Clinicians prescribe. Patients are supposed to comply with and adhere to the plan. Medications tend to work better when patients actually take them. But there is something wrong and archaic with the language we use when something interferes with the plan. Patients become noncompliant or nonadherent. The word “comply” is defined in this context as “to conform, submit, or adapt (as to a regulation or to another’s wishes) as required or requested” while the word “adhere” is “to bind oneself to observance” (https://www.merriam-webster.com/dictionary). Implied in the language is that patients are supposed to comply with and adhere to clinicians’ “order or demand.” The problem is that clinicians can “order” patients to take medications, yet patients are free to do what they want in terms of medication compliance. Apart from exceptional circumstances, clinicians do not have the authority to order patients to do anything. Instead, clinicians need to collaborate with patients and find not only common goals, but also acceptable paths to achieve those goals and work on the obstacles that interfere with achieving those goals.

Evidence suggests that patients (and let’s be honest—we all are in the role of patient at some point in our lives, so we are actually referring to all of us when we use the word patient) take half of their medications per the directions one-half of the time. We forget. We don’t like taking the meds. We don’t like the side effects. We don’t quite believe that we need to take all 10 days of an antibiotic after we feel better after 4 days. And then, when we see our clinicians, we feel embarrassed that we missed doses and lie to avoid the embarrassment. After all, we don’t want to disappoint our medical clinicians. What, then is the answer to the challenge of helping our patients get the best outcome by taking medications so that they work best?

Perhaps we get rid of compliance and adherence and switch to concordance from the word “concord”—defined as “a state of agreement” or more lyrically as “harmony: a simultaneous occurrence of two or more musical tones that produces an impression of agreeableness or resolution on a listener” (https://www.merriam-webster.com/dictionary). Concordance can open the path to shared decision-making and then to better outcomes.

REFERENCES

Andrew A. Nierenberg, MD, holds the Thomas P. Hackett, MD, Endowed Chair in Psychiatry at MGH, and is the Director of the Dauten Family Center for Bipolar Treatment Innovation, and the Director, Center for Clinical Research Education, MGH Research Institute, Massachusetts General Hospital; and a Professor of Psychiatry, Harvard Medical School.

Address correspondence to Andrew A. Nierenberg, MD, via email: psyann@Healio.com.
doi:10.3928/00485713-20180411-02