



# Non-Compliance” or “Non-Adherence?”: How a Subtle Terminology Shift Can Improve Patient-Centered Care

Asad Arif<sup>1\*</sup><sup>1</sup>Department of Writing and Rhetoric, Stony Brook University; [asad.arif@stonybrook.edu](mailto:asad.arif@stonybrook.edu)\*Correspondence: [asad.arif@stonybrook.edu](mailto:asad.arif@stonybrook.edu)

Patient non-compliance is the third most common reason for doctors to dismiss patients from medical care (Mayo Clinic, 2010). Could the simple terminology change from non-compliance to non-adherence reduce the amount of patient dismissals? Non-compliance is a listed diagnosis within the International Classification of Diseases, 10th revision, or ICD-10.

ICD-10 is a medical coding system created by the World Health Organization and used by medical providers in over 117 countries (Nair, 2020). If a patient does not follow the direction of their doctor, they may be reported as non-compliant under diagnosis code Z91.9: “Patient's non-compliance with medical treatment and regimen” (ICD10Data.com, 2022). This code is especially important to doctors because it shows insurance companies (who are responsible for reimbursing the doctor for their services) that the patient's persistent or worsening health condition is exacerbated by their own decisions and not that of the doctor (Nair, 2020). Although non-compliance is the official term employed by ICD-10 and the wider community of medicine, it is not the best choice. The medical term “non-compliance” discredits the patient role in the physician-patient relationship and unjustly assumes that patients intentionally disregard medical advice when, in fact, they may face certain financial and social barriers to care. “Non-adherence” is a more appropriate term which boosts cooperation between patients and physicians to recognize and construct solutions to barriers of care.

Within the medical context, non-compliance should be revised to non-adherence because it fails to address the patient's social determinants of health (SDoH). The WHO defines SDoH as “the non-medical factors that influence health outcomes,” including “the conditions in which people are born, grow, work, live, and age” (World Health Organization, 2019). When a patient seeks medical help for an illness or injury, it stands to reason that he or she does not wish to remain sick. Certain external factors can limit their ability to follow medical advice. For example, many people face financial difficulties which restrict them from receiving and taking medication. According to a study at the Pakistan Institute of Medical Sciences, the cost of treatment was the “commonest reason for non-compliance” within patients of the psychiatry department of the institute. Also, the study indicates that the scarcity of drugs (especially in rural areas) prompts patients to “stop treatment prematurely” (Taj & Khan, 2005).

Another barrier to care for patients is the improper education of treatment due to patient health illiteracy. If a patient cannot understand the specifics of their disease, why they are taking a certain treatment, and any side effects of that treatment, they are more likely to become medically non-compliant (Naghavi et al., 2019). Researchers who studied the main reasons behind non-compliance in patients with lower limb varicose veins found that the majority of them are ignorant of the severe health consequences if their condition were to worsen. As a result, most of these patients refuse to participate in graded elastic compression stocking therapy (GECS), a special therapy that manages the disease. These researchers noted that there are “insufficient educational programs about GECS therapy in hospitals” and that doctors “have little time for health education due to their heavy clinical work” (Gong et al., 2020).

A third barrier to care that can hinder otherwise cooperative patients from following medical advice is limited access to reliable transportation. At the Sun River Health Elsie Owens clinic, a federally qualified health center in Long Island, NY that serves underserved communities, site medical director Nadia Arif reported that many patients miss scheduled appointments because they do not have consistent means of transportation. These individuals often must walk long distances to the clinic or rely on public buses, and are frequently labeled non-compliant as a result of missed visits. Additional research further demonstrates that transportation access has a significant impact on patient compliance. A study published in BMJ Open Diabetes Research and Care examining factors associated with diabetic patients' adherence to eye examination guidelines found that “the quality of access to public transportation was strongly correlated with compliance” (Lee et al., 2014). In other words, patients with dependable transportation are more likely to attend recommended eye examinations compared to those without reliable transit options.

The presented studies above prove that the most prevalent causes of non-compliance within patients are external factors, such as those included in SDoH, and not the patients themselves. In



Copyright: © 2025 by the authors.

This article is an open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

instances in which patients cannot access necessary medicine and, by extension, fail to take the medicine, they are not purposefully avoiding treatment. When patients miss important medical examinations because they cannot secure transportation, they are not purposefully avoiding treatment. If patients are not given enough information about their health condition and are subsequently skeptical of following a certain medical regimen, they are not purposefully avoiding treatment. Yet the term non-compliance unfairly blames these patients for their inability to follow doctor's orders. Non-compliance characterizes them as disobedient, which is simply untrue. Alternatively, non-adherence does not place any fault on the patient; it is a less hostile descriptor. When non-adherence is used to describe them, it not only recognizes that each patient's specific SDoH can be responsible for their missing treatment but also strengthens the patient-physician relationship.

