Blogging for Compliance

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It is no longer a question of whether people search the Internet for health information (160 million Americans have done it at some point in their lives); it is a question of how this activity ultimately influences their health care decisions. Add the recent emergence of interactive, or “social,” media, such as “blogs,” “wikis” (software to allow online editing), and “podcasts” (digital media for playback), along with the growing participation of physicians and other health care professionals, and the answers to the question become more intriguing.

Blogs (Web logs) in particular are poised to make a significant impact on health outcomes; they seem to encourage more open communication between patients and health care providers, which may help to build trust and break down the barriers that can prevent patients from receiving appropriate care. One of the most challenging of these barriers is noncompliance with medication, a topic that many patient-created blogs have already begun addressing.

In the blog called Master of Irony (http://masterofirony.blogspot.com), the author, a health care worker with bipolar disorder, openly and frankly discusses her daily challenges of living with this disease. The blog’s posts feature questions and comments from fellow patients as well as the author’s wisdom and advice on a variety of concerns that arise when dealing with bipolar disorder, including the difficulty in complying with prescribed medication therapy (especially “when the meds don’t work well”). In one post, the blog’s creator names June as Compliance Month and invites her readers to join her efforts in “The Compliance Challenge 2007.”

Along with providing opinion and commentary on current research and treatment, blogs like these offer a rare personal glimpse into how patients actually feel. In Diabetes Mine (www.diabetesmine.com), the blog’s host is a journalist and mother with diabetes. In one post, she describes her frustration during a lecture at which health care providers still seemed puzzled over why many diabetic patients were consistently failing to manage their diabetes. (“One woman sitting behind me kept using the ‘NC’ word, i.e., ‘noncompliant,’ which made my skin crawl.”)

Jeanne Sather’s blog, The Assertive Cancer Patient (www.assertivepatient.com), focuses on the importance of patients’ using an assertive approach in getting the best medical care. An eight-year breast cancer survivor, Ms. Sather discusses a variety of useful topics, ranging from how patients can protect themselves from medical errors (e.g., being given the wrong medication by a pharmacy) to her own personal struggles with pain management and adherence with drug regimens:

… The trick to controlling the pain is to stay on top of it. I have two pain drugs, Naproxen and Oxycodone, which I take every four hours.

If I go to sleep at night without taking my meds, as I did last week, or run out of one of them, as I did today, then the pain gets ahead of me and it REALLY HURTS. Taking pain meds once you are in a lot of pain doesn’t do that much good—taking them regularly regardless of the level of pain is the way to keep it under control.

I know this, but I goofed, and I paid for it today.

After four hours of sleep, I feel like a human being again.

Lesson learned.

The Assertive Cancer Patient, as well as countless other patient-run blogs, not only provide emotional support and practical answers but also offer valuable insights for physicians, pharmacists, and other health care providers. In some cases, blogs may reveal an “insider’s view” of patients’ treatment-seeking behavior, compliance, and other critical information. Although clues to a patient’s noncompliance can easily be missed during the standard 15-minute office visit, the wealth of anecdotal data found on blogs—patients discussing their condition, comparing notes on different treatment regimens, and consoling each other—may give health care providers a clearer understanding of their own patients’ decisions involving their care.

It should not be surprising, in this age of public disclosure, that blogging has become a huge phenomenon in health care. The popularity of blogs largely stems from the fact that they reflect the real-time and interconnected nature of the Internet itself; they also encourage a form of collaboration and collegiality among their users. The health care industry, in particular, has been saturated by blogs devoted to everything from diseases and experimental treatments to dieting and weight loss. In 2006, almost nine million adults in the U.S. reported reading health-related blogs online.

Of course, patients aren’t the only ones blogging. Health bloggers are everywhere among us: they are policy experts offering their insights and analyses; they are health care advocates speaking out on behalf of consumers; and they are, more and more, health care professionals—doctors, nurses, pharmacists, therapists, even ambulance drivers (http://ambulancedriverfiles.blogspot.com)—exchanging ideas, sharing their experiences and advice, discussing and analyzing news and clinical trial results, and interacting with each other and with patients.

It is this personal connection that some physician bloggers hope will help to improve their relationships with patients, which may in turn improve compliance.

“Blogs won’t replace face-to-face interactions, but they may enhance doctor-patient communication,” writes Aniruddha Malpani, MD.
On his blog, *The Patient’s Doctor* (http://doctorandpatient.blogspot.com), Dr. Malpani promotes “information therapy” as a way of strengthening the relationship between doctors and patients. In addition to running his blog, he is working on launching blogs for diabetes “group visits,” in which patients and their physicians can focus on diet, exercise, medications, and testing.

Other physician blogs are devoted less to discussing particular medical topics and more to dispensing random musings and life observations as a way of engaging with patients and peers on a more intimate level. *Doctor Anonymous* (http://doctoranonymous.blogspot.com), a small-town physician from the Midwest, describes himself on his blog as “just a guy working in the American health care system trying to find the lighter side of life,” while *GruntDoc* (www.grundoc.com), also known as Allen Roberts, a Texas emergency room physician, and *The Cheerful Oncologist* (Craig Hildreth, MD, http://thecheerfuloncologist.blogspot.com) offer a bluntly personal look at life on the front lines of medicine.

The blogs run by physicians certainly show a side of their personality that is rarely seen in the office, sometimes revealing a more “human” individual. Some bloggers seem to believe that their Internet writings will at least help to increase trust between doctor and patient, which is crucial in providing effective care and achieving positive outcomes. As one urgent care specialist posted in his blog, *medmusings* (www.enochchoi.com):

> Readers come to trust in you by getting to know you by your entries, more than by your work credentials and your educational background. ... The more they can believe you’re real, that your approach to illness mirrors their own, and that your interests are truly for their good ... the more they’ll consider your opinion.

Research in fact shows that patients who trust their doctors are more likely to take their medications as prescribed even when there are significant cost pressures and other barriers to compliance. However, whether patients’ or physicians’ blogs have the potential to enhance compliance in a significant way remains to be studied. In the meantime, new blogs continue to appear at an extraordinary rate—about 175,000 per day—and as the number of patient and provider bloggers continues to increase, the blogosphere promises to offer them new opportunities to share information and ideas and learn directly from each other about improving care.

### REFERENCES