Patient Management: Conflicts in Decision and Rationality

Pages with reference to book, From 74 To 75

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Patient management by health care providers includes history taking, physical examination, writingprescriptions(or dispensing medicines), ordering diaynostic tests, advice and follow-up or referral suggestions[1]. These are the most important and frequently performed activities (i.e., curative care) expected from a health care provider, specially a physician who is either working in public sector or has a private practice[2]. Recently the quality of care as offered by health care providers has become the focus for researchers because of the need to have cost-effective and cost-efficient services[3]. These studies have revealed mixed findings especially of poor prescribing practices and "irrational use of drug[4-7]. Lack of knowledge has always been thought to be the major cause and "training" has been suggested as the panacea for improving prescribing practices[8-10]. . However, before prescribing, it is necessary to know and understand other dimensions, rationally and decisions taken by physicians for managing their patients. The main problem in patient management is the knowledge-practice gap[11,12] and merely incrcasing the knowledge by "training" may not be the only solution[13]. Besides, a number of psychological and social factors interact with clinical consideration of physicians for treatment and management of patients; some of which include time pressure, uncertainty and patient characteristics[13]. The time pressure has to do with profit motive of physicians, commonly observed in private practice[14,17]. The result of this pressure is to tenninate the consultation process by either prescribing, referring or getting diagnostic tests done. The uncertainty may be due to lack of knowledge or physician's difficulty in distinguishing personal ignorance from limitations in medical knowledge[18]. In addition, the uncertainty also relates to patient's social and psychological characteristics, their expectations and lack of trust. These lead to decision conflicts and sometimes patients' expectations rather than drug toxicity becomes a prime reason of a prescription[19].

In addition, them are a number of motivational forees which influence physicians' prescribing style. Physicians are concerned with preservation of their mle as a healer and prescriber[20]. They are used to automated decision without using any recent knowledge as they feel that their previous experience of treating the disease by particular medicines have been encouraging[21]. Thus one can imagine that prescribing decisions do require a great deal of thought and eonsidemtions. A prescriber has to struggle to balance the disparate conditions. There is a rationale in it though it is just not pharmacological[19]. So how could this dilemma be addressed? One of the important actors inthisprocess hasbeen the patients or clients, but, traditionally clients had been passive and dependent and following experts' instructions ma compliant fashion. Thus, though physicians perceive that increased medicines are patients' demands, patients have not been actually involved in that decision making[22]. Besides, it has been observed that physicians have been insensitive to their patients intentions; patient would like to have a doctor who would listen and sort out their problem[23]. Physician's insensitivity reflects their bias to see the function of consultation in terms of medical treatment[24]. There is a conflict as according to patients this is a lower priority than is the receipt of information or support. There prevails a medical dominance expressed in doctor-patient relationship by poor communication, reluctance to give/share information and use of medical jargons[25]. Therefore, patient management can be impmved by "client-centered" approach by the physicians. Patients do not want paternalism and negotiate trtatment with their physicians, rather than following "doctors orders[26]. Improving communication, both between doctor and patient[27,28] and educating people and community about medications[29] can hopefully resolve the

conflict currently inherent inpatient management decisions.

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