

**Health Technologies for Self-Management: An Ethical
Appraisal of the Impact of Self-Management
Technologies on Doctor-Patient Relationships.**

Liviu Oprea, MD, MA

**Discipline of Public Health
School of Population Health and Clinical Practice
Faculty of Health Sciences
The University of Adelaide**

**Thesis submitted for the degree of Doctor of Philosophy
May, 2012**

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Abstract

This thesis contributes to our understanding of the moral dimensions of using self-management technologies in general practice. Through qualitative interviews with general practitioners (GPs) and patients with experience in home blood pressure monitoring (HBPM) utilization, it examines the influences of HBPM on the general practitioner-patient relationship, patient responsibility for their health and patient autonomy.

The first part of this thesis provides an account of the ethical implications of self-management technologies and their related practices for the doctor-patient relationship (DPR), patients' responsibility for their health and patient autonomy. This account is contrasted with models of the DPR drawn from the bioethics and clinical literature, and with the conceptions of patient responsibility and patient autonomy that inform these models. Self-management technologies and their related practices have the potential to be more ethically robust than ordinary care. They may be able to influence patients' health agency by promoting their cognitive and emotional abilities and, through this, change health outcomes for chronically-ill patients. However, there are a number of pertinent ethical issues concerning mutual trust in the DPR, patient responsibility and patient autonomy that need further empirical clarification.

Building upon the theoretical material covered in the first part of the thesis, the second half describes an empirical study, which consisted of a series of interviews with GPs ($n = 13$) and patients ($n = 19$). HBPM was used as a case study for self-management technologies. The interviews focused on participants' experiences with HBPM as a means to collect experiential narrative material relevant to answer the research questions.

The findings are presented across two domains: the GP-patient relationship and patients' responsibility for their health. GPs' and patients' views of these ethical notions are presented comparatively. Mutual trust in the DPR plays an important role in promoting patients' motivation to maintain their health, which in turn, underpins all dimensions of patients' responsibility for their health.

In the final part of the thesis, these two themes from the empirical findings are drawn together with the theoretical material. I emphasize the significance of these findings for the bioethics literature concerning the DPR, patient responsibility and

patient autonomy and for the conceptual base of self-management technologies. The implications of these conclusions for bioethics, general practice and public health are then considered.

Statement

This work contains no material which has been accepted for the award of any other degree or diploma in any university or tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except when due reference has been done in the text.

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Published:

1.Oprea L, Braunack-Mayer A, Rogers WA, Stocks N. An ethical justification for the Chronic Care Model (CCM). Health Expect. Mar 2010; 13(1):55-64.

Signed _____

Liviu Oprea, Candidate

Date: _____

Acknowledgements

I would like to acknowledge the support and assistance of a number of people in enabling this thesis to happen.

To my supervisors – Professor Annette Braunack-Mayer, Professor Wendy A. Rogers and Professor Nigel Stocks – all of whom provided generous and much appreciated guidance, inspiration and encouragement. I consider myself very fortunate to have such a wonderful and supportive supervisory team.

Many thanks to research informants who generously gave their time and entrusted me with their stories over the course of my research, without them would be no thesis.

Thanks to members of the Discipline of Public Health at the University of Adelaide for their support and inspiration.

I am grateful to my fellow postgraduates, of which there were many to name. As always, the love and understanding of my family and friends sustained me during my candidature both in Australia and Romania when nothing else could do. For this I am indebted.

Liviu Oprea,
May, 2012

List of abbreviations

BP	Blood pressure
CCM	Chronic Care Model
CDSMP	The Stanford University Chronic Disease Self-Management Program
CM-DPR	The collaborative model of DPR
DPR	Doctor-Patient Relationship
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HBPM	Home Blood Pressure Monitoring
NR	Negative Reinforcement
NR-GPs	GPs who used negative reinforcement communication style
PCC	Patient Centred Care
PR	Positive Reinforcement
PR-GPs	GPs who used positive reinforcement communication style
RCC	Relationship Centred Care
WHO	World Health Organization

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