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True Deprescribing: Empowering Patient's Autonomy

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Short Communication

Advancements in human knowledge across various scientific fields, including medical sciences such as vaccination, lifestyle, health, medical procedures, pharmacology, and up-to-date screening programs, have contributed to an increase in life expectancy. However, longevity is associated with multiple non-communicable diseases, such as osteoarthritis, cardiovascular diseases, and cognitive impairment that affect the elderly [1]. One common approach to managing chronic diseases is the prescription of medications by physicians [2]. As age increases, the risk of developing multiple diseases (multimorbidity) rises, leading to a higher prevalence of polypharmacy within the population [3, 4]. Polypharmacy means the daily use of five or more medications. The combination of multimorbidity and subsequent polypharmacy may increase the risk of drug side effects, mortality, and prolonged hospitalization [5, 6].

Additionally, the production, distribution, and purchase of medications, along with managing potential drug side effects and the complications of polypharmacy, impose a significant financial burden on society [7, 8]. One proposed strategy to reduce the financial burden and drug side effects associated with polypharmacy is deprescribing, which is a process aimed at decreasing the dosage or discontinuing unnecessary or harmful prescribed medications, necessitating a patient-centered approach to ensure effectiveness. This approach takes into account the patients' priorities in the prescribing process to prevent additional complications and financial strain. The Patients should be involved in the selection of medication categories, proper usage, and potential side effects based on information provided by healthcare providers [9, 10].

On the other hand, deprescribing can be viewed from a broader perspective, respecting all aspects of the patients' choices. Given the individual's autonomy regarding their lifestyle, a patient may not eager to extend their life at the expense of its quality and may prefer to spend the remainder of their shorter life without the burden of managing medication schedules and dosages. Consequently, adopting a comprehensive patient-centered perspective must be acknowledged. Thus, the term "true deprescribing" is proposed to describe this freedom of the patients' preferences. Conversely, it is evident that sudden withdrawal from certain medications can lead to the side effects and even death, the patients must consciously accept the consequences of their decisions with written consent [11].

The patients' families should also be aware that the healthcare providers are not involved in the final treatment methods. The patient-centered approach discussed in the scientific articles may not fully note the patients' options. For the actual implementation of this perspective, all the patients' priorities should be considered, leading to the introduction of the proposed term "true deprescribing." In this new attitude, while the financial burden of polypharmacy may initially decrease, there exists the potential for financial strain due to the increased risk of underlying disease exacerbation and prolonged hospitalization. However, comprehensive studies are necessary to examine the effects of the patients' preferences on the treatment process and the resulting financial burden on the population and the healthcare system.

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Conflict of Interest

None

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