

# From compliance to concordance: meeting the needs of patients?

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**Introduction** The idea of compliance with health care instructions has come in for increasing criticism over the last 20 years. A recent, influential review of research in this area argued for a shift away from compliance to a more negotiated approach to the medical encounter, termed concordance.<sup>1</sup> The concordance model views medical interactions as a potential opportunity for both parties to take part in decisions about treatment, pool their joint "expertise" and work towards a shared understanding.

This paper explores the relevance of compliance and concordance to people of Pakistani origin with a diagnosis of Type 2 diabetes living in the North-West of England and the health professionals involved in their care.

**Methods** A qualitative approach was adopted. Interviews were carried out with 21 English speaking people of Pakistani origin, recruited from a hospital-based diabetic centre and two GP surgeries. Twenty health professionals involved in the care of people with diabetes were interviewed. All interviews were tape recorded, transcribed and searched for repeated themes using the grounded theory approach.<sup>2</sup>

**Results** Health professionals referred primarily to a problem of non-compliance amongst Pakistani patients with Type 2 diabetes. Non-compliance was viewed as a function of Asian "cultural" practices (an un-healthy diet, valuing of large body sizes and the social significance of food) coupled with a limited understanding of the diabetic regimen. Concordance was often viewed negatively because of the limitations of time and resources available to discuss care issues. Some health professionals were more positive, seeing it as a way to empathising with patients, although many thought it inappropriate, particularly for this group of patients. It was asserted that Pakistani patients had a limited

## FOCAL POINTS

- Compliance has come under increasing criticism as a means by which to organise health care interactions and interest has been expressed in a new model termed concordance
- This research set out to explore the relevance of compliance and concordance to a group of Pakistani people with Type 2 diabetes and the health professionals involved in their care
- Both patients and health professionals remained wedded, to some degree, to traditional notions of compliance with health care instructions
- However, some patients expressed a desire for greater understanding of the practical problems of living with Type 2 diabetes and integrating the regimen into their lives
- On the basis of these findings, it may be more appropriate to link concordance to an approach which seeks to sensitively elicit patients narratives as a basis for shared understanding

understanding of the diabetic regimen. Therefore, a more traditional approach was needed whereby the health professional provided instruction about the "best" method of treatment, rather than discussing options about treatment with patients. They also asserted that there was an expectation on the part of Pakistani (and other) patients to receive a more "directive" type of health care interaction.

By contrast, patients talked about the difficulties of integrating the diabetic regimen within the multiple and competing demands of their everyday lives. These included caring for family, social obligations and the demands of living in a materially deprived environment. Patients' accounts showed a basic, if unsophisticated, grasp of diabetic management. Many appeared not to understand what a concordant model of health care consultations might involve, and asserted that they expected the doctor to "tell them" how to manage their condition. However, some felt that health professionals had little appreciation of the problems patients faced living with diabetes and the wider social context of their lives and welcomed greater understanding.

**Discussion** The adoption of a concordant approach to health care interactions may not be without its problems. Both lay and professional respondents remained wedded, to some degree, to the "compliance" model. However, what some patients were desirous of, was not taking part in the consultation; rather, they were concerned that aspects of their life situation and experiences be appreciated. It might be more appropriate to link concordance to an approach which seeks sensitively to elicit patients' narratives about living with illness as the basis for shared understanding.<sup>3</sup> Those wishing to promote concordance may wish to consider these points.

## References

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