Preface and Acknowledgments

How can we accept that we ought to stop smoking, follow a diet, exercise, or take medications? The goal of this book is to describe the mechanisms of patients’ adherence to long-term therapies, whose improvement, according to the World Health Organization, would be more beneficial than any biomedical progress. The fact is that the lack of adherence is a frequent phenomenon. For example, approximately half of the patients do not regularly follow medical prescriptions, resulting in deleterious effects on people’s health and a strong impact on health expenditure.

This book, subtitled Mind and Care, describes how our beliefs, desires, and emotions intervene in our choices concerning our health. It investigates the moral rationality of adherence, by referring to concepts developed within the framework of the philosophy of mind. In particular, it tries to explain how we can choose between an immediate pleasure and a remote reward—preserving our health and our life. We postulate that such an “intertemporal” choice can be directed by a “principle of foresight” which leads us to decide to give priority to the future.

Just like patients’ nonadherence to prescribed medications, doctors too often don’t always do what they should: They are nonadherent to good practice guidelines. We propose that what was recently described as “clinical inertia” could also represent a case of myopia: From time to time doctors fail to consider the long-term interests of the patient. A chapter in this book is devoted to this issue; a complete analysis of nonadherence on the doctor’s side, also published by Springer, can be found in a companion volume titled: Clinical Inertia, A Critique of Medical Reason.

Both patients’ nonadherence and doctors’ clinical inertia represent major barriers to the efficiency of care. If one thinks that overcoming these barriers would be beneficial, it is necessary to investigate their mechanisms, which is the scope of this book. However, it is also necessary to respect patients’ autonomy. The analysis of the mental mechanisms of patient adherence, which is provided herein, sheds new light on the nature of the therapeutic alliance between doctor and patient. It is proposed that the dilemma between the principles of beneficence and autonomy can be analyzed in the framework of the relationship between mind and care.
This book was first published in French under the title: *Pourquoi se soigne-t-on, Enquête sur la rationalité morale de l’observance* (2nd edition, 2007), and I’m grateful to Dominique-Émile Blanchard, Jean-Luc Veyssy and Antoine Spire who accepted the publication of this book through their Edition House.

This English edition adds a number of new developments. I want to express my deep gratitude to Nastya Solovieva who translated the book, which was then edited by Jeff Engelhardt; and last but not least, to John Meyers who helped me through a number of criticisms and remarks to achieve the final version of the manuscript. Discussing chapter after chapter with John was most enjoyable.

I want to express my gratitude to Lisa M. Rasmussen for accepting the publication of this book in the Springer series “Philosophy and Medicine” and to Chris Wilby and Floor Oosting who organized at Springer the publication of this English edition. I would also like to extend my gratitude to Nathalie Huilleret for all her help in getting *Clinical Inertia, A Critique of Medical Reason* published.

Finally, I want to express my immense gratitude to Pascal Engel and Jon Elster. Pascal Engel’s writings introduced me to the philosophy of mind: I discovered, with jubilation, another way of thinking about medicine, my patients’ behaviors, and my own practice. He wrote the foreword to the French edition of this book, which is reproduced here. Jon Elster’s writings helped me taste the emotional “alchemy of the mind” and appreciate the importance of Ulysses’ myth for understanding the limits of our rationality. He wrote the foreword of the companion volume of this book, devoted to doctors’ clinical inertia.
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