

## **The Patient – The Most Important Point of Medical System**

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### **Abstract**

The patient status is the main concern of doctors and the entire health system. The present paper shows more issues starting from the quality of a healthcare consumer and reaching patient behavior induced by the disease.

**Keywords:** the patient, health system, healthcare consumer

### **Introduction**

#### **What is a patient?**

Usually, when dealing with a health problem, has taken a decision, answering the questions: should assess my health? Does the pain that I will or should go to a doctor? Do good product is presented on TV and for my pain?

A first step would be deciding to opt for a medical service and to observe the evolution of the state.

Consumer of medicines and medical services, the patient, can choose your doctor, pharmacist and finally, although the influence could be considered indirect, it causes all components of healthcare company. If self, consumer decision is significant at the pharmacy, but this trend should not be encouraged by the pharmacist, regardless of the economic implications thereof.

**Alternatives patient in case of disturbing symptoms**, which must decide are: call a medical service or self.

#### **Patient Motivation**

Psychological studies, whose results are used by the marketing in consumer knowledge, show that human activity including human behavior, are targeted to satisfy certain basic needs, for which there are common views between clinicians and psychologists, on the nature of those needs.

**Maslow** presents them in order of importance to most people as a scale, a normal guy trying to satisfy the needs of first base, after which, only, is free to focus their attention to other steps of the ladder.

### Ladder rungs of Maslow:

1. *Physiological needs* - are based, and they are hungry, thirsty, sleep, until they are satisfied, other needs are without significance for the individual.
2. *The need for safety (security)* - in modern society, these needs are not often reflected in the needs for economic security and social needs rather than physical safety.
3. *The need for belonging and love.* The need for relationships and individuals with the disease need to take a place in society, groups, clubs, associations etc.. is so important that its absence is a common cause of noncompliance.
4. *The need for discretion.* People need self appreciation (assessment of their own) and the estimation of others in the social. Full fulfilment of this need creates a sense of utility and self confidence before the world;
5. *The need is self-actualization desire* to achieve the maximum possible and, although it is present in each individual performance depends on its previous performance of other basic needs and economic and social conditions concrete.
6. *The need for knowledge* refers to the search of the meaning of things around us, in the literature are references to a certain instinct of curiosity present in humans.
7. In an effort knowledge of patient, consumer medicines, it is important to know that the disease is an altered state of health, which require a decision, a process that has several stages.

### Stages of decision-making related to the disease:

- was a change in health status - the amendment is significant
- need help
- preferably is a type of aid
- is a suitable remedy or treatment
- a degree of cooperation with the doctor is necessary.

### Factors influencing the decision on the severity of patient symptoms are:

- measures of interference with normal activities or characteristics,
- clarity of symptoms,
- the threshold of tolerance of the person presenting symptoms,
- severity of symptoms and familiarity;
- hypotheses on the cause;
- assumptions about forecasted;
- interpersonal influences;
- other moments of crisis in the life of the person presenting symptoms;
- assumptions on treatability;
- physical manifestations;
- impression management (organization, the order of impressions).

The patient is one who takes the decision to ask for help from those dealing with health care, unlike the cases of self-treatment or surrender to the disease.

In these studies led to the hierarchy of criteria involved in choosing the pharmacy:

- high professional competence,
- lower prices,
- personal attention shown by the pharmacy staff,
- a pharmacist who knows the doctor who prescribed;
- source of information about medicine, pharmacy well supplied with many types

### Patient compliance

Compliant (agreement, consent, approval) is a patient support of therapeutic success.

What factors influence compliance?

- Receive recipe from the first doctor is not related to compliance. Price limitation may be another factor, especially for those who have insufficient income. This may be the health insurance system;
- Price may be a factor in favor of compliance: if a drug is more expensive, patients will be treated with respect and will follow the scheme in May conscientious treatment.

Influence on medication cost compliance has been studied in detail for the purpose of determining all factors that have a role in this. Were the following:

- prescription cost,
- cost of medication for one day of treatment,
- the reported cost of the entire prescription,
- the full cost of treatment,
- perceived cost, expected cost,
- the cost of past experiences,
- the cost based on ability to pay,
- opportunity cost (subsidy on purchase medicine)

### **Significance of medical prescription for sick**

It is possible that the prescription to become a common thing so that we may have lost sight of some of its functions, being the focus of the interaction between pharmacy and medicine, while being the subject of conflict. In pharmaceutical practice, the prescription has a central place.

Prescription is to give more definition:

- limitation may relate to a product, issued pursuant to written order, so the patient enters the pharmacy with a prescription in hand and leaves the pharmacy with other prescription;
- as a form of verb "to prescribe" the term may refer also to the issue of orders by a licensed practitioner;
- as defined in the dictionary, the prescription may relate to the orders of drug administration, thus "taking a tablet three times daily" is also a prescription.

Prescription serves as a way to communicate with your patient and pharmacist, transmitting its recommendations related to medical therapy. According to author Smith, this is a legal authorization to spread myth of medicine, and after it was completed, serving as a therapeutic.

Obvious limitation of the functions are:

- means of communication,
- legal document,
- source documentation,
- therapeutic method,
- by means of medical therapy;
- mechanism for use of samples, means of clinical tests.

