

Compliance or concordance?

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The reasons why medicine-taking often bears little resemblance to what is written on prescriptions are numerous and complex.¹ New relationships and understandings need to be established between interested groups to achieve the best possible health outcomes for (medicine-taking) individuals and the community.

Changes in human interaction often cause changes in the way we communicate, whether we like it or not. In medicine, **compliance** is a measure of how closely a person follows a course of prescribed treatment. However, compliance is now considered to be a paternalistic concept. The search is on for a more acceptable term. Social scientists use the term **adherence**, but this has not been universally accepted. Recently **concordance** has been proposed as an alternative term², but is this word appropriate?

Dictionaries suggest that:

- concord comes from concordat, which is an agreement between the Pope and a secular government regarding the regulation of ecclesiastical matters
- concord refers to the matching of words within a sentence in terms of their number (singular or plural) and in terms of gender or person
- concord is two sounds making harmony together, and concordant is harmonious
- Concord(e) is also an aeroplane

- concordance refers to an alphabetical list or index of subjects or topics; its verbs are concordanced, or concordancing.

The negative of concord is discord. So if a person does not take their pills does this mean they are discordant, or are they non-concordant?

In its newly fashioned context, concordance is an agreement or partnership between patient and prescriber about obtaining the best use of treatment, compatible with what the patient desires and is capable of achieving. Non-concordance then relates to the patient-prescriber consultation, and not to the patient.

Compliance and concordance are not interchangeable terms. Achieving concordance between doctor and patient by identifying beliefs about illness, treatment and medicine-taking is a worthy concept. It should impact positively on compliance with treatment, and thus health outcomes may be improved. While we should be striving for concordance, some of us will no doubt still wish to be able to evaluate compliance. Although the terms compliance and non-compliance can have a negative connotation for some people, they remain the most useful descriptions of this process in the absence of anything better.

Concordance aficionados or those who may wish to know more should visit www.concordance.org/

REFERENCES

1. Hopkins H, Wade T, Weir D. 'Take as directed', whatever that means. *Aust Prescr* 2000;23:103-4.
2. Mullen PD. Compliance becomes concordance [editorial]. *Br Med J* 1997;314:691-2.

Book review

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The Australian Medicines Handbook (AMH) sets itself an immense task in the foreword, aiming to provide 'readily accessible, concise, up to date' information to 'facilitate effective, rational, safe and economical prescribing' and also to be 'an educational tool for practitioners and students'.

Does the AMH meet its stated goals? The drug information is very easy to access. Used as a reference book the text is concise, while as a textbook repetitions appear. For example the reader is told four times that an individual's response to any particular antihistamine is variable. The information provided is up to date, but occasionally the format lets this information