



ETHICAL DILEMMA IN LIFESTYLE MANAGEMENT OF CHRONIC NCD FACED BY PRACTICING MEDICAL PROFESSIONALS AT TERTIARY HOSPITAL.

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ABSTRACT

Globally the burden of NCD(NCD) is increasing continuously with respect to both mortality and morbidity. Medical professionals play important role in management of NCD. **Aim-** To study of attitude of practicing medical professionals toward the chronic NCD along with sensitization programme. **Methodology-** A pre and post sensitization, questionnaire asked to the group of medical professionals in tertiary hospitals to access knowledge in NCD management ,which were analyzed for attitude & effectiveness of sensitization accordingly. **Results-** Our results suggest that lack of financial resources and unaware of integrated approach were the most significant challenge interfering with the successful implementation of the program for the prevention and control of NCDs, along with non-acceptance of disease non-adherence to treatment and local belief and literacy among the few. Also, the effectiveness of sensitization programme was seen with rising percentage of willingness to follow guidelines for NCD management. **Conclusion-**NCD demand a multifaceted response from the healthcare systems that must be accompanied by evidence-based interventions, , health professionals with diverse skills, health CME in a stable and continuous manner.

KEYWORDS :

INTRODUCTION

Incidence of NCD mainly diabetes, hypertension, dyslipidaemias are increasing steeply day by day. On a global basis, 60% of the burden of chronic NCD will occur in developing countries. It has been projected that, by 2020, chronic diseases will account for almost three-quarters of all deaths worldwide, and that 71% of deaths due to ischemic heart disease (IHD), 75% of deaths due to stroke, and 70% of deaths due to diabetes will occur in developing countries. As Diabetes, Hypertension, Dyslipidaemia are major preventable and controllable etiologies for above mentioned complications, we want to study of approach of physician towards these diseases.

Aims and Objectives

- a) To study of attitude of practicing physician toward the chronic non-communicable diseases.
- b) To sensitize practicing medical professionals about life style modification in management of chronic non-communicable diseases.

MATERIAL & METHODS

Data Collection Procedure: A pre-event questionnaire asked to the group of medical professionals in tertiary hospitals, Pune including all PG residents with faculty who were willing to participate to access knowledge in non-communicable disease management. Also, to reduce response bias in questionnaire, a case study was given response to which would be measured on the basis of prescribed parameters in both pre and post informative sessions. The informative module on lifestyle management was shared with the physicians. Post event questionnaire which were analyzed for attitude & effectiveness of sensitization. Last equations were added in post-test to know the willingness and problems faced by them,

Instruments Used- Questionnaires

QUALITY CONTROL The institutional ethic committee of MIMER Medical College approved the ethical, methodological & protocol aspects of this investigation. We confirm that all methods in the current study will be carried out in accordance with relevant guidelines and regulations. All participants in this research group provide d their informed verbal consent.

Confidentiality- maintained

Study Design: Cross sectional

Sample Type: purposive all

Study Population: Medical professionals in Pune area

Sample Size: >=71

Selection Criteria: Medical professionals in Pune area

Selection Of Cases

Inclusion Criteria: post MBBS medical professionals

Exclusion Criteria: None

Risk Factors: none

Statistical Analysis: Simple percentage used to summarise the data. Odds ratio will be used to find association with risk factors.

RESULTS

challenges to implement the program for the prevention and control of NCDs could be placed into few main categories, including economical, non-acceptance of disease and non-adherence to treatment by patients and therapeutic inertia, unawareness of integrated approach, faulty goals, ineffective interaction by doctors

All the participants were doctors holding minimum MBBS degree and actively participation in patient management on daily basis.

In this study, tabulated form of results are as follows:

Table 1

	Pre-test with %	Post-test with %	Pre-test with %	Post-test with %
Answer	yes	yes	no	no
Would you counsel chronic disease patient regarding risk factors	58(75%)	60(80%)	19(25%)	17(20%)
total	77(100%)			

Table 2

	Pre test with %	Post test with %	Pre test with %	Post test with %
answer	yes	yes	no	no
Would you help in guiding non-pharmacology management	58(75%)	60(80%)	19(25%)	17(20%)
total	77(100%)			

Table 3

	Pre test with %	Post test with %	Pre test with %	Post test with %
answer	yes	yes	no	No
Would you follow national or international guidelines for chronic medical diseases you are treating?	35(45%)	52(71.2%)	42(55%)	25(28.8%)
total	77(100%)			

Table 4

	Pre test with %	Post test with %	Pre test with %	Post test with %
answer	yes	yes	no	No
Do you think national/ international guidelines are user friendly?	17(20%)	38(49.5%)	60(80%)	39(51.5%)
total	77(100%)			

