



## Patient counseling: Altruism behind compliance

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### Abstract

While drugs have the capacity to enhance health, they all have the potential to harm if prescribed inappropriately. For this reason, it is recommended that healthcare professionals who prescribe medications should exercise counseling, as general people have least idea and interest about healthcare settings, use of medicine and their untoward effects. Pharmacists have crucial role plays in both handling prescription and prescribing. A rational prescribing is the sole of patient safety, compliance and patient relief.

**Purpose of the study:** Brief discussion about importance of patient counseling whose end result is patient safety and compliance. Pharmacists have a major role play to concerned field.

**Findings:** Patient have an altered mental state mostly driven by emotional disturbance for being ill. Along with that cultural and economic factors gives rise to a question of out of the pocket expense. The sole of this article is to impart necessity of a Professional's assistance that help patient to understand his illness, benefit of treatment and a clear instruction to follow.

**Materials and Methods:** Comprehensive literature search followed by consulting healthcare professionals about necessity of patient communication. Hospital, clinic and company personnel were interviewed and asked help for necessary books, journal, and news-letters. A few western magazine and newspapers also observed to get necessary concern. Projections were based on patient behavior, communication, consulting guidelines, compliance and adherence studies etc.

**Research limitations:** Many articles and documents found in concerned area of research, a very good amount of data collected but very few feedbacks obtained from ambulatory and outpatient. Most of them were just complaining, real objective of research was difficult to express or discuss. All it ends with data collected from literature search only.

**Practical Implication:** The soul of this article was to detail about patient compliance and therapeutic drug outcomes after a comprehensive patient counseling. Along with students, researchers and professionals of different background and disciplines, e.g. Pharmacists, doctors, nurses, hospital authorities, public representatives, policy makers and regulatory authorities have to acquire much from this article.

**Social Implication:** Other than patients in this materialistic world, all are busy. Mostly prescribers avoid patient counseling and patients have their medication without maintaining proper guidelines. This article should impart an expression of reminder to all providers to be more patient to give more to their patients. Conversely general people should be careful about demanding full assistance of clear instruction for any drug or non-drug treatment procedure.

**Keywords:** Compliance, Adherence, Controlled Therapy, Patient Empowerment Program (PEP), Aging and National Council on Patient Information and Education (NCPIE), Directly Observed Treatment (DOT)

### Introduction

The goal of all communication is understanding. Effective communication occurs only when the meaning of a message is held in common by the participants. Whether a prescriber is busy or not, should be giving additional efforts to counsel patient. If a practitioner is busy, a room of consulting facility should be created for the patients to have clear instruction of treatment. More often patients neglect or refuse to counseling due to different views of life, thought and past experience. So, patient counseling is not only briefing instructions but also taking patient commitment about following those instructions. And this counseling should be based on previous health and medication history review, a little understanding of individual patient's nature and his surroundings.

### Why Pharmacists Counsel Patients?

#### This leads to several potential benefits

- Improved therapeutic outcomes and decreased adverse

effects

- Improved patient adherence to the treatment plan
- Decreased medication errors and misuse
- Enhanced patient self-management by involving the patient in designing the therapeutic plan
- Potential for decreased health care costs due to appropriate use of medications and prevention of adverse events

The pharmacist also gets benefits in this process. Potential benefits to the pharmacist in this process include:

- Enhanced professional status in the view of patients and other health care providers
- Establishment of an essential component of patient care that cannot be replaced by technicians or automation
- Enhanced job satisfaction through improving patient outcomes
- A value-added service to offer patients

- Revenue generation through payment for counseling services— limited at present but growing

It is expected that, as a result of a properly conducted counseling interaction, the patient will:

- Recognize why a prescribed medication is helpful for maintaining or promoting well-being
- Accept the support from the health care professional in establishing a working relationship and foundation for continual interaction and consultation
- Develop the ability to make more appropriate medication-related decisions concerning compliance or adherence
- Improve coping strategies to deal with medication side effects and drug interactions
- Become a more informed, efficient, active participant in disease treatment and self-care management
- Show motivation toward taking medications to improve his or her health status

