

**Editorial**

# **Empowering patients to promote and protect their health**

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Nepal like many developing nations is faced with a 'double whammy' of both infectious diseases and rapidly increasing lifestyle diseases [1]. A recent article mentions that Nepal is facing an increasing burden of non-communicable diseases (NCDs) like other countries in South-East Asia [2]. Another recent article mentions that despite the alarming increase in NCDs, the country's response remains weak and the authors recommend awareness activities at the community level in both urban and rural areas and developing NCD programs with an increased emphasis on prevention and management [3]. The increase in cases of chronic, non-communicable, lifestyle diseases requires educated and empowered patients willing to assume a greater role in disease control and management through therapeutic, behavioral and lifestyle changes. This may pose particular challenges in developing nations like Nepal.

For many years I and my colleagues have been involved in teaching medical students communication skills and patient-centered care both in Nepal [4] and recently in a Caribbean medical school in Aruba [5]. I and my colleagues have been facilitating a medical humanities (MH) module for over nine years. During the module the patient and the patient-doctor relationship are among the

different topics analyzed and discussed. I believe MH can be an effective approach to introduce health science students to a patient-centered communication style and help practitioners encourage patients to assume greater responsibility for their own health and wellbeing. Recently obtained detailed qualitative feedback about students' perception of the MH module was obtained and participants mentioned that the module helped them to understand the patient perspective and also introduced them to how ethnic, religious and cultural backgrounds of patients can influence the patient-doctor relationship [5]. Nepal though relatively small in land area has a very diverse population which has been grouped by some authorities into ethnic groups of Indo-Aryan origin, those of Tibetan descent and the indigenous Nepalese [6]. A study conducted at the BP Koirala Institute of Health Sciences (BPKIHS), a premier health university found that majority of the students enrolled for the undergraduate MBBS degree program were males, from urban areas, belonging to a nuclear family and having a good economic and educational background [7]. The numbers of students from disadvantaged groups were low. Students from an urban background may face challenges in understanding the difficulties faced by rural Nepalese and the variety of ethnic and caste

groups with varying sociocultural belief systems requires that students and practitioners are provided educational opportunities to become aware of the illness and health beliefs of these groups.

In developing countries like Nepal not all patients may be comfortable assuming greater responsibility for their own health and may be in favor of letting their doctors take the therapeutic decisions. In a study conducted at the Tribhuvan University Teaching Hospital (TUTH) sociodemographic characteristics were found to be an important predictor of patients' willingness to participate in the medical setting [8]. Low literacy level and health awareness may lead to patients being passive during the consultation. Medical students should be provided with the opportunity to develop good communication skills so that they help their patients assume a more equal and active role in the patient-doctor relationship.

With increasing spread of education, greater socioeconomic development and increasing access to information, patients may request/demand a greater role in maintaining and protecting THEIR health. To make appropriate and informed healthcare decisions consumers should have access to good quality information presented using simple language. In developed nations the internet is becoming an important source of health information [9]. However, the author of this paper concludes that most patients regard their healthcare provider as the most trusted and authoritative source of health information. Various demographic and social factors were found to influence the choice of health information sources. A recent article had examined consumer health informatics [10]. The author explains how the field has

expanded from focusing on methods to assess the quality of printed health information to online communities, shared decision making and tools to address the transparency of healthcare organizations. The internet will be among the most important tools used by patients to access and assess health information. Various organization and governments have taken initiatives to provide access to high quality health information to their citizens. The Australian government has created the portal, HealthInSite (now termed as health direct) [11] and recently the Indian government has created the National Health Portal of India ([www.nhp.gov.in/](http://www.nhp.gov.in/)) Recognizing the fact that healthcare professionals may have an important role in educating patients about evaluating health information, sessions for medical students on evaluating the quality of internet health information were conducted in a Nepalese medical school [12].

Moore had examined patient-centered communication in the Nepalese context [13]. The author concluded that patients wanted to be treated in a friendly and respectable manner, wanted to be fully informed and provided with adequate consultation time. The attitude of medical students and doctors in Nepal toward patient-centered communication was studied by the same author [14]. Participants generally expressed patient-centered attitudes and were of the opinion that doctor-centered nature of the relationship should change. The author concluded that methods of providing information to patients should be strengthened. Empowering patients and providing them with information and resources is becoming increasingly important to maintain a healthy lifestyle, reduce the

rising cost of healthcare delivery and can possibly slow down the rising trend of NCDs in the country.

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