The problem known as patient compliance or non-compliance has worried doctors for some 10 years. Some sound knowledge has emerged from numerous papers and books on the topic. Nevertheless, considerable scepticism towards the clinical validity of research results could be justified. Doctors have long realised that patients do not always take their medicines as they are advised to. This is annoying, of course, but probably our predecessors were tolerantly disinterested and saw it as an inevitable part of life. And, quite likely, they were right. Even sick people have lots of important things to think of apart from taking drugs, and until recently the power of drug treatment was questionable. In terms of efficacy and safety most of the drugs our predecessors had at their disposal were both useless and harmless, and so non-compliance rarely had disturbing implications.

A decade or two ago, however, things began to change. New drugs with great potential for good and evil flooded the market and were prescribed so that how our patients took their drugs began to become increasingly important. Until now the spotlight has been on the patient, with the doctor acting as the critical spectator in the shadows. This is neither fair to the patient nor educational for us.

Doctors invented, as it were, non-compliance as a problem, and so patient behaviour is measured with ‘doctor’s orders’ as a yardstick. But is this reasonable? The basis of doctor’s orders might be less well founded than we like to think. For instance, if our prescriptions are unnecessary or even faulty the results of our observations on patient compliance are only superficially interesting—and clinically, they are irrelevant. Non-compliance might even show that many patients are wiser than we are. Some of them prefer not to start treatment at all, some follow it only half heartedly, and some discontinue treatment after a while—alas, without notifying their doctor.

To take a few examples, women taking the contraceptive pill may become pregnant if they forget to take it, but few actually do forget. Most women are well informed either by their doctors or by others, their motivation is high, the pill works (and they know it), and so compliance is almost perfect. But if you are prescribed a 10 day course of penicillin for a sore throat, compliance is generally poor. If you feel well after a few days you are not likely to take the rest. You forget the penicillin or you may not be convinced that the longer course is necessary. And wisely so, perhaps, as most sore throats recover spontaneously.

Your moderately raised blood pressure may be treated with one or more drugs. For a good many years to come you are expected to take care to be compliant so that your doctor is satisfied. But does he really know whether the expense and effort are worth while? Statistically speaking the answer is probably yes. Little is known, however, about individual risk, and so we treat raised blood pressures more than persons. If the patient does not behave as directed, it is a case of non-compliance. But nobody knows whether compliance makes much of a long term difference to the individual.

When people are prescribed a week’s sulphonamide for a lower urinary tract infection, many stop treatment after a few days as they feel well. According to current standards they are recorded as non-compliant, but, in fact, they may be cured. Nowadays we have ample evidence that single dose treatment with sulphonamides or amoxycillin may be enough.

From a great many published papers we know that about a third of patients take drugs as directed, a third follow prescriptions carelessly, and a third seldom, if ever, comply with doctors’ intentions.

Realising all this we ought to lean back and think a bit. Given that our diagnoses and therapeutic efforts are sound, that our drugs are as essential to health as they are supposed to be, that the growing number of prescriptions are really justified on medical grounds, that it is as important as we are led to believe to take drugs as directed, and that only half or fewer of our patients actually do so, then the health of the public should be considerably poorer than it actually is. Prescribing is of course not necessarily synonymous with treatment, and we know that various physical, psychological, and social factors influence compliance. But there may be more to it than just this. Why not see defective compliance as the public’s way of expressing silent scepticism towards the medical profession?

We term the condition non-compliance on conditions we define ourselves, but we do not know what our patients call it. We never ask them. “Too lavish prescribing” might be one answer. To be honest we often prescribe because we think that we must do something, because we feel a justified professional uncertainty and because we often think that we have no option—demand versus need. We often prescribe on slender indications without much conviction that it will work. We often forget to tell patients that, in fact, we have nothing sensible to offer on professional grounds—and least of all drugs. We often do not take time to explain to our patients the essential part that they must play in any kind of doctor/patient relationship.

If we do not believe in our therapeutic intentions and do not really trust our prescriptions, and if we do not take the necessary time to see that patients are well informed and motivated, then how much genuine cooperation can we expect? Are we not asking for poor compliance? We like to engage in unimaginative clinical (pseudo) research on compliance, but we concentrate too much on extrinsic (patient related) factors, we tend to forget the intrinsic (doctor related) ones, and we take research results too seriously.

In the future, the prevalence of patient non-compliance may be even more impressive than today. If we are not prepared to adjust our traditionally loose prescribing habits, and if we are not willing to emphasise that both doctor and patient have a mutually responsible role in cooperating then it might be a good idea to encourage patients to stick to a reasonable measure of non-compliance as an intelligent self defence against over medication.

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