

Personal Perspectives

Patient's rights and the therapeutic dialogue

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Relationships between patients and doctors are changing. Gradually, patients are moving from a position of subservience — in which they are excluded from decision-making — to one in which they are becoming more closely involved in discussions about therapy, and are treated as partners. The arguments for such a partnership — in which the patient and doctor decide together on each particular health strategy — are compelling. It is, after all, the patient's body that will receive the treatment and inevitably patients, as individuals, have the right to determine what happens to their body. At a more pragmatic level, there is widespread recognition that by being involved in the decision-making, by being included in the therapeutic dialogue, and by being more in control, patients are more likely to take their medicines, to comply with instructions, to feel more satisfied and actually to respond better to treatment. Finally, if there is full partnership in decision-making, and if the treatment leads to mishap, as it sometimes will, or if "absolute" knowledge is incomplete, the burden of responsibility for the outcome can more easily be shared. In effect, by accepting to take the treatment after explanation and discussion, the patient will have given his or her informed consent. In order to establish the therapeutic dialogue and the principles of informed consent as standard practice, there are three basic requirements: the patient has a right to health care, the doctor has a duty to explain, and the patient has a right to information.

In many countries, the patient's rights to information are already established — in some as a matter of custom, in others as part of national codes or law. In the United Kingdom, the Patient's Charter which was adopted by the Government in 1992 states that all citizens treated within the National Health Service have the established right "to be given a clear explanation of any treatment proposed,

including any risks and any alternatives, before they decide whether they will agree to treatment". A more substantive statement appears in a circular directed to doctors (A Guide to Consent for Examination and Treatment). In this, the government states that "a patient has the right under common law to give or withhold consent prior to examination or treatment". Patients are entitled to receive information in a way they can understand about the proposed treatments, the possible alternatives and any substantial risks, so that they can make a balanced judgement. Patients must be allowed to decide whether they will agree to treatment.

In theory, it should be no great burden for doctors to provide the patient with information since if they are choosing a course of treatment rationally, they will know enough about the drug to satisfy the patient's enquiries. Moreover, most patients ask few questions and leave decision-making to the doctor as a matter of trust. On other occasions, the doctor might find the process of explanation time-consuming and challenging, and perhaps even feel that the process is a threat to professional status. This possibility merits serious consideration since it should not be allowed to undermine what is clearly an advance in patient/doctor relationships.

To satisfy the requirements of patient's rights, (assuming the patient is conscious and of sound mind during each consultation), the prescriber should raise the issues of information, provide an explanation about the proposed course of action and describe, for example, any material risks that may be associated with the drug to be taken and what action to take if they occur. All this should be done in such a way as to invite a dialogue and to meet two basic requirements:

1. The prescriber should provide information that is accurate, impartial, relevant, complete and clear.
2. The recipient should accept treatment from a position of knowledge, understanding and choice.

In reality, these are demanding requirements and they are rarely likely to be fully met. There will be very few occasions when even the most conscientious doctor will know the details about both the treatment and the various alternatives (other drugs,

surgery, talk, no drugs), and whether the information available is accurate, impartial and relevant to the patient. For example, how useful is information gained from studies in young men in the United Kingdom to the treatment of an elderly woman in Tanzania? From the patients too, the demands are great. Even in an ideal setting, there is rarely time for full discussion, the stress of the situation causes much of what is said to be forgotten and without background training, understanding is likely to be compromised.

Despite these constraints, which must be recognized, every attempt should be made to honour the demands set by patient's rights and for this both the doctor and the patient will need support — certainly such constraints should not lead to thoughts of abandoning this goal. For the doctor there must be more impartial, reliable and clear information about treatment alternatives. This will require resources to allow national formularies to be introduced, independent drug bulletins to be established, drug information centres set up and local treatment guidelines written. For the patient, there needs to be greater awareness and full understanding, not

just about the medicine, but about their rights to information. With this change of attitude must come the recognition that even the most well-informed doctor will be faced by some questions for which the answers are not yet available. A change in understanding will come with the provision of information directed specifically to patients, and to this end regulations are now in place in the European Community requiring there to be clear and informative leaflets and labels with all dispensed drugs. But much more too will be needed, with consumer groups, the media, schools and colleges, local administration and teachers, patient interest groups, even street theatres, all contributing to a general understanding about the proper use of medicines.

There are many difficulties encountered in the provision of medicines. Many drugs are prescribed irrationally and rationally-prescribed drugs are used wastefully. The introduction of patient's rights should spur the greater involvement of the public as patient, consumer and taxpayer and through shared responsibility and understanding lend itself to a more rational and efficient use of resources.