

# Doctor's orders

How can healthcare practitioners motivate their patients to change?

RECENTLY, THE *SUNDAY STAR-TIMES* reported the case of an elderly man who sat in a hospital-ward chair for five weeks until he got gangrene and had to have his legs amputated. He suffered from poor circulation and was told repeatedly by medical staff that he was compromising his health. But the "stubborn old goat", as his family described him, ignored all advice. The family, however, blamed the hospital, claiming that staff had not been forceful enough in getting the message across.

The case may be extreme, but it does raise the question: is it the doctor's fault that patients refuse to change their unhealthy habits? Dr Rick Botelho, an American family doctor and professor of family health and nursing at New York's University of Rochester School

of Medicine, believes that healthcare practitioners should take some of the blame. Botelho is an expert in health behaviour and was in New Zealand recently to run seminars and workshops at the invitation of the Heart Foundation.

Botelho argues that the "fix-it" attitude of many doctors is failing to help patients live healthy lives. Giving patients advice,

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he says "only works five to 20 percent of the time". Doctors "think they just have to hammer away at patients to make a difference and of course it doesn't work. It can actually have a negative impact on patients. Nobody wants to be told the same message over and over again."

Botelho says that "giving rational advice to patients about changing unhealthy behaviours is on a par with

the placebo impact of 19th-century drugs. The use of this 'drug' over and over again, when it is clearly not working, could be regarded as a form of medical error."

It doesn't help that doctors can be paternalistic, autocratic and attempt to impose their values on patients – such attitudes get up patients' noses even while they are agreeing to try to break their unhealthy habits.

The reason they often fail to change is that they are following doctor's orders. As Botelho says, "If you act in controlling ways with other people, they are more likely to resist working with you. People often do not change when being told to, particularly if they feel criticised or judged. Even if they do change, they are more likely to do so because others have instructed them to, or because they feel they ought to. This approach is less likely to help people change permanently."

So how can healthcare practitioners motivate their patients to change? The

first step may be to change their own unhealthy behaviours, says Botelho. Doctors may not smoke as much as the general population, but many don't have particularly healthy lifestyles. A 1998 British study, for example, suggested that one doctor in 15 in the UK may suffer from some form of dependence on alcohol and/or other drugs.

As well as changing their own unhealthy behaviours, they also need to change their approach to patients: to respect their autonomy, try to see the problem from their perspective and help them understand the attitudes, perceptions and emotions that are preventing them from changing. Instead of question and answer sessions, consultations should become a dialogue between doctor and patient. As Botelho explains, "I'm trying to generate intrinsic motivation. I'm trying to get you to be motivated to change without my help."

It's not the sort of change that can be accomplished in a 10-minute discussion in the surgery, and it requires training for doctors to become health-motivators. Botelho, who is the author of the guidebook *Motivate Healthy Habits: Step-by-Step Approaches to Lasting Change*, has developed what he calls a Decision Balance, a grid in which you list the benefits and disadvantages of the behaviour that you want to change. By spelling the



**But first you've got to want to change! Consultations mean motivation.**

problem out on paper and scoring resistance and motivation on a scale of zero to 10, people come to understand the factors that affect their ability to change, he says. (The decision balance template and more information can be downloaded from his website: [www.motivatehealthyhabits.com](http://www.motivatehealthyhabits.com))

"I don't think these are professional skills, they are people skills. You can train lay coaches to do this. I think it

should be taught in schools, workplaces, fitness centres."

Our health systems are unhealthy, argues Botelho, geared as they are to short-term benefits or quick-fix cures rather than to long-term gain (health promotion and disease prevention). The health system is irrational – and possibly unsustainable – because the bulk of resources is spent treating disease, instead of preventing it. ■