon treatment plan, further problems can result. Patient non-compliance can have a negative effect on the patient's health and a provider's ability to help the patient manage his care. In prior years, the "non-compliant" label constituted a black mark in the medical record. Providers noting non-compliance in the medical record may think that the patient was problematic and proceed cautiously. Further, a non-compliant label may remain indefinitely.

Patient non-compliance is a significant issue, particularly as it relates to prescriptions. When patients fail to fill prescriptions, an illness may worsen, unnecessary testing and avoidable hospitalizations can result, and costs of medical care can skyrocket. A 2012 Health Leaders Media article defined the problem as follows:

Patient non-compliance is perhaps most easily seen in how patients fill and use prescription medication. As many as 20% to 30% of prescriptions for medication are never filled, and up to 50% of medications for chronic disease aren't taken as prescribed, according to a recent article in the *Annals of Internal Medicine*. The analysis notes that the patients' failure to comply with medication prescriptions—albeit for a variety of reasons—costs the U.S. health system between $100 billion and $289 billion a year.¹

The term "non-compliance" creates a negative connotation that can follow the patient and affect access to care. Some providers are encouraging their peers to use different terms, to wit:

As Kentucky cardiologist Dr. John Mandrolo—who prefers using the slightly less patronizing "non-adherence"—wisely explains: "Non-compliant has fallen out of favor. Doctors used to say patients that did not follow a prescribed plan were not compliant. But this kind of harsh language implies a paternalistic condescending attitude towards the patient."²

Patients may not adhere to treatment for many reasons, some of which include:

- A lack of understanding of the treatment, due to a language barrier or the use of medical terminology³
- A denial of the illness, especially if the illness doesn't interfere with their daily life (e.g., high cholesterol or high blood pressure)⁴
• Unable to afford treatment, due to high co-pays or a lack medical insurance\(^5\)
• Difficulty following directions (e.g., take medication every three hours)\(^6\)
• Side effects from treatment (e.g., pain from knee surgery) preventing the patient from agreeing to the treatment\(^7\)
• Misunderstanding the importance of a treatment or the chance of success and therefore not adhering to a provider’s recommendations\(^8\)

Patients who fail to follow their provider’s instructions or recommended treatment plans pose a risk to themselves and to their provider. The following strategies may be implemented to promote patient compliance and minimize risk:

• Educating patients and family members about the patient’s medical condition or disease so they can effectively participate in the patient’s treatment and contribute to the patient’s healing process.
• Encouraging patients to participate in developing their treatment plan to help them understand the rationale behind the plan and increase adherence.
• Providing clear instructions and asking for patient feedback to evaluate the patient’s interpretation and understanding - Rather than telling a patient “to lose some weight,” consider providing a specific goal, such as losing 10 pounds by the next visit.
• Providing written instructions for patients to refer to later - Patients often don’t remember the verbal instructions they are provided.
• Establishing guidelines for returning phone calls about prescription refills and lab results - Include patients in this process. For example, invite patients to call the office for lab results if they have not heard back from the physician’s office within a specified time frame.
• Obtaining informed refusal from patients who admit they either cannot or will not follow all or part of a proposed treatment plan - The patient’s medical record should reflect these discussions, including the specific risks of refusing a proposed treatment.
• Documenting all instructions and discussions held with the patient about a proposed treatment, including the patient’s response.\(^9\)

Patient non-adherence can contribute to an unexpected outcome or injury and may result in a professional liability claim or lawsuit. While this is a challenging problem, the best risk management advice is to thoroughly educate a patient about proposed treatments and to provide adequate time for communication between the patient and provider. Of course, the medical record should reflect that both were done.

References

5. Ibid.
6. Ibid.
7. Ibid.
8. Ibid.