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SUMMARY

The outcomes of healthcare interventions are often heavily dependent on patient behaviour. Efficacy in influencing patient behaviour can be greatly enhanced by understanding, and being willing to be led by, the key motivations that the patient brings to the consultation. The role of the healthcare professional can be likened to that of a hitchhiker, who has to be prepared to jump on board to where the driver is going in order to get closer to where they themselves wish to be.

Key Words

Treatment adherence; health literacy; patient education)

INTRODUCTION

To the extent that healthcare outcomes are dependent on patient behaviour, the ability of the healthcare professional (HCP) to obtain a particular healthcare outcome is dependent on his/her ability to influence that behaviour. There is a wealth of evidence that this is a relative weakness in most systems of healthcare service delivery.¹

A standard approach to addressing this is “patient education”, which is predicated on the assumption that the patient will be motivated to achieve the outcomes valued by the HCP and that if s/he does not, it is because s/he lacks information or skills. It also assumes that the patient has the resources required to achieve the desired behaviour change—the HCP just needs to provide information and advice to the patient as a “trigger”² for the behaviour change.

Sometimes this trigger is effective because the patient happens to be motivated at that moment, has the skills to execute the required behaviours, and the environmental conditions are conducive. However, that is often not the case.

SUMMARY

An allegory: you are on your way to a conference, where you are giving a talk on the management of diabetes. You have a suitcase full of sample materials and the bag is so heavy that you have already become exhausted trying to carry it (insufficient ability to achieve your goal). There don't seem to be any taxis around and you don't have a local data plan, so Uber is not an option (unfavourable environmental conditions)—you decide to hitchhike to the conference venue.

You put out your thumb and a motorcyclist stops. He says he can give you a ride, but you will have to leave the bag behind (insufficient resources). You aren't willing to do that, so he rides on.

A small truck stops and asks where you are going. You give the driver the address. She says sorry, but she is going to a different part of town (insufficient motivation to take you where you want to go), and pulls away from the curb.

You feel hopeless, put down your thumb and sit on your case. A tumbleweed rolls up and is caught momentarily on your suitcase before a change in the breeze blows it off in a new direction. You find yourself wondering where it will end up, take root, and grow a new generation.

Having a sudden insight, you stick out your thumb and the next car happily picks you up.

Thanking the driver for generously offering you a lift, you ask him how his day has been and where he is going. He says that he is on his way to an appointment at a hospital clinic. He has poorly controlled diabetes. What a coincidence, you exclaim, offering sympathy and explaining your situation.

He is keen to help you and goes out of his way to drive you to the conference venue. End of allegory.

LESSONS LEARNED

HCPs are not the health police. They can't blow their whistle, hold up their hand, stop the traffic, and redirect it to a totally different route.

HCPs have little more power to influence a patient's behaviour than a hitchhiker has to influence where his/her rides are going.

To get anywhere at all, the HCP has to be prepared to tag along with the patient's established direction of travel. Charm, wit, knowledge, and high emotional intelligence can then be used to build a relationship with the patient such that s/he feels a sense of connection with the HCP and will follow the HCP's leadership.

A primary task for the HCP is to understand what motivates the patient. What matters to him/her? What significance does s/he ascribe to his/her health condition, if any? What drives him/her in other aspects of his/her life?

To do this, the HCP needs to know the patient quite well as a person, not just as a biomedical entity. This knowledge enables the HCP to describe treatment benefits in terms of things that are meaningful to the patient.

Instead of describing the benefits of inhaled corticosteroids to a chronic obstructive pulmonary disease (COPD) patient in terms of spirometry measures or even "shortness of breath", it may be more influential to talk about his/her ability to continue to do his/her own housework or shopping, help with the care of his/her grandchildren, or play a weekly round of golf.

The HCP does well to consider the patient's motivation at the start of every consultation. It is a signpost for the direction the patient is travelling—the direction the HCP will need to follow to be able to hitch a ride to his/her own destination.

CLINICAL INSIGHT

This is an important observation and is articulated in a helpful way to engage clinicians in considering the patient

perspective, although it may also refer to the clinician/designer as the hitchhiker. If we frame it as the patient as the hitchhiker, the patient's perspective is crucial in any consultation.

The challenge, however, as always, is how to persuade the hitchhiker that there may be different destination(s) to consider. To take it one step further, the hitchhiker may not care to share his/her intended destination with you and it may be very different from what you imagine.¹ To engage fully with the patient hitchhiker requires supreme consultation skills. It includes the welcome, the seating arrangements, and the conduct of the consultation with reference to clinician's eye contact and posture. It requires the melding of art and science, an understanding of the numbers needed to treat or the predictive value of tests, as well as how to share that information in the most effective way. Without attention to such details the hitchhiker may well choose to head a different way and may thumb down another unscrupulous driver who will offer a lift to take the person somewhere s/he wants to go rather than the place the patient hitchhiker might most need to visit.

The difference between hitchhiking and health care is that sticking out your thumb comes at a price! What is apparent is that such details may not require major policy reform and can be done at the individual practitioner level.

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