

Challenge of patient preferences for malaria diagnoses

Esther, District Stakeholder: Even the general populace because people have a fever and the first thing they think is malaria, “menya¹ malaria”. They come to the consulting room and they tell you they have malaria.

CC: And how do they [patients] feel about it when they get the negative result for malaria?

Sam, HFIV: Sometimes they don’t feel we are telling them the truth or I don’t know, ‘but my child is too hot and you say he has no malaria’, you see?

Jessica, HFIII: Because we are in the tropics and malaria is almost all the time the number one diagnosis. I mean, clinicians we are part of it, we have always been diagnosing malaria. So those in the house know nothing but malaria. And so once they have fever they think ‘once I am going, it is going to be anti-malarials I’ll be given’ ... In the past that has been the situation, so they are also used to it. So they come and they’d rather present malaria to you instead of their own symptoms. Everybody’s like ‘I have malaria’, the least headache ‘I have malaria’.... [if the result is negative] they are less happy because they get confused. They are like ‘what else is happening to me?’ because everybody thinks that the moment I am sick it has to be malaria. So when it is not malaria then the person is sort of startled, ‘then what is it, what else is happening to me?’ they prefer it will be malaria.

Strategies for combating RDT negative patients’ expectations for anti-malarials

- Listen to the patient’s story

Jo, HFIII: You have to talk to the person to understand. You talk to them. Its one on one. So you talk to them, ‘oh what work do you do?’ Said ‘oh maybe I’m working at a factory’ or something ‘and yesterday, since last week I have not slept well’ or something, so you know, oh, he needs rest. So ‘I don’t think it’s malaria’. He says, ‘oh I’m not feeling fine, the whole body is painning me’. But you see that it’s not malaria you ask him to rest, come back later.

- Communicate symptoms can be due to other causes

Frida, HFI: They conclude everything, ‘oh I am suffering from malaria’ when they come to you, so at times you have to explain to them that it’s not only malaria that has these symptoms.

- Reassure patient can return for review

Jessica, HFCIII: So, depending on how you speak to them they will quietly go but I know they will be disappointed because they were expecting something from me but you just have to politely say ‘your lab didn’t show anything, from the way you are telling me this and that, I think that if you take a little rest you’ll be fine so let me see you in three days and see if I still need to treat you for something else’. They will be disappointed but there will be a quiet exit, they wouldn’t say anything.

- Explain treatment according to symptoms

Grace, HFII: ok I will tell them that it is not all cases of fever or headache or this thing that is malaria. Then I will go further to ask questions. ‘Do you cough? Do you have pains when you’re urinating?’ I realized that especially in the UTI the young young girls they find it difficult to say it with the vaginal discharge. Then you go further and probe ‘do you have pains when you’re urinating? do you discharge?’, this and that. Once a while or most often you come out with other things that they have not disclosed and maybe you too have not asked. So from there you explain, ‘ok now because of this and that, that is why you are having the fever so I’m giving this treatment’. You go and take it, after three or four days you come back and let’s see.... It’s all when you have time for them. If you have time for them.... But when you see so many of them to attend to and then there are some of the things you miss. But when you have time for them, then you sit them down and talk to them. Even if you don’t give them any medicine if they go back, you tell them, ‘every evening drink a cup of water before you go to bed’.... But when you are so busy and you don’t have time to talk to them and they like it when you sit them down and talk.

- Show the test result

Fatima, HFIII: It’s like sometimes they think you’re just saying something so sometimes you have to show them the lab that they should look at the plus. I show it to them, usually any lab that comes if only the person can read. I say please you look on it it’s yours, you have to know whatever is going on in your system.

- Give ‘routine’ medication

Nora, HFII: If it is negative I will give you still routine tablet and come for follow up

CC: ok right. So there is no case when you give them no tablets?

Nora, HFII: Oh no, I give everybody. We won’t let you go home without taking any drug if it is negative. We won’t let you go home without; by all means we will give you something to take.

- Give anti-malarials

Esther, District Stakeholder: when you are under pressure of patients, if ... you have about 40 patients and you’ve sent 10 people to the lab and they’ve taken over two hours, patients get angry. And then they’re putting pressure on you the clinician. What you usually do is to you actually do clinical diagnosis so that you can appease your patients. I think we do that, I have done that a few times and it’s real, is real.... I think there is this perception of patients [who] always think that ‘the moment I feel bitterness in my mouth, the moment I feel any weakness, it can only be malaria’. So I think in a way clinicians are forced by adults to treat [with anti-malarials]. And most of the time the person might have even gone to the chemical shop himself to go and get an anti-malarial treatment anyway. So when they come to you really have no choice than to allow it.

¹local dialect meaning “I have”