Table 5

	Pre test	Number	%	Post test	number	%
Are these factors contributed in the management of chronic diseases?	Local belief	14	18.1	Local belief	14	18.1
	Literacy	14	18.1	Literacy	14	18.1
	Cost	30	38.9	Cost	30	38.9
	Communication	10	12.9	Communication	10	12.9
	Trust	7	9.09	Trust	7	9.09
	Time	2	2.5	time	2	2.5
total	77(100%)					

Table 6

	Pre test with %	Post test with %	Pre test with %	Post test with %
answer	yes	yes	no	no
Do you think we could achieve clinical goal with life style modification?	26(33.76%)	60(77.9%)	51(66.23%)	17(22.1%)
total	77(100%)			

Table 7

	Post test	Number	%
What kind of problems do you face?	Economic issue,	10	12,9
	Non acceptance,	10	12,9
	Non-adherence,	7	9.09
	Therapeutic inertia,	7	9.09
	Unawareness of integrated approach,	30	38.9
	Faulty goal	6	7,79
Ineffective interaction	7	9.09	
total	77 (100%)		

DISCUSSION

In this study, 25% participants were not aware about risk factors which might be because of non-experience or new in the field which were decreased to 18 %.

75% participants were counselling the patients regarding risk factors which increased to 80 % after sensitization.

In this study only 57% help patients in guiding nonpharmacological management and remaining have therapeutic inertia in pre-test session which increased to 72 % after sensitization.

In this study, 45% participants were aware about guidelines for managing NCD Which increased to 71.2% after sensitization. this might be because of inadequate knowledge of the participants in precession period.

In this study, only 22% participants were following guidelines and remaining knows the guidelines but don't follow them might be because of therapeutic inertia.

In this study, only 18 % thought that the guidelines are user friendly so remaining are not following it.

In this study, 35% thought that they can achieve clinical goals in NCD management which increased to 66% after sensitization.

In this study, majority participants thought cost is major hurdle in NCD management followed by local belief, literacy, communication and trust and from physicians end unawareness of NCD programme, was the main drawback in success of programme.

CONCLUSION

NCD needs complex, integrated, multi-sectoral, and continuous measures and interventions. Such diseases demand a multifaceted response from the healthcare systems that must be accompanied by evidence-based interventions, health professionals with diverse skills, health CME in a stable and continuous manner. Our results suggest that lack of financial resources and unaware of integrated approach were the most significant challenge interfering with the successful implementation of the program for the prevention and control of NCDs, Followed by non-acceptance of disease non-adherence to treatment and local belief and literacy among the few.

Limitation and Strengths

1. Small study group with same professional qualification but diverse field of practice in the hospital
2. AYUSH doctors were not participated in this study inspire their major hold in managing the diseases as primary doctors.
3. Only treating doctors view point were studied and other aspects not studied as infrastructure .IT, human resources,

Recommendations For Future Studies

It is suggested that future research studies be conducted with diversified treating doctors of all faculties and other aspect of disease managements as challenges faced by hospital administrators

Table Questionnaire:

Q No.	Questions	Response	
		Yes	No
1	Do you counsel chronic disease patient regarding risk factors?	Yes	No
2	Do you help in guidin non-pharmacology management to the patients	Yes	No
3	Are you aware of national or international guidelines for chronic medical diseases you are treating?	Yes	No
4	Do you follow them accordingly?	Yes	No
5	Do you think national/ international guidelines are user friendly?	Yes	No
6	Are these factors contributed in management of chronic diseases?	Local belief Literacy Trust Cost	Commu- nication Trust Time

COMMENT:

Case Study 1

- Mr. A is 35 years old. He has impaired glucose tolerance as diagnosed by an OGTT performed a month ago. He is worried about developing diabetes.
- He is obese and has a BMI of 37.2 kg/m². He does not have hypertension and his blood lipids are normal. He admits that he is totally sedentary in his leisure time.
- What will be your advice ?

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Questions After Sensitization:

Q No.	Questions	Response	
1	Would you counsel chronic disease patient regarding risk factors	Yes	No
2	Would you help in guiding non-pharmacology management	Yes	No
3	Would you follow national or international guidelines for chronic medical diseases you are treating?	Yes	No
4	Do you think national/ international guidelines are user friendly?	Yes	No
5	Are these factors contributed in the management of chronic diseases?	Local belief Literacy Cost	Communi- cation Trust
6	Do you think we could achieve clinical goal with life style modification?	Yes	No
7	What kind of problems do you face?	Economic issue, Non-adherence, Non acceptance,	Therapeutic inertia, Unawareness of integrated approach , Faulty goal Ineffective interaction

COMMENT

Case Study 2

Mrs. B is a 55 year old homemaker. She has had diabetes for 15 years and her sugars are under poor control with an HbA1c of 12.8%. She is 153 cm tall and weighs 74 kg. She does 20 minutes of brisk walking per day.

What will be your approach?

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