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Editorial

Teach Don't Preach

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I have been reading a lot of articles and opinion pieces lately that discuss poor patient adherence to prescribed therapies. The authors of these pieces attempt to figure out the various reasons that explain why a patient is not adherent. Does it have to do with access to resources? Does it have to with socio-economic status? It has been almost unanimously concluded that non-adherence is a complex, multi-factorial issues that is difficult to manage.

A colleague of mine once said, "Well, why do we care? If they don't want to take their meds that's their business." In my heart of hearts, I know my colleague made this statement out of frustration, but it did get me thinking. Why do I care? I came across a statistic from 2003 from the World Health Organization that stated, "Among patients with chronic illness, approximately 50% do not take medications as prescribed." This statistic stung. 50%?! Could this be true? What can I do to partner with my patients to make this number better?

I remember working with a teenage cystic fibrosis patient a few years ago. He was a stellar athlete and was fairly adherent to his medications. Except for his azithromycin. Azithromycin is often prescribed for cystic fibrosis patients to be used as an anti-inflammatory medication, so it is theorized to be of great value to the patient. I was about to give the patient my patented "You need to take your medications talk" when I stopped myself. I did not want to give this talk and I am certain he did not want to hear it. The talk clearly did not work before, so why did I think it would work now?

I needed to change my approach. It then dawned on me. My job is to also educate. I asked the patient, "Why do you think I want you to take this medication." He replied, "I don't know." My next question was, "How do you like to learn?" He replied, "I like to see things." I then spent 45 minutes drawing out the lungs, what happens to the lungs with cystic fibrosis, and how this medication can help. The patient was engaged, and he asked fantastic questions. It was one of the best patient interactions I have ever had. When I left the exam room that day, the patient said, "Thank you. I get it now." Since that moment, he has told me that he has taken his medications as prescribed. He also has started to engage with medical staff differently. He expects us to teach and to provide him with the knowledge he needs to make decisions about his body and the medications he takes.

There are arguably seven different styles of learning, but for the purpose of this piece I am going to ask you all to focus on four. Patients and their families typically learn in four different ways: visual (prefer pictures and images), aural (prefer using sound, music, and other noise), verbal (like using words either in speech or writing) and physical (prefer using body, hands, and touch). I am going to encourage all of you to assess your patients' learning style and use that information to purposefully work with the patient. We have been told that we need to individualize medicine to fit the specific needs of the patient. With that being said, we also need to individualize the educational approach we use with our patients. In the end, we must teach, not preach. Our job is to provide the best care for those we serve.

The patients don't need a lecture, they need a teacher, an educator, and a clinician.

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