

## Adherence or Compliance? Changes in Terminology

Hugh H Tilson

The terminology used in healthcare-related literature has been shown to reflect not only the knowledge of the practitioners, but also their beliefs and attitudes regarding patient care. One great area of change has been the inclusion of the patient in the determination and success of therapy, with the term “adherence” seeming to indicate this action more accurately than “compliance.” Hugh H Tilson has been practicing within the public health arena for many years and so is knowledgeable about this altered philosophy in pharmacy practice. Within this editorial, he discusses the implications of the evolution of practitioners’ approach to health care. Based on these changes, we will now begin using the term “adherence” in *The Annals* to reflect the partnership between the healthcare provider and patient.

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In every issue of *The Annals*, as well as other healthcare journals, several articles address a central challenge of therapeutics: whether or not the patient will actually take the medication in the intended or optimal way. We know that our world of therapeutics falls far short of achieving its potential and intended purposes, sometimes because we do an inadequate or ineffectual job of creating the context in which the right medicine in the right dose reaches the right patient at the right time. The Agency for Healthcare Research and Quality, mandated by the Food and Drug Administration Modernization Act, provides funding for the Centers for Education and Research in Therapeutics, of which I chair the National Steering Committee. These centers have made this part of therapeutics a high priority for their programs. They conduct a solid effort at research into the ingredients of effective communication and other systems to improve the process of prescribing and dispensing. A similar program of education in translating what we know into what we do and how we do it is also on their agenda.

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*The Annals* has considered these issues to be high priority since clinical pharmacy practice began forming in the 1970s. Until now, this arena of concern has been referred to as “compliance,” a term used in generations of training and programs, as well as years of catalogs of the medical literature, becoming embedded in the healthcare professionals’ language. Indeed, in countries such as Sweden, the English term “compliance,” used in the therapeutic context, has become part of the language rather than its Swedish equivalent (personal communication, Dag GL Isacson PhD MSc, Uppsala University, Uppsala, Sweden, June 13, 2003).

The social contract between healthcare professionals and patients revolved around the original concept of compliance (1. the act or process of complying to a desire, demand, or proposal or coercion; 2. a disposition to yield to others),<sup>1</sup> understood as professional dominance. In this model, the prescriber chooses the therapy and specifies the conditions of its use, the caregiver exhorts the patient to proceed as required, and the dispenser reinforces the need to “take as directed.” In educational programs for pharmacy practice and in automated computer systems to assist in the process, that phrase is a veritable institution in itself—from verbal instructions to the product label.

As pharmaceutical care evolved over the years, practitioners came to realize that the structure of their relationship with patients required significant changes. The new professional social contract calls for the patient to become a partner in decision making. The professional is now an

informer, educator, and enabler charged with creating the context in which the partner can make his/her own decisions. The terminology describing the new contract between the healthcare provider and patient has been altered to reflect that transition. The term "adherence" (1. to give support or maintain loyalty; 4. to bind oneself by observance)<sup>1</sup> appears to connote the new partnership more accurately than "compliance."

Building up this partnership over time allows the provider to learn the patient's unique characteristics and needs, and is therefore better able to tailor the therapy. The patient begins to understand more about the medical condition and treatment, as well as the consequences of not upholding his/her end of the agreement. This relationship reflects the pharmacist's acknowledgment that the patient's understanding and adherence are as crucial a part in the success of therapy as the practitioner's ability to determine the most appropriate treatment. As has been reflected time and time again in all aspects of health care, a lack of this synchronicity is a major cause of treatment failure.

Clinical practice guidelines are available to inform practitioners and ensure that the decision on therapy is made jointly in a way that increases the likelihood that the patient understands and consents to the therapy. In this context, as well as treatment guidelines for different diseases, the pharmacist must comply (accept the experts' direction). Of course, third-party reimbursement systems, which will only reimburse claims based on such guidelines, are powerful incentives to support such choices.

Pharmacotherapy can be confusing and complex. Patients deserve and often expect detailed explanations about

what they are having prescribed and dispensed. They seek treatment with medications they learned are available from direct-to-consumer advertisements. They surf the Web and chat with user-groups. Many know what they want, sometimes not realizing that they are requesting inappropriate therapy. We need to respect these needs and wants, and indeed we must become more sophisticated in understanding the context of patient behavior in this new era of expanded information and patient empowerment.

The practitioner-patient partnership will continue to grow as pharmacy practice further pursues and embraces disease management, case management, clinical consultation services, community outreach and service, partnership in bio-preparedness, and other value-added contributions to therapeutics. Pharmaceutical care, through research and practice, is demonstrating full support for adherence, with equal partnership by the patient and pharmacist, to the therapy they agree upon.

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## Reference

1. Merriam Webster's collegiate dictionary. 10th ed. Springfield, MA: Merriam-Webster, 1994.