PRESCRIBER'S PROFESSIONAL ATTITUDE TOWARDS HOLISTIC PRESCRIBING: A PATIENT'S PERSPECTIVE

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HOW TO CITE THIS ARTICLE:

Raj Kishore Mahato, Parineeta Suman. "Prescriber's Professional attitude towards holistic prescribing: A patient's perspective". Journal of Evolution of Medical and Dental Sciences 2013; Vol2, Issue 35, September 2; Page: 6683-6690.

ABSTRACT: INTRODUCTION: In Holistic prescribing, a patient is prescribed considering him / her as a whole rather than as an isolated pathology. Patient satisfaction is a very important component of quality of care and it increases when there is a good relationship between doctor and patient. **AIMS:** To explore the patient's viewpoints regarding doctor's attitude towards perception of patients and their problems during a prescription encounter and to increase awareness among clinicians regarding good doctor-patient relationship. **MATERIALS AND METHODS:** 126 school teachers (age between 21-62 years) who are working in different schools situated around SVS Medical college, Mahabubnagar were involved and were requested to share their observations and feelings during their visit to a doctor/ doctors in the recent past 1year (July 2011- July 2012). Their responses were noted and analysed. **RESULTS:** 66.67% participants told that doctor most of the time hears to the patients' problems carefully but only 7.93% agreed that doctor explained the disease and treatment properly to the patient. Nearly half of the teacher (46.03%) told, most of the time doctors keep patience with patient during consultation. 38.89% participants rated the doctor-patient relationship as good and only 13.49% agreed that it was very good. **CONCLUSION:** Mutual understanding and trust between prescriber and patient has a role to play for better therapeutic outcomes. There is a need to increase awareness among doctors regarding good doctor-patient relationship and holistic prescribing.

KEY WORDS: Rational prescribing, Holistic care, Attitude, Perception, WHO drug use indicators,

INTRODUCTION: Prescribing drugs is an important skill which needs to be continuously assessed and refined accordingly. It not only reflects the physician's knowledge of pharmacology and pathophysiology but also his/her skill in diagnosis and attitude towards selecting the most appropriate cost-effective treatment.¹ Prescription is an important document of medico-legal values for both the prescriber and the dispenser.² It can be defined as a written instruction from a prescriber to a dispenser and a patient regarding a patient's ailment and its remedy/remedies at a particular situation and time with an intention for palliation or restoration of patient's health.

Prescribers' view point regarding their sense of responsibility, financial constraints and incentives, clinical work load, and their perception of patients' social background, beliefs, attitudes and expectation can greatly influence the quality of prescription.³

Holistic prescribing means prescribing for a patient considering him / her as a whole rather than as an isolated pathology. Thomas Percival in his book on medical ethics has also mentioned- "The feeling and emotions of the patients require to be known and to be attended to, no less than the symptoms of their diseases".⁴

To assess the scope for improvement in rational drug use in outpatient practice, the World Health Organization (WHO) has formulated a set of drug use indicators.⁵(Table 1) Percentage of

patients satisfied with the care they received is one of the complementary drug use indicators. Patient satisfaction is a very important component of quality of care, but difficult to measure.⁵ Patient's satisfaction increases when there is a good relationship between doctor and patient.⁶ This indicate that relationship between prescriber and patient is also a considerable factor during prescription encounter and has some contribution in therapeutic outcomes. So the present study was intended to explore the patient's viewpoints regarding doctor's attitude towards perception of patients and their problems during a prescription encounter and to increase awareness among clinicians regarding good doctor-patient relationship that may be contributory in making the prescription more rational.

MATERIALS and METHODS: The present study was conducted between March'20 to July'21, 2012 in SVS Medical College, Mahabubnagar, Andhra Pradesh with due permission from Dean, SVS Medical College, Mahabubnagar.

In this study 126 school teachers (age between 21-62 years) who are working in different schools situated around Medical college, were involved with due permission from their respective Principals/Head Masters. All these teachers were requested to share their observations and feelings during their visit to a doctor/ doctors in the recent past 1year (July 2011- July 2012). They were asked a set of seven common questions related to the attitude of a prescriber, as given in table-2. Their responses were noted under four headings as explained in table-3, in a pre-prepared format containing these seven questions. The participating teachers were also asked to categorize the prescriber into four empirical grading of doctor-patient relationship- 1.Very good, 2.Good, 3.Satisfactory, 4.Not satisfactory.(Table-4) Their frequency of visit to a doctor/doctors during the recent past 1year were also noted as in table-5.

Teachers were selected for this purpose considering them a better social observer. Those teachers who were interested and available on the day of our visit in the school were included but uninterested teachers were excluded from the study.

All the collected data were arranged, analysed and expressed as percentage and presented in tabular form.

