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Non-compliance with chemotherapy in the oncology patient with a good prognosis

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ABSTRACT

This study on non-compliance with chemotherapy in the oncology patient with a good prognosis was done in the Johannesburg Hospital in South Africa.

114 compliant and 33 non compliant oncology patients with a good prognosis showed significant differences (at the 5% level) on the MCMI2 on the following scales: Disclosure, Debasement, Avoidance, Passive Aggressive, Self-defeating, Schizotypal, Anxiety, Dysthymia, Alcohol Dependence and Major Depression.

In a Linear Discriminant Function Analysis . two variables, Debasement and Schizotypal were selected that linearly affected compliance significantly. A linear discriminant model was constructed from the two variables which could predict non compliance in these patients 72.5% of the time.

The next step was to construct a treatment model , an intervention which would have some impact on improving compliance. After trial and error with various methods, a Medical Trauma Debriefing Model was worked out and used, based on the Wits Trauma Intervention Model, which up to this time had been used for trauma debriefing of people who had experienced trauma due to violence and abuse on a criminal or political level.

This is in accordance with recent studies which are beginning to show the link between PTSD and medical non-compliance.

It is suggested that Medical Trauma Debriefing, as a preventative measure, be incorporated automatically and routinely into the treatment of certain medical and surgical conditions, especially in Oncology.