

Abstract

Antibiotic resistance is a growing public health problem both nationally and internationally, and efficient strategies are needed to reduce unnecessary use. This dissertation presents four research studies, which examine how communication between general practitioners and patients in Danish primary care may influence decisions on antibiotic use.

Based on video- and audio recordings of physician-patient consultations it is investigated how treatment recommendations are presented, can be changed, are forecast and explained, and finally, how they seemingly meet resistance and how this resistance is responded to.

The first study in the dissertation suggests that treatment recommendations on antibiotics are often done in a way that encourages patient acceptance. In extension of this, the second study of the dissertation examines a case, where acceptance of such a recommendation is changed into a shared decision of symptomatic treatment.

The third study of the dissertation explores how the rapid C-reactive protein test (CRP) is used as a communicative tool in treatment decisions, while the fourth and final study of the dissertation focuses on what happens when patients, following a treatment recommendation, introduce symptoms that have not been sufficiently addressed during the course of the consultation.

Together, the results show that by allowing and inviting more patient involvement in the treatment decisions and by making clearer the rationale behind these as well as listening to patient concerns, treatment decisions may be navigated with a reduced risk of unnecessary prescribing.