Non-adherence is a superior term than non-compliance because it unites physicians and patients towards a common goal. According to the Oxford Dictionary of Public Health, non-compliance is the "Failure to adhere to or abide by the recommendations or instructions of health care professionals" (Porta & Last, 2018, p.167). But the dictionary also provides commentary on compliance: "Many behavioral scientists prefer to allude to adherence and suggest that 'compliance' is a pejorative word, implying coercion" (Porta & Last, 2018, p.148). Therein lies a major issue with the term non-compliance. It tarnishes the physician-patient relationship by placing the doctor's role above that of the patient. The doctor is seen as the boss who demands the patient to follow a certain treatment. And the patient is expected to follow those orders without any of their own input. This method of thought is extremely detrimental to healthcare. Previously established beliefs about non-compliant behavior have created a view of patients as "passive recipients of health care" (Playle & Keeley, 1998, p.304) and "distances the professional physician's actions, judging rather than analyzing and understanding (Playle & Keeley, 1998, p.309). As outlined in the previous paragraphs, each patient has unique problems that hinder their progress to a healthier lifestyle. It is unreasonable to expect that they will follow any medical instruction verbatim. Alternatively, the burden lies on the physician to work with the patient and navigate any obstacles in the way of their treatment. Moses Zonana, founder and CEO of Compliance Meds Technologies, believes "Adherence is softer terminology that connotes a partnership with the patient toward better outcomes" ("Adherence vs. Compliance," 2017). The seemingly insignificant change from "non-compliance" to "non-adherence" can completely change the interaction between patients and physicians. Physicians will be encouraged to keep in mind that the process of implementing the treatment is just as important as prescribing the treatment. The patient, under the direct guidance of the physician, will obtain more control of how their treatment is regulated. If these conditions are met, patients would be more likely to benefit from the healthcare system and the rate of patient dismissals due to non-compliance will surely drop.

The introduction of non-adherence in medical terminology is a necessary step towards improving the healthcare system. Every year, massive amounts of health care resources are wasted because of patient non-compliance (Mayo Clinic, 2010). If medical providers truly wish to stop this hemorrhaging of resources and provide our patients comprehensive assistance, they must adopt the mindset characterized by "non-adherence." When physicians describe patients as non-adherent, they are communicating their understanding of the unique circumstances that prevent each patient from reaching their health goals. They can then tailor their treatments to the convenience of the patient instead of drowning them with more unhelpful medications and appointments. This vital change in mindset, which ICD-10 and major medical institutions should reflect, is the breakthrough health care needs for the promotion of the patient-physician relationship.

**Funding:** This research received no external funding.

**Institutional Review Board Statement:** N/A.

**Informed Consent Statement:** N/A

**Data Availability Statement:** N/A

**Conflicts of Interest:** The author declares no conflict of interest.

## References

- Adherence vs. compliance. (2017, July). *Pharmaceutical Technology*, 41(7), 73. <https://link-gale-com.proxy.library.stonybrook.edu/apps/doc/A501079407/AONE?u=sunysb&sid=bookmark-AONE&xid=d06d8f24>
- Gong, J., Du, J., Han, D., Wang, X., & Qi, S. (2020). Reasons for patient non-compliance with compression stockings as a treatment for varicose veins in the lower limbs: A qualitative study. *PLoS ONE*, 15(4), 1-11. <https://doi.org/10.1371/journal.pone.0231218>
- ICD10Data.com. (2022). *Personal risk factors, not elsewhere classified (Z91)*. <https://www.icd10data.com/ICD10CM/Codes/Z00-Z99/Z77-Z99/Z91->
- Lee, D. J., Kumar, N., Feuer, W. J., Chou, C., Rosa, P. R., Schiffman, J. C., Morante, A., Aldahan, A., Staropoli, P., Fernandez, C. A., Tannenbaum, S. L., & Lam, B. L. (2014). Dilated eye examination screening guideline compliance among patients with diabetes without a diabetic

- retinopathy diagnosis: the role of geographic access. *BMJ Open Diabetes Research & Care*, 2(1), e000031. <https://doi.org/10.1136/bmjdr-2014-000031>
- Mayo Clinic. (2010, September 9). *Noncompliance - Victor Montori, M.D.* [Video]. YouTube. <https://www.youtube.com/watch?v=fIcRKdoiVk>
- Naghavi, S., Mehrolhassani, M. H., Nakhaee, N., & Yazdi-Feyzabadi, V. (2019). Effective factors in non-compliance with therapeutic orders of specialists in outpatient clinics in Iran: a qualitative study. *BMC Health Services Research*, 19(1), 413. <https://doi.org/10.1186/s12913-019-4229-4>
- Nair, S. (2020, October 10). *What is ICD-10? Which countries follow ICD coding? Who introduced ICD coding?* LinkedIn. <https://www.linkedin.com/pulse/what-icd-10-which-countries-follow-coding-who-sridha-nair-cpc-crc-ccs8>
- Playle, J. F., & Keeley, P. (1998). Non-compliance and professional power. *Journal of Advanced Nursing*, 27(2), 304–311. <https://doi.org/10.1046/j.1365-2648.1998.00530.x>
- Porta, M., & Last, J. M. (2018). A Dictionary of Public Health. In *Oxford University Press eBooks*. <https://doi.org/10.1093/acref/9780191844386.001.0001>
- Taj, R., & Khan, S. (2005). A study of reasons of non-compliance to psychiatric treatment. *PubMed*, 17(2), 26–28. <https://pubmed.ncbi.nlm.nih.gov/16092645>
- World Health Organization: WHO. (2019, May 30). *Social determinants of health*. [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1)