RESULTS: As per present study 84 out of 126 (66.67%) participants told that doctor most of the time listened the patients' problems carefully but only 10 out of 126 (7.93%) agreed that doctor explained the disease and treatment properly to the patient. 89 out of 126 (70.63%) told, doctor do not criticize other doctors, only 14.28% told, sometime one doctor criticize other doctors. 39.68% told doctor most of the time addressed the patient by name but 26.19% told doctor did not address the patient by name and 6.35% teacher did not respond to this question. Nearly half of the participants (46.03%) told most of the time doctors keep patience with patient during consultation but only few (3.17%) told doctors do not keep patience. More than half of the participants (52.38%) told most of the time doctor receives the patient with smile. 38% participants told most of the time doctors develop sympathy-empathy towards patients but 18.25% did not accept it. (Table-2).

38.89% participants rated the doctor-patient relationship as good and only 13.49% agreed that it was very good. 4.76% participants did not make any comment on the doctor-patient interaction.(Table-4) Most the participants (80.95%) told that they visited a doctor/doctors in between 1-10 times but only 1 out of 126(0.79%) participants told he visited doctors nearly 40

times in the recent past 1year.(Table-5) More than half of the participants (51.59%) visited their same doctor but approximately half of the participants(46.03%) visited different doctors. 3 out of 126(2.38%) participants did not visit any doctor during the recent past 1year (2011-12) but shared their feelings about doctor-patient interaction based upon their past experiences.

DISCUSSION: Irrational prescribing is a global problem and may also be regarded as “pathological” prescribing.^{7,8} Knowledge of the prescriber has sometimes been used as an output measure of interventions for rational drug use. However, adequate knowledge on rational drug use does not always result in rational prescribing behaviour. Actual prescribing behaviour is therefore preferred as a measurement.^{7,9} In conventional prescribing, therapy is directed toward the part of whole body but in holistic prescribing, therapy is directed toward the whole body. Here word “Holistic” is not related to complementary and alternative medicine. Eva Lena Strandberg *et al.*(2007)¹⁰ in their study have suggested, the word holistic should really be spelt 'wholistic' to avoid confusion with complementary and alternative medicine. In paragraph six in the WHO: charter for General Practice/Family Medicine in Europe it is mentioned, 'holistic' means the physical, psychological, and social perspective of individuals, families, and communities.¹¹ It seems that there exists a gap between the conventional prescribing and the holistic prescribing and it can be bridged by a good Health care provider-Patient relationship. In the present study seven facts in the form of questions as given in table-2 were asked to the participants. Doctor's understanding and following of these facts along with their competence and knowledge about disease management may have contribution in establishing a good relationship between doctor and patient.

Many study have reported about great importance of the doctor's competence and skill in clinical practice.^{6,12-15} Inger von Bültzingslöwen *et al.* (2005)¹² have mentioned, if a patient seriously distrusted the doctor's skills it became a major issue and the patient wished to change the doctor if there was a possibility to do so. Listening the patient's problem carefully, explaining the disease and its treatment properly and having patience with patient during consultation develop faith in patient, thereby increase patient's compliance towards treatment and thus helpful in reducing medication error. Prescriber should develop the habit of practicing these things always. In the present study only 14.28% participants agreed that doctor always tried to listen the patient's problem carefully and have patience with patient during consultation. Regarding importance of patience with patient Ventegodt S. *et al.* (2005)¹⁶ in their study have quoted “patience and devotion, making every moment with the patient joyful and interesting, is must for working with the most traumatized patients”. The study has an eye opening observation that 43.65% participants told, doctor sometime explains the disease and its treatment properly and 30.95% told, doctor does not explain the disease and its treatment properly. This may be due to heavy clinical work load of doctors.

38% participants told, doctors some time show sympathy- empathy towards patient. In a study conducted by Inger von Bültzingslöwen *et al* (2005)¹², most patients felt that they were met with more understanding and empathy by a personal doctor they had previously had, than usually by short-term doctors. A few patients without a personal doctor related to meetings with short-term doctors who seemed to understand them well and who had treated them with empathy. The patients then wanted that short-term doctor as their personal doctor. One patient was discontented with the personal doctor he earlier had because of lack of empathy and wanted the short-term doctor with whom he had an occasional appointment as his new personal doctor.

Addressing the patient by name, receive them with smile and not criticizing the other doctors may be one of the indicator of familiarity with patient and patient centred professional devotion in service. Thereby these may have some role in enhancement of patient's satisfaction and compliance. More than half of the participants (52.38%) in the present study observed, most of the time doctor receive the patient with smile and more than two-third (70.63%) observed, doctor does not criticize the other doctors. These are good signs for good doctor-patient relationship and a tendency towards holistic prescribing. Tarrant *et al.*¹⁷ identified holistic care or 'whole person' care as a main feature of personal care among patients and providers in primary care settings in the UK. In a study conducted by Eva Lena Strandberg *et al.*(2007)¹⁰ involving 33 general practitioners and 26 district nurses, participants discussed and suggested, biomedical attitude is not enough for patient care. There is a need for a multidimensional view point including a bio-psychosocial attitude towards the patients. The need for both a medical overall picture and a holistic picture which include patients' social contexts as well as their body and soul, was strongly emphasised by the participants.

