

Increasing patient involvement through self-administration of medication

Sofia Khaja 

Ther Adv Drug Saf

2022, Vol. 13: 1–2

DOI: 10.1177/
20420986221124699

© The Author(s), 2022.
Article reuse guidelines:
[sagepub.com/journals-
permissions](https://sagepub.com/journals-permissions)

We read the insightful study by Van Herpen-Meeuwissen *et al.*,¹ in which a mixed-methods study regarded patient viewpoints on the self-administration of medication in a state of hospitalization. The results indicated that most of the patients in this study were optimistic about self-administering medication; however, some patients expressed concern about the safety of self-medication taking and questioned the need for change in the current approach to care in a hospital setting. Although the authors thoroughly evaluated patients' values on self-administration of medication, we believe there are some valuable points in light of the further discussion of this study's findings.

First, the self-capability of patients' self-administering medications should have been regarded as an important factor. This study only included patients who were readily available for a verbal interview for the study's sake. Capable or self-motivated patients may have been chosen for this study, leaving out the others who would prefer relying on nurse-assisted medical administration. Some patients may feel confident in their memory for their medical information, but when hospitalized, there is a lot of information present from treatment methods, pain management, dressing, and medications, resulting in confusion and potentially forgetting something as crucial as dosage information.² Typically, when patients are hospitalized, they are in a state of pain or require direct medical attention; therefore, their attention span or memory may be shifted toward other things or diverted due to their pain.

In addition, the age of patients is an essential factor to consider when asking their opinions on self-management. More elderly patients may not want to burden themselves with this responsibility in a patient care setting and would rather prefer a

nurse take on this responsibility to ease their existing tensions. In a study by Fallis *et al.*,³ 24% of patients over 66 years old failed to fill their prescriptions within 30 days of discharge from the hospital. Medical administration is another concern that patients would be required to consider while hospitalized. Older patients may tend to have more medication errors, further diminishing patient safety with their drugs.

Furthermore, the mental health status of the patients would have been an interesting point in this study since patients who may suffer from mental health issues may lead to patients unwilling to take their drugs or lead to a potential overdose.⁴ Overdosing drugs is a huge issue, especially with pain management drugs that can be addictive. Enabling nurses and medical staff to take complete control of patient medication and care in this distraught state.

The practicality of changing medication management in a clinical setting may not be present, as the existing system works well. Nurses and other medical staff are present to alleviate patients' lives while hospitalized, including taking care of their medication. Patients may be involved in their care management through alternative means, such as learning more about pharmacology and the impacts of the drugs they are taking or learning more about their illnesses and treatment methods through readily available and readable literature.⁵ Mullen *et al.*⁶ introduce more effective ways in prescription medication information distribution by including more layman's terms and pictographs labeling medications on use, mechanism of action, and side effects. This further allows patients to be more involved in their self-management by learning more about their medication, being aware of the risks of not taking their medication on time, and avoiding any confusion about their treatments.

Correspondence to:
Sofia Khaja
The City College of New
York, CUNY, New York, NY
10031, USA.
skhaja2003@gmail.com



Overall, we applaud the authors on a study that provided great insight into patient viewpoints on self-administering medications while hospitalized. We hope to see future studies with more patient opinions on self-administering their medication from a more diverse demographic. In addition, it would be interesting to see further investigation of the practicality of self-administering medications compared with the current system and any other methods in which motivated patients can be introduced to their personal medical decision and management processes.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Author contributions

Sofia Khaja: Formal analysis; Investigation; Writing – original draft; Writing – review & editing.

Acknowledgements

Not applicable.

Funding

The author received no financial support for the research, authorship, and/or publication of this article.


Competing interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Availability of data and materials

Not Applicable.

ORCID iD

Sofia Khaja  <https://orcid.org/0000-0002-1058-624X>

References

1. Van Herpen-Meeuwissen LJM, Bekker CL, Cornelissen N, *et al.* Patients' views on self-administration of medication during hospitalisation: a mixed-methods study. *Ther Adv Drug Saf* 2022; 13: 20420986221107804.
2. Hargis MB and Castel AD. Improving medication understanding and adherence using principles of memory and metacognition. *Policy Insights Behav Brain Sci* 2018; 5: 147–154.
3. Fallis BA, Dhalla IA, Klemensberg J, *et al.* Primary medication non-adherence after discharge from a general internal medicine service. *PLoS ONE* 2013; 8: e61735.
4. Iseselo MK and Ambikile JS. Medication challenges for patients with severe mental illness: experience and views of patients, caregivers and mental health care workers in Dar es Salaam, Tanzania. *Int J Ment Health Syst* 2017; 11: 17.
5. Vahdat S, Hamzehgardeshi L, Hessam S, *et al.* Patient involvement in health care decision making: a review. *Iran Red Crescent Med J* 2014; 16: e12454.
6. Mullen RJ, Duhig J, Russell A, *et al.* Best-practices for the design and development of prescription medication information: a systematic review. *Patient Educ Couns* 2018; 101:1351–1367.