### **Barriers of Patient Counseling**

#### **Emotional factors**

Patients having an altered state of mind due fear of illness, out of the pocket expense, interruption in works and business etc. Other factors could be uncertainty of what to expect with this new illness or symptom, dependency on providers to give the best treatment and on family to help with daily life, fear of change and death, pain and discomfort, lack of privacy in physical examinations, loss of identity as a healthy person (sounds weird but mostly true), isolation from usual support systems such as coworkers, teammates, and friends (mostly happens with juveniles, if school going is disrupted). *Conveying social support* also is important, because people are more likely to trust or respond positively to another person if they have an emotionally satisfying relationship with that person.

#### **Pharmacy Environment**

The structural layout of many community pharmacies does not include an area for private consultation and dialog between the patient and the pharmacist. In addition to this lack of privacy, pharmacists often experience other environmental barriers to meaningful interaction with their patients, including

- Insufficient supportive personnel,
- A heavy workload and backlog,
- People waiting to present prescriptions or receive pharmacist assistance,
- Incoming phone calls and requests for information or help from coworkers,
- Interns, and other staff, and
- Inadequate computer technology, software, and
- Preparation for new consultation roles (Laetitia *et al* 2016) [5].

#### **Optimizing the Environment for Patient Communication**

The optimal setting for communicating with patients is a private consultation room adjacent to the dispensing area. A private setting has been shown to enhance patient retention of the counseling information, increase patient adherence to the drug regimen, and increase patient satisfaction with the counseling experience; however, many pharmacies settings

lack sufficient space to create this type of environment. The pharmacist must be aware of the physical barriers that exist in the pharmacy and work to minimize them.

The physical layout of the pharmacy may include a prescription counter that separates the pharmacist from the patient, a partition made of glass or other materials, a raised floor that puts the pharmacist on a higher level than the patient, floor or counter displays that add to congestion and separate the patient from the pharmacist, or inadequate lighting. Use of the following techniques may overcome these physical barriers:

- Come out from behind the counter to greet the patient
- Face the patient and maintain eye contact
- Position yourself a comfortable distance from the patient, usually 1 1/2 to 4 feet from the patient

The noise and distractions in a busy pharmacy can be handled using the following techniques:

- Move away from the pharmacy counter when possible to a more private area of the pharmacy
- Ask other employees in the pharmacy not to interrupt during a patient session
- Face the patient and speak clearly and distinctly in a tone loud enough to be heard but not so loud as to be heard by others in the pharmacy.

#### **Pharmacist Barriers to Communication**

Pharmacists who are uncomfortable interacting with patients or who have had little training in patient interaction may engage in inappropriate nonverbal behaviors include nervous movements or “fidgeting,” crossed arms or legs, turning or leaning away from the patient, failure to maintain eye contact, and obvious distractedness. Other barriers to effective communication cited by pharmacists include:

- Lack of time,
- Economic considerations,
- Poor communication skills or
- Lack of confidence in those skills,
- Lack of knowledge about current drugs or patient history, and
- The patient’s failure to value the counseling session or pharmacist expertise.

Lack of time and economic considerations in patient counseling can be overcome by increasing the use of technical personnel to relieve pharmacists from dispensing functions and allowing the pharmacist to spend time with patients. Poor communication skills or lack of expertise about recent drug advances can be overcome by appropriate choice of continuing professional education opportunities to improve knowledge and skills in areas of identified weakness. The patient’s failure to appreciate the value of consultation with the pharmacist can be overcome by advertising the service provided and personally offering the consultation to each patient with a brief description of the importance of this process in improving patient medication therapy outcomes. Another barrier to effective communication is taking into account the patient’s cultural perspective. Techniques that improve patient interaction have been described, using the acronym CLOSER (Patricia *et al* 2004) [7]. The suggested

techniques include:

- Control distractions, such as nervous habits
- Lean toward patient
- Open body posture, uncross arms and legs
- Squarely face patient
- Eye contact 50–75% of the time
- Relax

**Factors to Be Considered During Counseling**

The soul of this article is to make people understand what he needs to do with drugs or consulting any other non-drug treatments. Sometimes a few matters came up that creates something messy. A pharmacist should always consider patient’s psychology, beliefs and level of education and any superstition.

