



Beliefs on Adequacy

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Staff beliefs and attitudes affect the manner in which we interact with our patients. Our manner of interaction has consequences: some positive – some negative. If we wonder why patients continue to do things that they know are going to have negative outcomes – things that they have been told are unhealthy choices, then we must first look inside ourselves.

Recently I attended a meeting of professionals who were attempting to understand why a particular patient was not making healthy choices about food and staying on the machine for prescribed length of time. I looked around the room at my fellow professionals.

We, who were criticizing the patient's lack of adherence to recommendations.

Two of us are quite overweight (a choice that places great strain on our heart and other systems). One is diabetic and on a frequent basis forgets to eat or to check insulin levels (great health choices there). One had been earlier discussing how her MD has been, for years, requesting that she obtain a mammogram (let's tell the doctor anything but do nothing). And myself, with a family history of heart and skin cancer, being 20+ pounds overweight and very tan (but how can you not get tan when kayaking?).

So I asked the group, "Why are we not making healthy choices but expecting our patients to do so?" Are we different? Actually, we, knowing what we do, should be even more compliant with healthy choice recommendations. Why is it that we can put on a

contemptuous, condescending, judgmental.... attitude toward our patients.

And I wonder? Does our attitude seep out in our posture, our tone of voice, and our use of language? It has to. I know that I do not respond well to such treatment.

What I respond to is discovering for myself the choices that I must make when I do not like the consequences of my present choices. It is when my doctor, nurse, dietitian assist me in that discovery that I then make changes. When they treat me as if I am a child to be disciplined or mindless, that I make inappropriate choices just to show that I can. I also then close my mind to allowing them to influence my choices. I say to myself that they really do not know my circumstances. If they did, they would choose the same as I have. Am I the only person who behaves and thinks this way?

So how do we, as professionals, assist the patient in discovering the healthy choices that they need to make?

First, by joining with them instead of judging them. By listening to them for the clues that they will give that point the way to their concerns and pains. By understanding the choices that they sometimes must make between staying on treatment full time or being at home when their children come home early from school. It is so easy to tell a patient that they should plan for those teacher institute days.

That is true but not so easy for some. When we do not criticize, judge, lecture, etc. the patient when they tell us why they must not make the choices we think they should make, then they will trust us enough to discuss and listen to options we may help them to find.

For example, my dermatologist first told me to avoid all sun exposure. When I talked about my love of water and need to exercise, he then discussed ways to reduce the risk to me. What resulted is a compromise between being totally healthy in my choices and being healthier than I had been in the past. He had to accept that I will make choices that meet my perceived needs. Accept them, while treating

me as an adult capable of making choices that I must live with. He did a great job of helping me assess the risks for my options.

Another area in which we have a negative influence on patient compliance is how we respond to patient's questions or requests to take more involvement in their care.

On one hand, we encourage patients to become involved with their treatment, to be an equal partner in their care. Where, on the other hand, we sometimes take their questions to be questioning our competence or decisions. "Why did you do that" can come across as a threat to our professionalism. "Trust me, I know what I am doing" is the thought that can come to mind. Let me ask you, the professional, a question. When you go to the doctor or are in treatment, do you not ask questions? Do you not feel a need to know what and why they are doing to you? The more that the patient knows about what and why we are doing the more relaxed they may feel.

Often when the patient wants to learn how to do something their self, it takes time to teach and to watch the patient become efficient at the task. On the dialysis floor there is always that schedule to keep, We are encourage to get the patient onto treatment, set up the other machines, check the vitals, etc. We are usually pressed for time to do it all. And now we have to wait for the patient to slowly accomplish something that will take me a moment. Yet, the more involved the patient is with their treatment, the better the eventual outcome on moral, depression, health, etc.

The above are reflections that have resulted from ongoing discussions of what are we doing that can be roadblocks to the patient. We are open to learning more of the ways that we hinder instead of helping. For it only in this learning that we can, indeed, accomplish our goal – to help the patient to make the healthy choices that will result in a happier, more complete life on dialysis.