

# Portuguese medical students' attitudes to partnership in medicine taking

## Introduction

Medication adherence is often interpreted as independent of the subject<sup>1,2</sup>. Nonadherence is thus seen through the simplifying lens of disease treatment, as if it is an illness that could be cured, were one able to find the proper treatment. In reality, adherence is much more complex, a phenomenon inherent to the individual, but still highly influenced by socioeconomic and environmental factors<sup>3</sup>.

One of these factors is the quality of the patient-doctor bond. Indeed, besides being related to the patient's belief in the efficacy of their treatment, adherence is influenced by the ability of the health professional to communicate effectively with the patient and form a therapeutic alliance<sup>4</sup>.

Even though medication adherence is an issue clinicians should always have in their minds, it is not clear what most think about it. There is no widespread education on medication adherence in medical students' curriculum, and it is unknown whether they appreciate adherence's importance as a consequence of the whole medical education. In Portugal, particularly, there are no studies characterising doctors' or medical students' perspectives regarding the importance of medication adherence, and the best way to tackle it if it is deemed inadequate<sup>5,6</sup>.

## Aims

- Providing a translated and validated Portuguese version of LATConII (*The Leeds Attitude to Concordance II*)<sup>7</sup>.
- Shedding light on the way therapeutic adherence is perceived among medical students.

## Methods

LATConII aims to measure attitudes towards concordance, a concept that underlines the importance of the therapeutic alliance, particularly regarding medication adherence<sup>8</sup>.

The adaptation of LATConII to Portuguese, which had never been done before, was undertaken after receiving permission from the original author and following recommended methodology<sup>9,10</sup>. This comprised: translation; evaluation, and cultural adaptation by a panel of experts; pilot testing in a study population sample; and, finally, back-translation and assessment by the authors of the original version.

A total of 1173 Medicine students from the Faculty of Medicine of Porto were invited to fill in a copy of the Portuguese version of LATConII. Data was gathered from the 22<sup>nd</sup> of June to the 18<sup>th</sup> of July. All participants were informed about the study's objectives, selection, and data collection procedures; all signed an informed consent form. The study protocol was approved by the ethics committee of Centro Hospitalar de S.João (137/19).

	strongly disagree	disagree	agree	strongly agree
1. Prescribing should take account of patients' expectations of treatment				
2. Doctors and patients should agree a treatment plan that takes account of both their views				
3. Patient involvement in the prescribing process always leads to better outcomes				
4. The best use of treatments is when it is what the patient wants and is able to achieve				
5. Doctors should try to help patients to make as informed a choice as possible about benefits and risks of alternative treatments				
6. During the consultation both the doctor and patient should state their views about possible treatments				
7. Doctors should give patients the opportunity to talk through their thoughts about their illness				
8. Doctors should make clear when the benefits of the medicine are uncertain				
9. Doctors should be more sensitive to how patients react to the information they give				
10. It is always important for doctors to listen to patients' personal understanding of their condition				
11. It is sometimes appropriate for the doctor to make treatment decisions without the patient's input				
12. The doctor and patient should find common ground on what the problem is and jointly agree on what to do				
13. Doctors should encourage patients to express their concerns about medicine taking				
14. Taking account of patients' views about medicines is not always necessary for appropriate prescribing				
15. The doctor is the expert and the patient's role is to do as the doctor says				
16. The consultation between the doctor and the patient should be viewed as a negotiation between equals				
17. A good treatment decision is made when both the doctor and patient agree on the treatment to use				
18. During the doctor-patient consultation the patient's decision is the most important				
19. Patients should be able to take on as much responsibility as they wish for their own treatment				
20. It is not always necessary for doctors to take account of patients' priorities				

LATConII<sup>7</sup> consists of 20 items assessing: the level of involvement that the respondents feel patients should have in a consultation; the perceived necessity to find common ground and be in agreement; the benefits of partnership in medicine taking; the equality and shared control within the interaction and the use of a paternalistic approach.

Answers are in the form of a Likert scale from 1 (totally disagree) to 4 (totally agree).