**A. Verbal and Nonverbal Communication**

Verbal and nonverbal communication may lead to misunderstandings. Miscommunication may occur when individuals use idioms (e.g., patient has ‘cold feet’). Avoid using idioms. Different words have different meanings in the same language (e.g., ‘horita’ means right now in Mexico; it means an hour in Puerto Rico). Using a first name of anyone other than a friend is considered inappropriate or discourteous in most cultures. Still other cultures consider it disrespectful to look someone directly in the eye especially if that person is in a superior position, and some cultures may not be comfortable with casual touching and hugging that many Americans do without even thinking.

**B. Religion and Spirituality**

Religion and spirituality are common sources of miscommunication. Some religions do not accept blood transfusions; others may refuse to have blood drawn because of beliefs about getting bad fortune or death if blood is drawn. Some cultures have certain times of day that prayer is mandated and holy days may dictate that certain behaviors are restricted, such as driving on the Sabbath. Various cultures have symbols that are sacred. These may be worn (e.g., rosary) or be placed in the patient’s room. If the patient is hospitalized, health care professionals need to respect the item and explain the reason the item may need to be removed from the individual. Finally, certain cultures believe that there are lucky and unlucky numbers (e.g., Chinese regard 8 and 9 as lucky; the number 4 is seen as unlucky by some Japanese). Therefore, health professionals need to respect patients’ religious beliefs and try to accommodate their practices as much as possible.

**C. Dietary Practices**

Dietary practices may include such activities as Ramadan by Muslim patients. Some ethnic groups cannot tolerate certain foods or are forbidden to eat certain foods (e.g., Hindu are forbidden to eat beef). Health care providers need to be aware of the patient’s diet, both in terms of content and preparation.

**D. Folk Medicine**

Many cultures have developed local methods for treating illnesses and diseases. Some techniques, such as coin rubbing may produce marks that appear to be signs of child abuse or

are unrelated to symptoms. It is important to recognize these before jumping to unwarranted conclusions.” In summary, health professionals must consider the patient’s cultural perspective to provide effective communication and thus effective health care. Some final suggestions are:

- Be aware of the customs and beliefs of religious, ethnic, and recent immigrant groups in your area
- Try to work within the health belief system of the patient and family
- Respect patients’ viewpoints; listen to them
- Learn about the customs of the patient, alternate health care methods and medications
- Explain risks of not taking medication

**Table 1:** Cultural Factors that May Affect Health Care

<b>Verbal and Nonverbal Communication</b>	<b>Idioms, Same Word, Different Meaning, Format for Names, Eye Contact Touching</b>
Time Orientation	Patients may operate with a present orientation, past orientation, or future orientation
Religion & Spirituality	Blood Beliefs, Transfusions, Drawing Blood, Prayer, Holy Days, Sacred Symbols, Lucky and Unlucky numbers
Dietary practices	Specific diets, Special holiday preparations, Taboos for certain foods, Nutritional deficiencies
Folk Medicine	Fevers, Coin Rubbing, Medications

(Guide to Religion and Culture in Healthcare, 2009) <sup>[3]</sup>

**Counseling Patients on the Use of Refill Prescriptions**

The basic principles of a patient counseling session do not change whether the patient is starting a new medication or refilling an ongoing prescription. However, the focus of the discussion is somewhat different during a counseling session for a refill. A refill counseling session should concentrate on the following three areas:

- Confirm that the patient has been taking the correct medication and knows the indication for its use. Show the medication to the patient to determine that there is no confusion with a different prescription.
- Ask how the patient has been taking the medication. This tells the pharmacist whether the patient has adhered to the regimen. Additional evidence of the patient’s compliance comes from the medication profile information. Has the patient returned at the appropriate time for a refill? When the patient describes how he or she has been taking the medication, does he appear sure of the information? Praise appropriate medication use and assist the patient in resolving any issues that have interfered with adherence to the regimen.
- Ask how the medication is working for the patient. What benefits has the patient gained from taking the medication? What problems have arisen while taking the medication? How has the patient handled these problems? Provide potential solutions to any unresolved problems. Encourage the patient by reiterating the benefits of continued medication use. Confirm the appropriate follow- up steps for monitoring the patient.

