Marx, G. (2013): To experience high blood pressure: Patient perspectives and their preferred doctor-patient relationship in general practice settings, Universitätsverlag Göttingen.

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Abstract

The WHO stated in their adherence report that the doctor-patient relationship, as a part of shared decision making (SDM), is generally required to achieve a successful treatment. Even so, little is known about the relevance of the practitioner and the doctor-patient relationship from the patients' perspective or patients' priorities in association with medical guidelines. There are two reasons to explore this topic: an increasing number of chronic conditions requiring a continuous doctor-patient relationship, and the existence of different models of doctor-patient interaction. Among chronic conditions, high blood pressure (hypertension) is a highly relevant research topic. The aim of this study is to reconstruct different patient orientations within hypertensive treatment. A special focus is on the patients' preferred way of interaction.

Referring to individual orientations generated by collective experiences within the health care system, methods are used, which focus on both levels: group discussions and the documentary method according to Ralf Bohnsack.

The analysis of eight group discussions with hypertensive participants reveals three relevant collective phenomena: patient fear, patient ignorance concerning disease-related information, and reluctance to discuss matters with the doctor. These phenomena are interwoven and impact the patients' types of action patterns within the course of treatment differently: (1) the assertive actor, with the subtypes 'critical active' and 'alternatively oriented', (2) the independent actor, and (3). the avoider with the subtypes 'understanding', 'uncritical conformed', and 'uninterested'.

Being diagnosed with 'hypertension' is not necessarily associated with the feeling of 'being ill'. Thus, the diagnosis initially addresses the patients' cognitive level, whereby the common process of searching for help is not applicable. Possible patient reactions are: to withdrawal, to trivialize, to deny, to examine the details of the disease or to assure oneself of the practitioner's competence. Due the fact that the patient reactions are so wide-ranged, a more individualized care in general practice will be required. From an evidence based medical perspective and because of the easy handling of the therapy, there are no reasons against prescribing medication. Yet, the associated causality (diagnosis – therapy – risk reduction for cardiovascular events) does not always meet the patients' perspective. Research consequences: The definitions of the concepts of compliance and adherence as well as their connection to different models of the doctor-patient relationship are too simple. They do not correspond to the complexity of the practitioners' everyday practice, and they do not sufficiently reflect the patients' perspective, either. It is not recommended to expect patients to be willing to be treated just because the a patient prefers SDM due to theoretical reflections. It is also not recommended to assume adherence in patients who prefer paternalism. Previous research on compliance and adherence focuses a single-sided

perspective, declaring SDM being the one appropriate model of doctor-patient interaction. Non-adherence is thereby reduced to a functional behavioural level. Focusing further on a more ethical dimension, this effort of standardisation contradicts the patients' autonomy in medical care, i.e. their freedom of choice even against hypertensive therapy.