



Outpatient Education: An Overlooked Concern in Iran

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Dear Editor,

Patient education involves all activities related to therapeutic instruction, health education, and promoting clinical health, which are intended to enable the patient to make informed decisions about their malady and acquire self-care skills (1). Inpatient education is currently practiced under a regulatory plan to ensure that the patient and his or her significant others are aware of their rights for therapeutic and non-therapeutic services before admission, during hospitalization, and after discharge. Accordingly, through this process, patient satisfaction is achieved and anxiety is controlled (2). However, in outpatient departments, physicians are expected to provide patients and their families with information on the diagnosis and treatment plan; in other words, advice on general risk factors (e.g., quitting smoking, proper nutrition, and physical activity) and specific guidelines (e.g., on types of care, complications, medications, assistive equipment, probable side-effects of the prescribed medications, as well as rehabilitative techniques). Of the utmost importance is the unique and individualized instruction for each patient regarding their specific conditions and likely participation in the treatment plan (3).

In order to educate patients, proper communication is essential, including the allocation of time and proper instruction to encourage them to talk about their current condition, their earlier admission into other medical centers, and their complaints (4). If time is not provided, then patients will only disclose superficial symptoms due to shortage of time, indicating only easily observed signs by the practitioner (3). There is strong evidence that a good patient-doctor relationship affects and enhances patients' adherence to therapeutic regimens. On the other hand, problems in communication are characterized by

little allocation of time for patients' comments; less explanation about the causes, diagnosis, and signs of disease; and ignoring patients' emotions. This may lead to inadequate patient education, misunderstanding their emotions, lesser space for family members' role in supporting the healing process, and even occasionally disrespect (5). Traditionally, the patient-doctor relationship is an unhealthy dynamic, with the physician as superior and the patient as subordinate, which is often still the case in Iran (6).

Currently, verbal and written techniques combined with multimedia education are applied for inpatient education by both nurses and doctors; however, outpatient education in day clinics and doctors' offices seems to be missing. The reasons for this may include short visiting sessions, presumption that patients are omniscient, and lack of common knowledge shared with patients. Such impressions prevent doctors from understanding the need to educate their patients. Also, patients disclosing true or false information about their maladies are suppressed with degradation, another sign of issues in doctor-patient communication (5).

Aggravated disease condition, retarded recovery, ignorance of disease conditions, and repeated reference to multiple medical centers are among the outcomes of poor patient-doctor communication and outpatient education (7). In the Iranian context, patients often expend undue costs for ineffective medical records, frequent visits due to symptomatic treatments, improper diagnosis, and partial treatments. In addition, despite certain contraindications, practitioners often prescribe medications that negatively affect specific organs because they have not spent reasonable time accurately exploring and differentially diagnosing the etiology and education requirements of the

patient. For instance, a patient with hepatic disorders suffers from higher levels of liver enzymes, but may be advised to take acetaminophen due to slight pain as his/her chief complaint; unfortunately, this ultimately aggravates his/her hepatic complications.

In short, it seems that despite frequent emphasis on patient education, issues are overlooked in Iran and require scrutiny in different contexts, particularly in day clinics, medical centers, and doctors' offices. Further research may be suggested to understand practitioners' attitudes towards (both literate and illiterate) patients' education and advisability; scientific findings may be gradually integrated into their practice in order to gain patients' active cooperation in the treatment process. Continuing education programs may easily include workshops on the importance of patient education in doctors' offices and medical centers, as well as those on effective communication with patients. Overall, this might be considered an asset in achieving higher levels of health among all members of the society who are admitted, in particular, as outpatients.

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