**Techniques for Counseling Patients Who Present Barriers**

Patient barriers generally fall into two categories-functional or

emotional.

Functional barriers occur because the patient has difficulty receiving and understanding the communication provided by the pharmacist. Examples of this type of barrier include low illiteracy, hearing or visual impairment, and non-English speaking patients. Functional barriers can be grouped into four subcategories.

1. *Sensory abnormalities*: Visual and hearing impairment
2. *Language differences*: Low literacy, non-English speaking
3. *Comprehension difficulties*: Psychiatric conditions, mental retardation, dementia.
4. *Alternative health beliefs*: were discussed earlier in the chapter under Culture as a Barrier to Communication.

#### **Suggested techniques to improve counseling include**

- Patience, kindness, and extra attention to the nonverbal message since patients usually interpret nonverbal messages well
- Rephrase or carefully repeat when necessary; speak slowly and face patient
- Reassure patient as needed
- Ask for feedback from patient to assess level of understanding
- Keep it simple; use no jargon
- Prioritize the information to be given, stress the most important points, break into small segments of information
- Use association to daily activities
- Use calendar or containers to help organize and remember when to take medications
- Use demonstrations when appropriate
- Include caregiver or family member in conversation when possible

#### **The Angry Patient**

Patients may be angry when they arrive at the pharmacy for a variety of reasons—time spent at the doctor's office, concerns over health or health care costs, or frustration over dealing with the complexities of the health care system, just to name a few. It may be helpful to recognize that anger is a secondary emotion. It occurs when the patient is experiencing strong emotions that may interfere with the patient's thought processes and prevent her from listening to communications or responding appropriately. Examples of emotional barriers would be anger, frustration, sadness, worry, or embarrassment. Regardless of the type of emotion the patient exhibits, dealing with a highly emotional patient is challenging for the pharmacist (Chipidza *et al* 2016) <sup>[1]</sup>. Often the pharmacist is uncomfortable with the emotions expressed by the patient and responds inappropriately by ignoring the issue at hand or by focusing on trying to solve the patient's problem. When the pharmacist recognizes that a patient is in an emotional state, it is important to deal with the emotional barrier first. Discussing the patient's current medication needs will be ineffective while the patient is distracted by other issues. It is important, at the very least, to acknowledge the patient's concerns. Expressing empathy to the patient is accomplished through the use of a reflective response. A reflective response is the pharmacist's way of communicating

to the patient his or her understanding of the patient's feelings. It acknowledges the patient's feelings and usually has a calming effect on the patient that may allow the pharmacist to proceed with the counseling session. The patient may begin by feeling fear, hurt, anxiety, or frustration over events not under the person's control. The most effective techniques to deal with patient anger are assertive. Assertiveness is a neutral expression of one's personal rights, feelings, and beliefs that does not violate the rights of others. It sets boundaries for what behavior is acceptable. Assertiveness techniques that may be useful in dealing with patients who are angry or aggressive include the following:

- **Language ownership**: This is the demonstration of owning your feelings and emotions. Rather than using nonspecific terms, speak in the first person.
- **Specificity**: Clearly state what your needs and expectations of the other person are.

#### **When patients refuse counseling**

Patients may decline the offer of patient counseling because they don't value taking the time to participate in the counseling process. Other patients may be rushed for time or distracted by other concerns that prevent them from listening to information about their prescription medications. When this happens, the pharmacist should be sure to give the patient written counseling materials along with the phone number of the pharmacy. The patient should be encouraged to call the pharmacy to discuss any concerns that she has at a more appropriate time. The pharmacist may offer to make an appointment with the patient for counseling over the telephone at a later date (Tong *et al* 2007) <sup>[9]</sup>.

