“Ethics and Concordance: an emerging debate”

Professor Sheila McLean, Medical Ethicist, University of Glasgow

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Report by Professor Christine Bond

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Professor Marinker opened the workshop by reminding the group of the paradox between concordance (which can be expressed as an agreement between the patient and health care professionals which takes into account the patient’s perspectives) and compliance (which is about persuading the patient to follow the health care professional’s management plan). The question for the workshop was how could the group achieve a coherent and sustainable understanding of concordance.

In order to help the group come to such an understanding, Professor McLean revisited the ten statements which have come to underpin concordance. In considering the statements Professor McLean identified three subsets of statements which within themselves encompassed different principles within the overall “Concordance” philosophy.

1. *The word concordance was coined to describe an approach to bringing patients into a full therapeutic partnership: it was not introduced to be a politically correct synonym for compliance.*
2. *The word concordance was intended to describe more than a new style of consultation: it was intended to signal a new relationship between the patient and prescriber.*
3. *Compliance involves one person, the patient: concordance involves at least two people - a patient and a prescriber.*
4. *Health professionals should bear in mind that a patient's decision-making preferences may change with time and circumstance.*

The first four statements (above) are internally coherent and relate to the recognition that in the professional introduction we are considering, there are two or more parties. The statements attempt to convey an equality between the patient and health care professional. They recognise the patient’s rights, which are both ethical (and are the intellectual

framework from which you approach problems and are therefore incontrovertible) and legal. They should be differentiated from morality which is a personal, individual view and is intuitive rather than intellectual. The ethical rights, such as autonomy and self determination are divorced from and not derived from the medical context in which the interaction is taking place. The legal rights, such as those of informed consent, are more associated with the context of the interaction. The health care provider rights are derivative, and are associated with the right to practice professionally (on the basis of education and professional accreditition). They are a right without content as they depend upon the rights of other groups. Professionals must be invited by others to exercise their practice.

6. *If the concordant agreement is that the patient will chose a treatment other than that proposed by the prescriber, the prescriber may be faced with clinical and legal responsibilities that cannot be fully discharged.*
8. *Sometimes concordance will result in the patient's decision to decline taking the treatment as advised. The patient's rejection of the recommended treatment is not to be the basis of the health professional's rejection of the patient.*

Statements 6 and 8 (above) relate to the patients' right to refuse the professional's decision, but there is an underlying shift towards the compliance end of the concordance–compliance continuum. The statements are concerned with good professional practice in idealistic terms.

7. *Non-compliance can be perceived by the prescriber as a failure of care. However when the decision not to follow recommended regimens of treatment forms part of a concordant agreement, it may come to be perceived as a success of care.*
9. *In pursuit of concordance, compliance is not a sufficient aim, nor a necessary outcome of the negotiation.*

Statement 7 and 9 (above) address issues of non-compliance which do not equate to failure of care by the professional, and acknowledge that compliance is not a necessary outcome of a 'good interaction'. This third group begins to explore the relationship between the first two groups already described. They expand the issue of concordance beyond the two immediate parties to the interaction and encompass the wider influences, particularly on the patient, such as their quality of life. A common example of this is that whilst all patients can

be presumed to want to get better, this is not necessarily at all costs, and optimal provision of medicine may be rejected because of side effects, as exemplified chemotherapy.

10. Although a concordant consultation must be patient-centred, something additional to patient-centredness is necessary to bring about a concordant understanding.

The fourth perspective on concordance is offered by statement 10 (above) which emphasises that concordance goes beyond patient centredness. Concordance is not just about patient's rights such as autonomy, but something more. For example a patient has a right to privacy (not necessarily confidentiality although presumably they might have a right to both), and there may sometimes be tensions for the professional to maintain this, if for example in the course of the consultation (s)he acquires knowledge which may affect another patient's rights (e.g. confirmed assessment of familial genetic, or HIV status). How can this be managed? Traditional values associated with medicine, such as beneficence and non-maleficence are really only sustainable in one to one relationships.

However exactly what concordance is therefore has yet to be defined, and this was the basis of the second half of the workshop.

In order to tease out what this 'extra' component might be the group brainstormed on the essential values which should be upheld in a concordant consultation. Values are underpinning beliefs which guide our actions. We should try to make concordance less value laden than compliance – or, if that is not possible, ascribe to concordance very specific values. The values suggested by the group are listed below:

Values (not rights)	
Patient	**Professional**
Patient-autonomy	Respect for patient autonomy
	Professional autonomy
Responsibility	Responsibility
Partnership	
?Certainty	
Honesty	Honesty
Trust	Trust

Professor C. M Bond
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