


Ethics of Tuberculosis Prevention, Care and Control

MODULE 6: SUPPORTING ADHERENCE TO TB TREATMENT

[INSERT SPEAKER NAME
DATE &
LOCATION HERE]

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TBCARE II

Objectives

Upon completion of this module, you will be able to:

- Identify strategies for promoting adherence to treatment
- Discuss ethical issues around adherence to treatment

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Ethical basis for promoting adherence to TB treatment

- Providers have obligations to patient and public to support patient's ability to adhere to treatment
- People with TB have ethical duty to complete therapy
- However, completing TB treatment can be difficult for patients:
 - Lost wages and impacts (food, supporting family etc.)
 - Stigma
 - Side effects

Partnership is key to success!

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Patient-Centred Care

“Patient-centred care reflects a partnership among practitioners and patients to ensure that decisions respect patients’ wants, needs, and preferences and that patients have the education and support they need to make decisions and participate in their own care. Patient-centered approaches recognise that care is provided along a continuum of services”

O'Donnell MR, Daffary AD, Frick M, Hirsch-Moveman Y, Amico KR, Sentingham M, Wolf A, Metcalfe JZ, Isaakidis P, Davis L, Blunt JCM, Naidoo N, Garnisson M, Zelnick JR, Bangsberg D, Padayatchi N, Friedland G. Consensus statement on behalf of the attendees of the 9th meeting: adherence: patient-centered care for drug-resistant TB and HIV, March 19, 20, 2016, Columbia Mailman School of Public Health, Columbia University, New York, NY, USA

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Directly observed therapy (DOT)

- May improve adherence to treatment
- Benefits of DOT can include:
 - Minimising the burden of care on patient
 - Reducing indirect costs of care, such as time lost from work
 - Providing encouragement and support for patients
 - Opportunity for early detection and management of side effects

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Directly observed therapy (DOT) - 2

- Ethically justifiable when done as part of a patient-centred approach to care:
 - Take steps to avoid the stigmatisation of patient
 - Give patient choices about who will observe them and where observation will take place
 - Clearly explain what will happen if patient is non-adherent
 - Implement mechanisms to promote early detection and proper management of side-effects

DOT should be process for providing support, motivation, and understanding to patients

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Promoting adherence through use of incentives and enablers - 1

- Enablers refer to mechanisms or resources that facilitate patients' ability to adhere to treatment
- Examples include:
 - Taxi/bus fare
 - Food baskets
- Incentives refer to small rewards to encourage patients to adhere to TB treatment by motivating them with something they want or need
- Examples include:
 - Cash payment
 - Clothing

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Promoting adherence through use of incentives and enablers - 2

- Use of incentives and enablers can help mitigate the impact of the social determinants of TB
- Create opportunities to stay in touch with health care workers or DOT supporters
- Empower patients to take an active role in their care
- Promote ethical value of autonomy
- Should be chosen according to patient's needs and interests
- Must be provided in an equitable and non-discriminatory way

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Promoting adherence through use of incentives and enablers -3

- When to offer:
 - **Enablers:** May be vital to the initiation of treatment and should be provided as soon as treatment starts
 - **Incentives:** Best time to begin using incentives is after a good relationship has been established with patient

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Let's discuss incentives and enablers

PLENARY

- What, if any enablers or incentives have you employed to encourage adherence?
- For each of these, what are the trust or ethical concerns identified, and how can these be managed?

Use of incentives for completing treatment: Summary

Benefits	Risks
Society provide something in return for individual who accepts burden for benefit of community (ethical principle of reciprocity)	Could seem inappropriate, even insulting, attempt to buy the patient's cooperation
Provision of incentives should be based on: <ul style="list-style-type: none">• Expected efficacy of practice• Sensitivity to local norms	May overlook broader, and ultimately more valuable efforts to address root causes of non-adherence]
	May undermine important efforts in other areas of public health
	May prevent full disclosure of patient concerns, issues due to fear of losing incentives

Ethical considerations regarding non-adherence - 1

- Ethical obligation to follow up with patients who are having problems with adherence
- Demonstrates commitment to:
 - Promoting the individual patient's best interests
 - Need to protect others in the community from the risks of untreated TB

Ethical considerations regarding non-adherence - 2

- Efforts to contact patients must be carried out in a way that minimises intrusions
- At initiation of treatment, patients should be:
 - Informed that they will be contacted if they do not keep appointments
 - Given a choice about the process by which communication will take place

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Response to non-adherence

- Try a different approach
- Try to identify most effective methods and best practices to promote adherence
- Reconsider overall approach to treatment, especially if non-adherence is on large scale
 - This may indicate system issues that must be improved
- *Remember the ethical principle of autonomy*

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Denying treatment to individuals based on predictions about non-adherence

- No evidence that non-adherence can be accurately predicted
- Specific reasons that may impede adherence should be addressed as part of initial discussions about treatment
- Distinguish from situations in which conditions in a particular setting are inadequate to support TB programme at all

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Provider's ethical obligations when treatment fails

- Fundamental ethical obligation to avoid abandoning patients for who treatment is not working
- Obligation of non-abandonment requires provision of palliative care
- Location of care based on an individualised risk assessment
 - Individual's degree of infectiousness
 - Willingness and ability to comply with infection-control precautions
 - Presence of children in the home
 - Preparation and training of community care providers