

ABSTRACT

This paper will explore the possible ethical issues present in treating the non-compliant patient with diabetes. That is, the patient who fails to follow appropriate treatment recommendations as defined by:

- Attending clinic appointments as scheduled.
- Taking medications as prescribed.
- Making recommended life-style changes.

One may see the non-compliant patient as a hidden health threat, a cause of inefficiency, of missed opportunity to access beneficial treatments, an overuser of emergency care and also as potential hospital admissions that could have been avoided. We will see that the "compliance challenge" has several, possibly conflicting, elements:

- The patient.
- The health-care professional and the health care organisation.
- Health fund provider.
- Society.

However, the term non-compliance may itself be a negatively stereotypical construct by the professional practitioner that denies patient autonomy, the right to refuse treatment and take responsibility for ones own 'self-management'. The practitioner may be demonstrating paternalistic attitudes, allowing 'blame' for non-compliance to be projected upon the patient and perceiving non-compliance as deviant, inappropriate, uncooperative and/or irrational behaviour. This paper will suggest that a middle ground agreement, based on mutual respect, of patient empowerment, of 'concordance', may address these ethical issues.

Keywords

Treatment refusal, non-compliance, concordance, patient autonomy.

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