The doctor-patient interaction itself can be therapeutic,¹⁸ an effect that is likely to be enhanced by feelings of trust and understanding. In the present study 38.89% participants rated the doctor-patient relationship good and 36.5% rated satisfactory. Good doctor-patient relationship has benefits for both patients and practitioners. For Patients, their satisfaction increases and for doctors, both the clinical decision-making process and disclosure of psychosocial problems are facilitated.^{6,19,20}

Limitation of the study is that study design limited our findings to patients' perception towards doctor-patient interaction, rather than actual, rational prescribing behaviour of doctor. Findings in this study are based on patients' awareness, interest and recall about their visit to a doctor/doctors. In this study number of participants is less. Involvement of more participants may strengthen the present outcomes and further study in this topic may reveal many more other dimensions in this regards.

CONCLUSION

Mutual understanding and trust between prescriber and patient has a role to play for better therapeutic outcomes. There is a need to increase awareness among doctors regarding good doctor-patient relationship and holistic prescribing which may in turn promote the rational prescribing.

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Table-1: World Health Organization drug use indicators to investigate drug use in health facilities.

Core drug use indicators

Prescribing indicators

1. Average number of drugs per encounter
2. Percentage of drugs prescribed by generic name
3. Percentage of encounter with an antibiotic prescribed
4. Percentage of encounter with an injection prescribed
5. Percentage of drugs prescribed from an essential drugs list or formulary

Patient care indicators

6. Average consultation time
7. Average dispensing time
8. Percentage of drugs actually dispensed
9. Percentage of drugs adequately labelled
10. Patient's knowledge of correct dosage

Health facility indicators

11. Availability of a copy of an essential drugs list or formulary
12. Availability of key drugs

Complementary drug use indicators

13. Percentage of patients treated without drugs
 14. Average drug cost per encounter
 15. Percentage of drug costs spent on antibiotics
 16. Percentage of drug costs spent on injections
 17. Prescription in accordance with treatment guidelines
 18. Percentage of patients satisfied with the care they received
 19. Percentage of the health facilities with access to impartial drug information
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Table-2: Response of teachers to the questions (Does/Do doctor/doctors ----- ?) asked about their doctor, who visited them during recent past 1year (2011-2012). (n = 126)

Sl. no	Question asked	NR*(%)	Response			
			No (%)	Sometime (%)	Most of the time (%)	Try always (%)
1	Address the patient by name	8(6.35%)	30(26.19%)	50(39.68%)	27(21.43%)	5(3.97%)
2	Receive the patient with smile	6(4.76%)	3(2.38%)	39(30.95%)	66(52.38%)	9(7.14%)
3	Listen the patient's problem carefully	7(5.56%)	1(0.79%)	13(10.31%)	84(66.67%)	18(14.28%)
4	Explain the disease and treatment properly	15(11.9%)	39(30.95%)	55(43.65%)	10(7.94%)	4(3.17%)
5	Develop sympathy-empathy towards patients	21(16.67%)	23(18.25%)	48(38.1%)	22(17.46%)	9(7.14%)
6	Keep the patience with them (patient)	11(8.73%)	4(3.17%)	32(25.39%)	58(46.03%)	18(14.28%)
7	Criticize other doctors	9(7.14%)	89(70.63%)	18(14.28%)	5(3.97%)	2(1.59%)

NR*- Not responded

Table-3: Explanation of teachers' response that they observed during their visit a doctor.

Sl.no.	Response heading	Explanation of heading
1	No	Teacher did not found the prescriber to practice the facts mentioned in 2 nd column of table-1
2	Some time	At least once they found the prescriber to practice the facts mentioned in 2 nd column of table-1
3	Most of the time	More than 50% but less than 75% of their visit they found the prescriber to practice the facts mentioned in 2 nd column of table-1
4	Try always	More than 75% of their visit they found the prescriber to practice the facts mentioned in 2 nd column of table-1

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Table-4: Empirical grading of doctor-patient relationship (n=126)

Sl.no.	Grade	No. of teacher	Percentage of teacher
1	Very good	17	13.49%
2	Good	49	38.89%
3	Satisfactory	46	36.50%
4	Not satisfactory	5	3.97%

Table-5: Frequency of participating teachers' visit to a doctor/doctors during recent past 1year (2011-2012). (n=126)

S.No.	Frequency of visit (in range)	No. of teacher	Percentage of teacher
1	1-10	102	80.95%
2	10-20	16	12.70%
3	20-30	4	3.17%
4	30-40	1	0.79%

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Date of Submission: 08/08/2013.
Date of Peer Review: 09/08/2013.
Date of Acceptance: 23/08/2013.
Date of Publishing: 27/08/2013