

Motivational Therapeutics and Medicine

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Motivation is an essential part of medicine. The best of medication will have no benefit if the patient is not motivated to accept or adhere to prescribed therapy. Motivational therapeutics, therefore, becomes an integral part of every patient-physician interaction. This is especially true in chronic disease management.

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Medicine, it is often said, is an art as well as a science.¹ Confirming a challenging diagnosis, and crafting a drug prescription, is just part of the complex exercise of caring and curing. Modern medical teaching, however, often tends to focus on, and facilitate, just investigations for monitoring, and medications as intervention. This exclusive emphasis on tests and therapeutics is considered elitist or exclusionary by many. Persons living with disease and disability increasingly voice their desire, and determination, to be involved in the process of medical management. This has coincided with the emergence of person centred care as a central pillar of quality in health care.²

Therapeutic Care of an individual is a dual responsibility. Wanting to be involved in one's care, and wishing for person-centred care, are valid preferences and needs in today's democratic world. This does not mean, though, that health care professionals should have no role in health care delivery. The physician brings education, experience and expertise to the therapeutic process. If patient-directed or patient-dictated treatment were to become the norm, this excellence would be worthless. It makes sense, therefore, to call for a team-based approach to health care.³ This has been enshrined in the framework of the Quintessential Quincunx, first described in the pages of the Journal of Pakistan Medical Association.⁴

An important domain in which persons living with chronic disease or disability require support is motivation.

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Motivation can be defined as a reason or enthusiasm to initiate, maintain, and/or terminate any behaviour or activity.⁵ From a chronic disease perspective, motivation can be taken as a reason to seek, accept, initiate, adhere to, and persist with suggested diagnostic, monitoring, lifestyle, medical and /or invasive interventions. The best of medication will have no benefit if the patient is not motivated to accept or adhere to the prescribed therapy. While motivation can be innate or internal, it often has to be buttressed by external support. This may come from the health care team, care givers, or the community at large.

We term the motivational support given by health care professionals as motivational therapeutics. Motivational therapeutics can be defined as the art and science of using motivational styles and strategies as a part of standard of care therapy, with the aim of optimizing health related behaviour, actions and outcomes. The specific theories and tactics used may vary according to the sapio type and psychotype⁶ of the person and their family, as well as the natural trajectory of the disease state and nature of interventions being proposed.⁷

Motivational therapeutics is an integral part of every patient-physician interaction. This is especially true in chronic disease management. This editorial reviews the scope and spectrum of motivational therapeutics with suggested tips and tricks to integrate this modality into daily practice.

The term motivational therapeutics encompasses support, counselling and education in chronic care clinic. It also highlights the therapeutic effect of motivation, similar to the way in which therapeutic patient education showcases the therapeutic value of education per se. Motivational therapeutics reminds us that motivation is the responsibility of the health care professional. It is not a burden that can be delegated or disowned. Rather, it is a means toward ensuring effective and efficient use of treatment, and achieving optimal results with available resources.

Motivational therapeutics is an ongoing process, which requires continuous commitment. It should be integrated into one's thoughts, words and behaviour. One should be aware of the various theories of motivation, and how to apply them in practice. Motivational words, proverbs and phrases should be used, as appropriate. Some persons may

find great motivation in religiosity and spirituality.⁵ Health care professionals should be able to utilize these beliefs in a respectful and relevant manner.

In order to practice motivational therapeutics, one should have a motivational mindstyle. We define motivational mindstyle as an emotional cognitive attitude which values information sharing with other persons, supports them in understanding and assimilating new knowledge, and assists them in utilizing it for their benefit. A physician with a motivational mindstyle should be able to decipher the motivational cues that are important to a specific person, and use them to encourage healthy behavior and actions.

This can be done using the framework of motivational interviewing. The WATER acronym reminds of the steps to follow in a meaningfully motivational conversation. Welcome warmly, Ask and assist, Tell the truth, Explain with empathy, and Reassure and return.⁹ A similar approach is shared by Obesity Canada as The Five As: Ask, Assess, Advise, Agree and Assist.¹⁰ We may add three more verbs to this list: Acknowledge, Appreciate and Address the person's preferences, needs and values, while preparing a treatment plan.

Through this editorial, we call for introducing motivational therapeutics in the medical curriculum and practice and creating a motivational mindstyle, in medical students and practitioners. If this is achieved, we should be able to accomplish our aim of managing chronic disease, and preventing its complications. We should also be able to improve our perception, as a person-sensitive profession, in the community and society at large.

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