## Conclusion

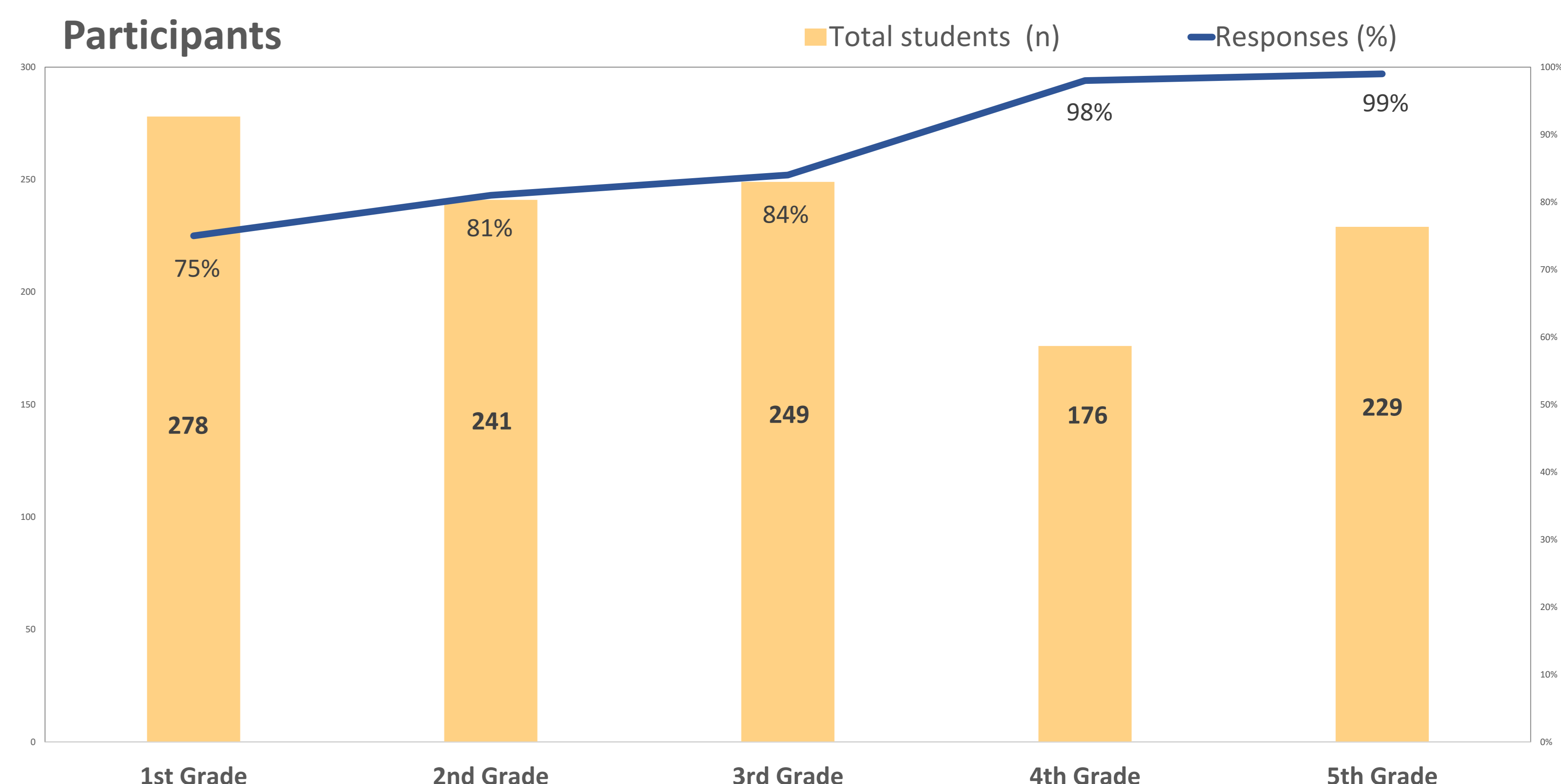
Nonadherence is a public health issue. To effectively tackle it, it is urgent to accurately perceive the attitudes of those who are, fundamentally, a part of the therapeutic adherence process, and use this information to mould medical education. Indeed, to help a patient maintain adequate adherence, one must be educated on the subject.

This study provides knowledge that is essential to identify flaws in the medical curriculum, promoting the formation of better-educated students, future professionals able to establish a fruitful bond with their patients, and thus promote population health.

## Results

A total of 1010 medicine students responded to the questionnaire. A tendency of increased willingness to participate was observed as the participants' year of formation increased. Accordingly, basic level students (1st, 2nd, 3rd years) presented a lower percentage of responses (74%, 81% and 84%, respectively) when compared with the clinical level students (4th and 5th years) (98% and 99%, respectively).

