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Unique therapeutic project reinforcening the importance of the bond between doctor and patient for adherence to the treatment of chronic diseases: Experience report from medicine students

Projeto terapêutico singular reforçando a importância do vínculo entre medico e paciente para a adesão ao tratamento de doenças crônicas: Relato de experiência de acadêmicos de medicina

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Manuela Mussi, Leonardo Quagliato Quibao, Naiani Mazza da Silva Galvani, Tiago Tajara Pasquini, Yasmin Bernardes, Pedro Henrique Fernandes de Lima, Renata Prado Bereta Vilela.

INTRODUCTION

The population is not limited to the expressions of the diseases they have. Some obstacles, such as low adherence to treatments, refractory patients, dependence on health service users, among others, show the complexity of the subjects who use health services and the limits of disease-centered clinical practice[1]. It is known that the doctor-patient relationship is a fundamental factor for treatment adherence, always aiming at the best result for improvements in the quality of life of individuals and the entire community. This relationship is a theme that today finds a renewed interest in scientific production, training and clinical practice with the application of communication techniques that can provide a better quality of care and treatment[2].

In view of the contribution of the bond and the humanization of health care to the adherence of the treatment of patients with chronic diseases, the Singular Therapeutic Project (PTS) proves to be an important tool in the management of care that prioritizes the autonomy of the subject and recognizes him as part of the therapeutic decisions. The PTS is developed in four stages, namely, diagnosis, definition of goals, division of responsibilities and reassessment[3]. These will be described in the report below.

OBJECTIVE

The objective of this study is to report the experience of medical students in the development of a PTS, which points out the importance of the doctor-patient bond for good adherence to the treatment of chronic diseases.

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EXPERIENCE REPORT

In order to begin the execution of the PTS, there was a brief presentation on the subject, a conference was held in the classroom at the college, where doubts about the project were clarified, all its stages were presented and how they would be developed throughout the semester in practice. Soon after, the experience in the Family Health Strategy (FHS) began, with the first home visit (HV) for the diagnosis stage.

The patient and her husband were at home, a hypertensive, diabetic patient (type 2), with drug-induced liver cirrhosis, deep vein thrombosis and hepatic encephalopathy. The encephalopathy led to the patient being hospitalized until it was controlled. She makes use of numerous medications, all at the right times and the use in correct amounts, in addition, the patient had a controlled picture in relation to all her comorbidities, making regular follow-up for her pathologies. The patient's blood pressure was measured and capillary blood glucose was checked, both with normal values, in addition to questions about food, water intake, lifestyle habits and medications used.

In relation to the husband, anamnesis was performed and blood pressure was measured, which was very high, however, the medical students advised the patients about the importance of going to the FHS physician to check the problem and the importance of using medication to control blood pressure. However, the patient in question refused, who reported that he did not want to abandon his habits (smoking and alcoholism) to treat any health problem. To conclude this stage, the genogram and the ecomap of the family were elaborated. Starting the goal-setting stage, the students developed an intervention plan, focusing on guidance on healthy eating, physical activity, blood pressure control, scales to measure nicotine and alcohol dependence, and the importance of medical follow-up.

For the division of responsibilities stage, a meeting was held with the health unit team (nurse and community health agents). Subsequently, the second HV was made for the implementation of the plan. At the time, the patient was normotensive, although more receptive to the orientations, and he also reported not being willing to go through a medical consultation. In relation to chemical dependencies, the *Fagerström* test, to verify nicotine dependence, presented seven points, indicating high risk, and the Audit questionnaire, for alcoholism, presented twelve points, indicating moderate risk. For the reassessment stage, a new HV was performed, the patient was hypertensive at the time, and was oriented, but resistant. At this stage, the couple's daughter was present and was also oriented, and a VD was scheduled for the ESF general practitioner to go to the patient's home to talk to the patient, since he refused to go

to the health unit for a consultation. However, on the day of this HV, the patient refused care and was not present at home.

REFLECTION ON THE EXPERIENCE

The Singular Therapeutic Project was very useful for the formulation and execution of the intervention proposal. There was engagement of students and FHS professionals. Through this experience, the students were able to exercise the ability to engage with health teams and deal with non-adherence to treatment4. Despite the risks, it is important to emphasize the patient's autonomy in relation to decisions that affect their health, but the students and the FHS health team at all times clarified the risks and were open to welcoming and caring for the patient.

CONCLUSION OR RECOMMENDATIONS

After performing all the steps of the PTS, it is possible to perceive how it is a stratified tool that helps in the treatment of patients. Despite not being successful in adhering to the treatment of this specific patient, there was an openness in relation to dialogues about family health, in addition to contributing to the training of more humane general practitioners, who think about the patient's well-being in addition to diagnoses and medications.

Keywords: Cooperation and adherence to treatment, Chronic disease, Singular therapeutic project, Doctor-patient bond.

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