

HARM MINIMISATION IN NON-COMPLIANT ADOLESCENTS

A commonly troublesome scenario is an adolescent with a chronic illness who seems to be reasonably well supported by a family and medical systems but nevertheless is non-compliant with medication. Several approaches are possible:-

1. Wait and see. Part of growing up is learning to take responsibility for illness and its management. Many adolescents go through a stage of protest and irresponsibility in relation to their chronic illness. Provided this does not put them at significant risk, sometimes it is reasonable to wait out this period of lesser compliance in anticipation of the teenager finding their own balance.

2. Confrontation. Should the 'wait and see' strategy be unacceptable because of significant dangers from non-compliance; or because it is not leading to improvement over several months, then confrontation may be necessary. There is good and bad confrontation. Good confrontation involves bringing the young person face-to-face with the consequences of their action by providing them with relevant factual information. Bad confrontation involves rubbing their nose in their inadequacies. Face-to-face confrontation increases choices and offers opportunity for taking responsibility; nose-rubbing confrontation draws attention to failure without offering sufficient choice or information.

3. Harm-Minimisation. Our strategies for increasing compliance will not always work. When they don't, it is helpful to shift our goal from optimal treatment to harm minimisation. This means giving up on striving after full adherence, and aiming to achieve co-operation with the few most important aspects of treatment. This might mean significantly lowering our expectations in terms of say blood glucose monitoring or OPD attendance. We might negotiate with a patient around something like "the absolute minimum you need to do to make sure you stay alive with your diabetes is ..."