### Participants

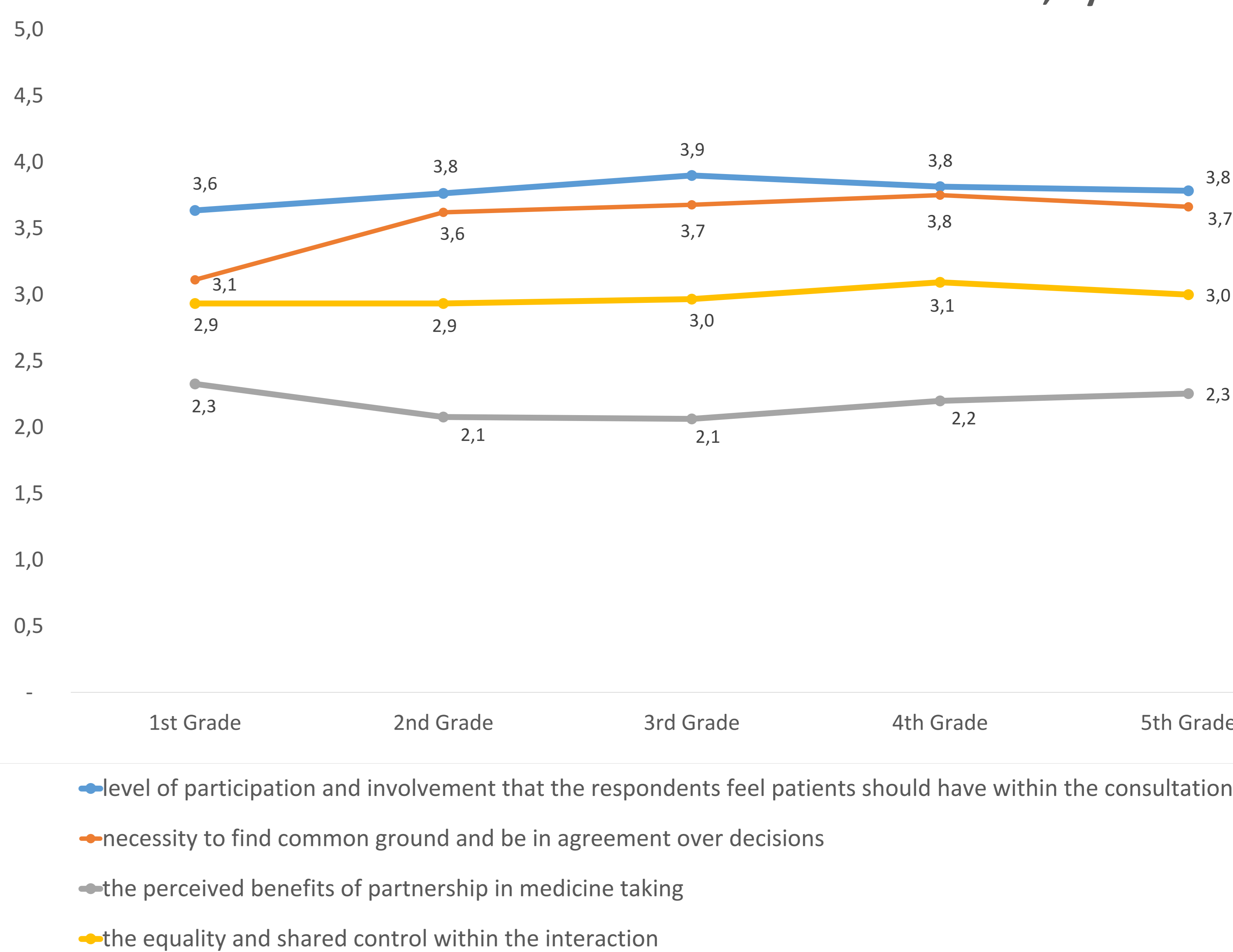


Overall, medicine students agreed with the patient-doctor concordant approach to medicine taking, valuing the patient's involvement during a consultation (Mean=3.8 SD=0.43). Likewise, they favoured the concordant approach over decisions during the consultations (Mean=3.6; SD=0.53).

However, they still tended to devalue the involvement of patients as partners during the consultation, instead agreeing with notions that emphasise the unequal partnership with patients; this is revealed by the lower results in the 'equality and shared control within the interaction' section of the scale (Mean=2.9; SD=0.64), as well as in the 'perceived benefits of partnership in medicine taking' section (Mean=2.2; SD=0.62).

When comparing different grades, clinical-level students were more aware of the importance of a concordant approach during consultations than those of basic-level education. This is revealed by the significant differences obtained between the four subscales of LATConII: the level of participation and involvement that patients should feel they have in the consultation ( $p < 0.001$ ); the necessity to find common ground and be in agreement over decisions ( $p < 0.001$ ); the perceived benefits of partnership in medicine taking ( $p < 0.001$ ); and the equality and shared control within the interaction ( $p < 0.001$ ).

### Differences between the four scale sections of LATCON-II, by Grade



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