

The End User is Not Fully Benefiting with the Knowledge of Physicians: A Dilemma and Disparity in Diabetes

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Commentary

Since two decades after discovering of Diabetes Mellitus too many developments been appreciated in every part from diagnosis till management [1]. Furthermore, during this period there have been many terms coined like “concordance” [2], Shared Decision Making (SDM) [3] and patient as an “expert” [4] for increasing compliance. However, there are several reasons i.e. more diagnostic focus, awareness, epidemiological transition and life style etc [5], we witness of an uprising of diabetes mellitus in the whole world, whereas Middle East situation is worst as it is forecast to grow to 67.9 million by 2035 [6]. Yet, perceptibility the patients are not compliant enough to manage their diabetes in many parts of the world [7].

The issue of non-compliance is a complex subject and might have countless other reasons in the world including Arab society [7-9]. However, the author feels strongly that the current Arab society feels that they find themselves running out of time. Since the physicians are also part of this hurry society thus unable to transfer the necessary knowledge of management to end-user [9,10]. And there is still a huge gap between communication in between physicians and patients [10]. Unquestionably, it is also supported and emphasized by the other studies that physician interruption time is very short in consultation and it varies from 18 seconds [11] to 23.1 seconds [12].

Indeed, the involvement of patients in management decisions [5] is emphasized upon and there are several models considered even for management of diabetes too [10]. However, the patients often say that their consultations are too short and that doctors do not use the time well [10,11]. The patients are also sometime in a hurry [11-14] and don't want to listen the physicians. Still, theoretically both parties are in a state of gusts, which would nurture it exponentially and could be explained with the evidence by a mathematical exponential function [15].

Sometimes this state of double effect causes burnout syndrome [14] among physicians. Though in current life style, it is understandable that it is not an easy task to deal with long working hours of a daily bases, unrealistic patients' demands, received a question about own abilities by the patients etc. Which are some of the dimensions of burnout syndrome [16], however, author believes it is mainly because of mismanagement of time and reflects not only on their lives, but also depicted in their practices [12]. Hence, it raises two issues; the communication gap as well as the time management.

Though competency based curriculum addresses these issues to some extend, however, utterly we need to concentrate more on the interaction lane. Still the medical educationists are in debate about the weightage of these soft skills in the undergraduate curriculum, but the policy makers appear more reluctant to give due emphasis on these

skills. Nevertheless, most of the countries in Middle East region adapted the curriculum from western world yet, due to the cultural differences like male and female segregation in medical education, female patients preference to see the female physicians and patients don't appreciate to be part in decision making about management of the disease; the impression appears to be worst and still reveals a massive gap between them and further part of the world as regard to the training of these skills. Therefore, it should be mandatory that medical students in this region should have invariably longitudinal communication skills curriculum from first year till internship.

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