#### **Improving compliance through effective counseling**

Pharmacists have a particularly valuable opportunity to encourage compliance since their advice accompanies the actual dispensing of the medication, and they usually are the last health professional to see the patient prior to the time the medication is to be used.

- **Identification of risk factors**: These factors should be considered in planning the patient's therapy so that the simplest regimen that is, to the extent possible, compatible with the patient's normal activities can be developed.
- **Development of treatment plan**: The more complex the treatment regimen, the greater is the risk of noncompliance, and this must be recognized in the development of the treatment plan. The use of longer-acting drugs in a therapeutic class, or dosage forms that are administered less frequently, also may simplify the regimen. The treatment plan should be individualized on the basis of the patient's needs, and when possible, the patient should be a participant in decisions regarding the therapeutic regimen.
- **Patient Education**: One of the findings of the report of the Office of the Inspector General is "education is the best way to improve compliance." Complex terms and unnecessary jargon that can interfere with patient understanding should be avoided. Patients should be asked to repeat the instructions for administering their medications to show that they understand them, and they

also should be encouraged to ask questions.

- **Oral communication/counseling:** Oral communication is the most important component of patient education because it directly involves both the patient and the pharmacist in a two-way exchange and provides the opportunity for the patient to raise questions. For such communication to be most effective it should be conducted in a setting that provides privacy and is free of distractions.
- **Written communication:** It is also desirable and sometimes required to provide supplementary written instructions or other information pertaining to the patient's illness or drug therapy, and many pharmacists provide patients with medication instruction cards or inserts. Information that pertains to the specific medication/formulation being dispensed is preferred to information that applies to a therapeutic class of agents or a general statement that applies to all dosage forms of a particular medication. The provision of supplementary written information appears to be most effective in improving compliance with short-term therapeutic regimens (e.g., antibiotic therapy). For drugs used on a long-term basis, written information as a sole intervention has not been shown to be sufficient for improving patient compliance.
- **Audio-visual materials:** The use of audio-visual aids may be particularly valuable in certain situations because patients may be better able to visualize the nature of the illness or how their medication acts or is to be administered (e.g., the administration of insulin, the use of a metered-dose inhaler). An increasing number of health-care professionals have used such aids effectively by making them available for viewing in a patient waiting area or consultation room and then answering questions the patient may have.
- **Controlled therapy:** It has been proposed that hospitalized patients be given the responsibility for self-medication prior to discharge. Usually, patients go from a complete dependence on others for the administration of their medication while hospitalized to a situation in which they are given the full responsibility when discharged, often with the assumption that they know about their drugs because they were taking them in the hospital. The suggested arrangement would permit patients to start using the medications on their own before discharge, so that health-care professionals can more directly identify problems or situations that might undermine compliance, and answer patient questions.
- **Patient Motivation:** Information must be provided to patients in a manner that is not coercive, threatening, or demeaning. The best intentioned, most comprehensive

educational efforts will not be effective if the patient cannot be motivated to comply with the instructions for taking the medication. The physician-patient interaction has been characterized as a *negotiation*. This concept may be extended further by the development of *contracts* between patients and health-care providers in which the agreed-upon treatment goals and responsibilities are outlined.

### Monitoring Therapy

1. **Self-Monitoring:** Patients should be apprised of the importance of monitoring their own treatment regimen and, in some situations, the response parameters.
2. **Pharmacist Monitoring:** The pharmacist's role in minimizing noncompliance does not end when the prescription is dispensed. Pharmacist follow-up with telephoned or mailed refill reminders has been found to increase compliance. One approach in which both health professionals and patients have collaborated effectively in reviewing/monitoring the use of medication has been the *brown bag* program. The Administration on Aging and National Council on Patient Information and Education (NCPIE) have encouraged older consumers to put all their medicines in a bag and take them to their health professional for a personalized medicine review (Pharmacy Times, 2017) <sup>[6]</sup>.
3. **Directly Observed Treatment (DOT):** Even when many of the steps described earlier have been taken, noncompliance may still result. Many of the recommendations for improving patient compliance are included in a comprehensive set.