### **Characteristics of marketing consumer products and medical services and pharmaceuticals**

Consumer of medical services is the consumer of pharmaceutical services, because most processes include therapeutic medication given the patient. Those who provide medical services or pharmaceutical required to measure the market and its segments, with their characteristics, in order to understand individual consumers, how they see things, such as thinking and reacting. This concept of reality-oriented consumer.

#### **Sources of information about health services:**

In terms of marketing, the sources of information consumers are divided into 4 groups:

- (1) Uncontrolled marketers personal (family, friends, personal physician of someone),
- (2) personal control marketers (representatives, sales agents)
- (3) non Uncontrolled marketeri (media, ambient),

(4) non-marketer controlled (catalogs, brochures, spreadsheets).

The marketer task is to interview the consumer and to ask what sources of information accessed during the process of buying. On these data it can make a map that includes the most popular sources. A consumer may be exposed to all these sources. Certainly it can be a complex process. The buyer not only receives information from various sources, but he placed different values on each source of information.

### **Psychological characteristics of the patient**

Choice Decision medical service or product has a significant subjective component, and response to disease depends largely on the temperament and character.

### **Personalities and enhanced disease**

There are 4 types of personalities related to accentuate certain traits of character.

*Live demonstration of nature* in this more immediately, take hasty decisions, is recalcitrant about treatments. Demo rattled up medical leave, is advantageous to adapt to the weaknesses they listen. It is prone to breakdown and nervous exhaustion.

*Hiperexact nature suffers*, conversely, gaps in the ability of repression: the decision indecision, doubt, oscillations between interminable opinions, inhibitions and self excessively. It is very meticulous man with a jealous care for himself, developing a strong sense of fear. You can get to nervous, to obsessive neurosis. Fear of germs is often encountered, sometimes ablutomanie (obsessive tendency to wash), also nosofobia (fear of illness).

*Nature hiperperseverent substrate* has the abnormal persistence of disease. It resulted in susceptible people (easily offended, that he always injured), yellow, stubborn, ambitious and blame it on others hostile attitude. Certainly, anxiety and fear psychological colour painting. Ideas at the meeting, even fixed obsession with passages for paranoid psychopathy and neurosis to hypochondria.

The hiperseverent has its own ideas about his illness, which seeks to impose them.

*Nature fit is dominated by momentary impulses*, which contrasts with the apparent slow thinking, high-strung detailed to pedantry. Impulsive acts can be violent. Nature fit is commonly encountered in childhood, is worse at puberty. The patient is irritable, exploration and even questions the doctor is a damper, on the other hand, it is difficult to follow a lifestyle or diet.

### **Individual reactions to the phenomenon of disease are:**

- Recognition of disease
- An emotionally balanced individual, with a satisfactory level of medical and health culture in the face of disorder of a somatic or psychic or arising without apparent wear adjusts its behavior through hygienic dietary provisional pending presentation to the doctor, as required.
- Ignore the state of disease is the absence of symptoms, neglect their cultural ignorance.
- State of denial by the underestimation of disease or, even if they recognize the disease, will not accept the disease, risking a worsening of symptoms. Denying a state of sickness, when the subject receives a series of symptoms show him that "something is not right" with the body or even his psyche may be based on two fundamental attitudes:
  - delaying the decision vague hope in its transient nature, or lack of seriousness
  - unconscious mechanisms of water

### **Patient attitude towards the disease can be:**

- Combative attitude is own a significant number of patients in a state of relative equilibrium in mental illnesses and when equipped with a type of personality that allows an adequate adaptation to reality;
- attitude of resignation, of disregard to the fate of its own, usually a show with a sick feeling depressed more or less expressed, but other patients whose religious or concepts psihofizic with fatalistic iz predispose them to such reactions, the neighboring state of indifferentism (own particular Mystics);

- attitude refuge in sickness, caused by the secondary benefit that we have some patients with serious existential issues;
- attitude of recovery than the disease, the attitude that include all the side out of this impasse is a disease.
- attitude of "bad use" of the disease is reasonably required for very serious diseases and, inexcusably, the slight overestimate of disease. It consists of immersion in suffering, in the agitation and anxiety.

### **Psychic and somatic discomfort imposed by illness**

- *Specific somatic disorders.* Besides the excruciating symptoms capable of exasperating patient (pain, dyspnea, fever, cough, vomiting, diarrhea, vertigo, etc.).
- Asthenia, dizziness standing increase due to the dietary and or side effects of medication are unnecessarily concerned about what symptoms the sick, which is related to "psihofizic" of the sick.
- *Somato-psychiatric disorders nonspecific.* Common are: insomnia, anxiety, mental asthenia, etc.

### **Behavioral changes induced by disease**

- *egocentrism* as a result of the restriction concerns outside of the disease, becoming the spotlight diet, digestion, excretion, and its related sensations or Sickness;
- *dependence*
- *emotional processes* of the type - outbursts of crying, anger or even jollification are frequently encountered in sick people
- *aggression*
- *anxiety*
- *depression*
- *magical way of thinking, illogical-* The patient believes passionately in the power of the doctor, drugs and even disease.

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