

[IMAGE]

How Do You Spell Good Patient Care? R-E-S-P-E-C-T



It's well-known that the more involved a patient is in the care they receive, the more likely that patient is to have a good outcome. However, there's a big difference between getting a patient involved in their care, and having patients feel respected by the doctor who sees them. What's the difference between respect and involvement, and how does it affect what your patients do? The answers to those questions formed the basis of this recent survey.

In the survey, researchers asked more than 5,000 patients who had a "medical encounter" in the past two years about the quality of care they received and how involved they were in making decisions about their care. The patients were also asked about the level of dignity and respect with which they were treated, and to note any times where they didn't follow their doctor's advice, get a recommended test, or chose not to see another doctor that was referred to them.

Most of the patients reported "being treated with a great deal of dignity and respect," "being involved in decisions to the extent that they wished," or both. When patients were treated with dignity, they were "more likely" to report being satisfied with the care they received and to stick to a treatment plan. Patients who helped decide their course of care also reported feeling more satisfied with their doctor, and were more likely to adhere to their treatment plan.

While most patients expect to be treated with respect by their doctors, the sad fact is, it doesn't always happen. Spending a few extra minutes to explain what's being done (and why), and letting a patient have more of a say in his or her care, will go a long way toward ensuring that a health-related complaint or problem will have a happy ending for patients - and their doctors.

Beach MC, Sugarman J, Johnson RL, et al. Do patients treated with dignity report higher satisfaction, adherence, and receipt of preventive care? *Annals of Family Medicine*, July/August 2005;3(4):331-338.

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