### Patient Empowerment

A medical practitioner should adopt upcoming changes and technological advancements for disease prevention and longevity of life. First, empower patients. They should conduct their own tests and gather data, sharing those with concerned healthcare professionals and contribute to the data pool for better treatment path. Second, reestablish patient-provider relationship. A doctor or a pharmacist who interpret diagnosis, aid patient in a manner that they have a clear picture of everything. A time mandated conversation about disease and treatment instructions make patients acquainted of the facts. Third, patient education. If a patient is acquainted about the whole situation, he never delays in consent giving or upcoming expenditure (if within affordability). Pharmacists or concerned hospital person may mandate them to attend classes of "Understanding body and disease management). Lastly, patient needs to see the bigger picture, then after he is to address the fragmentation of care, the communication improved. And so is the compliance (Kamal *et al* 2017) <sup>[4]</sup>.

**Table 2:** An Outline of Patient Empowerment Program

Professionals' Activities	Patient Activities
<p><b>Current status assessment (physical, emotional, cognitive, etc.)</b></p> <ul style="list-style-type: none"> <li>• Review patient's actual self-care practices</li> <li>• Reviews patient's recommended self-care practices</li> </ul> <p><b>Providing relevant medical information</b></p> <ul style="list-style-type: none"> <li>• Describes various treatment options</li> <li>• Reviews costs and benefits for each</li> </ul> <p><b>Acknowledgement of patient's responsibility for self-care</b></p> <ul style="list-style-type: none"> <li>• to clarify patient personal values specific to their illness</li> <li>• patient can assess level of personal responsibility for their care</li> <li>• patient can select treatment goals</li> </ul>	<p><b>Identification of barriers and strengths related to achieving self-care</b></p> <ul style="list-style-type: none"> <li>• Assesses medical barriers and sources of support</li> <li>• Assesses life/social barriers and sources of support</li> </ul> <p><b>Assumes problem-solving responsibility</b></p> <ul style="list-style-type: none"> <li>• Develops skills to optimize support (e.g., communication and assertiveness skills to enhance support from family and friends; increases support networks)</li> <li>• Identifies potential barriers</li> </ul>

(Funnell *et al*, 1991) <sup>[8]</sup>

### Benefits of patient compliance

The improvement of compliance will result in a situation in which all parties benefit. Most importantly patients benefit from the enhancement of the efficacy and safety of their drug therapy. Pharmacists benefit because there is an increased recognition and respect for the value of the advice and service that they provide. Pharmaceutical manufacturers benefit from the favorable recognition that accompanies the effective and safe use of their drugs as well as from the increased sales resulting from the larger number of prescriptions being dispensed. Finally, society and the health care system benefit as a result of fewer problems associated with noncompliance. Although an increase in compliance will result in more prescriptions being dispensed and a higher level of expenditures for prescription medications, this increase in costs will be more than offset by a reduction in costs (e.g., physician visits, hospitalizations) attributable to problems due to noncompliance.

### Conclusion

Prescribing and patient counseling is mammoth task. Pharmacists or other health professionals are the core of patient counseling process as today's doctors are busy enough to give adequate time to educate patients about their health and disease progression, compliance and mitigation. A compliant patient with sufficient knowledge regarding about disease, medication and lifestyle modification is a long way to go. Pharmacists have to play versatile role from prescribing to compliance. A proper patient counseling lead to improve patient compliance and hence the therapeutic outcomes and quality of life. Moreover, the patient counseling by pharmacists also enables chronic care patients to have patience.

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Being a pharmacist in teaching profession is a duty towards future pharmacists as well as other healthcare providers of a nation. And a very good payback was also received from professionals, students and colleagues. Pharmacists of all disciplines that I have conducted was very much helpful in discussing patient counseling and compliance, providing books, journals, newsletters and precious time. The greatest help was from my students who paid interest in my topic as class lecture and encouraged to write such article comprising patient communication. Despite a great scarcity of funding this purpose from any authority, the experience was good enough to carry on research.

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