

Autonomy-related behaviors of patient companions and their effect on decision-making activity in geriatric primary care visits

Marla L. Clayman^{a,*}, Debra Roter^b, Lawrence S. Wissow^c,
Karen Bandeen-Roche^d

^a*Program in Communication & Medicine, Division of General Internal Medicine, Northwestern University Feinberg School of Medicine, 676 North St. Clair, Suite 200, Chicago, IL 60611, USA*

^b*Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, 624 North Broadway, Room 750, Baltimore, MD 21205, USA*

^c*Department of Health Policy and Management and Phoebe R. Berman Bioethics Institute, Johns Hopkins University, 624 North Broadway, Room 749, Baltimore, MD 21205, USA*

^d*Department of Biostatistics, 615 North Wolfe Street, Room E3031, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD 21205, USA*

Available online 5 October 2004

Abstract

The objective of this study, undertaken in the USA, was to investigate the consequences of autonomy-related companion behaviors on patient decision-making activity during geriatric primary care visits. Videotapes were analyzed to characterize patient and companion decision-making activity and related companion behaviors. These behaviors were coded throughout the visit using an autonomy-based framework that included both autonomy enhancing (i.e. facilitating patient understanding, patient involvement, and doctor understanding) and detracting behaviors, (i.e. controlling the patient and building alliances with the physician). Patients ($N=93$) in this cross-sectional sample range in age from 65 to 95 years and are mostly white ($n=73$, 79%) and female ($n=67$, 72%). Companions are spouses ($n=42$, 46%), adult children ($n=33$, 36%), or other relatives and friends ($n=15$, 16%) of patients.

Companions are active participants in medical visits and engage in more autonomy enhancing than detracting behaviors. Companions of sicker (compared with less sick) patients were more likely to facilitate patient understanding, $p<.05$; doctor understanding, $p<.01$; and patient involvement, $p=.06$, in care. Patients whose companions facilitated their involvement in the medical visit by asking the patient questions, prompting the patient to talk, and asking for the patient's opinion were more than four times as likely to be active in decision-making as patients whose companions did not assist in this manner (unadjusted OR 3.5, CI 1.4–8.7, $p<.01$; adjusted OR 4.5, CI 1.6–12.4, $p<.01$).

Companions can play an important role in the visits of geriatric patients by facilitating communication throughout the visit as well as patient activity in decision-making.

© 2004 Elsevier Ltd. All rights reserved.

Keywords: Patient–provider communication; Geriatrics; Autonomy; Decision-making; USA

*Corresponding author. Tel.: +1-312-695-0278; fax: +1-312-695-0951.
E-mail address: m-clayman@northwestern.edu (M.L. Clayman).

Introduction

While an estimated 20–50% of geriatric primary care patients are accompanied by a companion during their medical visits (Beisecker, 1989; Botelho, Lue, & Fiscella, 1996; Brown, Brett, Stewart, & Marshall, 1998; Prohaska & Glasser, 1996; Schilling et al., 2002), there has been relatively little descriptive study of how their presence or actions may influence the medical decisions patients make or the care they receive (Beisecker, 1989; Greene, Majerovitz, Adelman, & Rizzo, 1994; Prohaska & Glasser, 1996; Schilling et al., 2002). Based on the limited information available on companions that accompany elderly patients to routine medical visits, it seems that most are the patient's spouse or an adult child (Glasser, Prohaska, & Roska, 1992; Fortinsky, 2001; Hasselkus, 1988; Haug, 1994; Silliman, 1989, 2000). The roles played by the companion are not necessarily apparent; fewer than half of geriatric patients in Prohaska and colleagues' study who were accompanied to a medical visit felt that the presence of a companion was necessary, although over 60 percent indicated that it was welcomed (Prohaska & Glasser, 1996).

Some researchers fear that the intrusion of a third party into the doctor–patient relationship may result in a loss of patient autonomy and jeopardize confidentiality (Greene et al., 1994; Kapp, 1992). Indeed, there is some evidence that patients tend to be more passive in their medical visits and decision-making when a companion is present (Greene et al., 1994). Physicians may direct information toward the companion, rather than the patient (Beisecker, 1989; Greene et al., 1994), and both the physician and companion may ignore or exclude the patient in care discussions (Beisecker, 1989; Coe & Prendergast, 1985; Greene et al., 1994). However, others suggest that the presence of a companion is beneficial to the care process (Jecker, 1990): physicians both give more information when family members are present than when patients are alone (Labrecque, Blanchard, Ruckdeschel, & Blanchard, 1991; Prohaska & Glasser, 1996) and report that the presence of a companion increases both patient and physician understanding (Schilling et al., 2002). Moreover, many patients want companions present during their medical visits (Botelho et al., 1996). These preferences, however, should be viewed within the context of personal values and culture, such as familial obligation and loyalty (Dworkin, 1998; Jecker, 1990). Nevertheless, ethicists have voiced the concern that family members and health care providers may assume that patients have delegated decision-making authority to others when they have not (Kapp, 1992).

It is within this context that the investigation of patient autonomy in primary care visit decision-making may be viewed. In pioneering work on decision-making, Braddock and colleagues developed a coding system to

examine whether decisions that were made in primary care fit the criteria for informed consent (Braddock III, Edwards, Hasenberg, Laidley, & Levinson, 1999; Braddock III, Fihn, Levinson, Jonsen, & Pearlman, 1997). Their research found that only 9% of decisions met their criteria for informed decision-making. As patient autonomy is a major concern for some researchers, there is surprisingly little written about the impact of companions on patient decision-making autonomy during the primary care visit.

The current study was designed to investigate this question and explores the nature and consequences of companion behaviors on patient decision-making activity during geriatric primary care visits.

Methods

Overview

This sample includes 93 primary care visits with elderly patients and companions, collected as part of a larger study that included 432 videotaped geriatric primary care visits. The larger study was designed to study doctor–patient communication among the elderly and to compare several coding systems that are used in doctor–patient communications. Videotapes of visits were collected at outpatient clinics associated with three different academic medical centers in Missouri, New Mexico, and Ohio. Patients of study physicians, and their companions, were recruited from the waiting room on randomly selected days as a convenience sample. Patients were included in this study if they were 65 years of age or older, under the care of a study physician, able to provide consent and had seen the study physician at least one time prior to the beginning of the study. Both family physicians and internists consented to participate in the study ($n = 37$). After excluding those who did not speak English ($n = 1$), who were mentally incompetent ($n = 2$), or had a paid caregiver as a companion ($n = 1$), 93 patients with companions present during the visit (22% of the original study) were eligible for analysis.

After consenting to the study, patients were asked to provide demographic information, as well as the reason for the visit, how long they had been seeing the study doctor, overall satisfaction with their physician in the past, and health status. Health status was assessed using the Medical Outcomes Study Short Form (SF-36) (Ware, Kosinski, & Keller, 1994; Ware & Sherbourne, 1992). Companions were also asked to give demographic information, describe their relationship to the patient, and why they were accompanying the patient to the physician's office. Video cameras were placed in the examination rooms. Patients and physicians were told that they could turn off the video at any time, or they could cover the lens cap to allow for continued audio

Download English Version:

<https://daneshyari.com/en/article/10473271>

Download Persian Version:

<https://daneshyari.com/article/10473271>

[Daneshyari.com](https://daneshyari.com)