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The article is a short summary of a PhD-thesis, which was accepted by the Faculty of Medicine, University of Copenhagen, May 1989. The thesis is written in Danish with an English summary. It can be obtained free at the Department of General Practice, University of Copenhagen, Juliane Maries Vej 18, DK-2100 København Ø, Denmark, as long as issues are still available.

Key words: patient compliance, consultation analysis, quality assurance.

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Patient compliance is defined as the extent to which a person's behaviour coincides with medical or health advice. Unsatisfactory compliance is frequently termed "noncompliance". In general practice, noncompliance thus means that the patient does not comply to a satisfactory degree with the practitioner's advice. I reviewed the literature on the amount of, and explanations for, noncompliance and found sufficient evidence to state that the amount of noncompliance is of such a magnitude as to pose serious questions about the very meaning of a great deal of medical consultations and research.

So far, none of the suggested explanations have accounted for more than modest parts of the observed variations in compliance. Because the consultation represents the practitioner's primary opportunity to affect the patient's behaviour, it was chosen as the basis for this study. The preliminary hypothesis was that noncompliance reflects shortcomings in the quality of the consultation. The objectives were to generate and test a theory about relations between consultation quality and patient compliance.

Methods for description of the consultation and measurement of patient compliance were reviewed and discussed. Audiotape recordings provided valid and reliable data for the description of consultations, whereas patient interviews were chosen for the measurement of compliance. None of the previously published methods for analyzing consultation data seemed to be useful for the purpose of this study, so the first part of the thesis describes the development of a new method.

The empirical study was divided into two phases, generation and testing, respectively, of the theory. The material for the phase of generation consisted of two parts, A and B. Material A was primarily used to elicit patients' expectations and assessments and to develop a method for mapping out dimensions of the consultation. It comprised 41 patients, the consultations were audiotape recorded, and the patients were interviewed before and after the consultations. All tapes were transcribed for qualitative analysis. Material B was used for descriptions of consultations and patients compliance. It comprised 30 patients, again the consultations were audiotape recorded and transcribed, and the patients were interviewed about compliance. By qualitative identification of patterns of fulfilled and unfulfilled criteria, consultations followed by compliance were then compared with those followed by noncompliance. In this way, six important dimensions or criteria for the quality of consultations were identified:

I) Talk about the patient's expectations for the consultation.
II) Talk about the patient's ideas about the health problem.
III) Information about the contents of the advice.
IV) Explanation about the effect and relevance of the advice.
V) Talk about the patient's assessment of the quality of the advice.
VI) Talk about the patient's obstacles to comply with the advice.

Two major hypotheses concerning functional relations between the fulfilment of the criteria and compliance were formulated, namely one about medications and one about advice concerning lifestyle changes. The first says that compliance with medications depends on the fulfilment of the criteria I–IV, the second that compliance with lifestyle changes depends on the fulfilment of all the criteria. The hypotheses were incorporated in a more comprehensive theory about connections between concultation quality and patient compliance.

In the second phase of the empirical study, the theory was tested concerning the power to produce accurate predictions of patient compliance based on characterizations of concrete consultations. The material comprised 63 audiotape-recorded consultations of five general practitioners, none of whom had any knowledge about the theory. Three observers independently characterized the consultations on the criteria according to the hypothetical relations with patient compliance. They met afterwards to reach a consensus about each characterization from explicit preconditions. From this, patient compliance was predicted in each case. It was then measured by patient questionnaires. In total, 72% of the predictions were confirmed ($p < 0.002$).

The median consultation length was eight minutes, and there was no significant correlation between consultation length and patient compliance in the material as a whole. Looking only at consultations in which lifestyle changes were recommended, however, compliance was positively related to consultation length ($p < 0.005$).

The results provided evidence for the preliminary hypothesis that noncompliance reflects shortcomings in the quality of the consultation. Patient compliance seems connected with the fulfilment of relatively simple criteria of quality, which, furthermore, does not necessarily imply longer consultations.

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