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THERAPEUTIC ADHERENCE:VALUE THE IMPACT FOR PATIENT AND HEALTH CARE SYSTEM

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From American literature it is pointed out that in past years the costs of health care in the US exceeded \$2.7 trillion and accounted for 17.9% of the gross domestic product. Further statistic calculations show that health care will account for 20% of the US gross domestic product by 2020. But what most worries according to estimations in the past years is that 20% to 30% of money spent in the US health care system have been classified as wasteful. Providers and administrators have been challenged to contain costs by reducing waste and by improving the effectiveness of care delivered.

Also in Europe as millions of people get sick or die as a result of not taking medicines correctly: Around 194,500 deaths each year can be led to miss-dosing or other type of medical non-adherence. This last is estimated to cost the European Union €1.25bn each year.

To resume, patient non adherence to prescriptions is associated with: poor therapeutic outcomes, progression of disease, estimated burden of billions per year in avoidable direct or indirect costs health care costs.

Indirectly the non-adherence to prescription can also develop world threatening diseases as non-adherence to antibiotic therapy or inappropriate use can create antibiotic resistance and thus, according to the OMS, can represent one of the threats to Humanity.

The authors are analyzing the phenomena in another approach as prescription non adherence can be a major problem linked to a crisis of credibility of sciences as medicine but not only especially in the westernworld.

The reasons in these times for rejection of science has not very much to do with science itself.

The reasons are, as the last social studies indicate, in a growing tribalism. The emerging tribalism (as social scientists call it) in some countries of Europe for example, is so deep rooted that for the socialist parties climate change is a dogma as a dogma is that the climate change is not real for the right wing parties.

The standard communication method for medical science is the so called “deficit model”. This model argued that the key of acceptance of a scientific discovery or a clinical trial is instruction. It is sufficient to explain to skeptical audience the science of vaccines and automatically they will accept the vaccines. The truth is not so direct. But recent studies and observations indicate that these relations are not so true because in the communication sciences the personal believes and identities are not considered. Studies of Prof. Khan of the Yale Law University show that instructed persons with opposite

political beliefs react in different ways to these type of communication even if with scientific instruction.

Last but not least other issues influence the patient's opinion and adherence.

The constant contradictory results of clinical trials and studies, the constant conviction that the big pharma has more interest in business than in patient's health. This is supported by some scandals and findings of toxicity in post distribution (ex. statins, celecoxib, vaccines).

In the world of the "www" where patients arrive to physicians well prepared on their pathology there is a lack of the formers in updating constantly giving the sensation of distrust to the patient.

New ethics, communication skills and ways to update physician are needed in order to try to contrast these phenomena.