

# PATIENT VOICES: LIVED EXPERIENCES OF DECISION-MAKING PROCESS IN LONG-TERM ANTIPSYCHOTIC MEDICATION TREATMENT

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## OBJECTIVE

Exploring patients' perspectives on the decision-making process for long-term antipsychotic treatment.

## LEGAL AND THEORETICAL FRAMWORK

- Legally and Ethically a physician must obtain the patient's free and informed consent before treatment.
- This principle respects the patient's right to self-determination and personal autonomy.
- Key elements of informed consent include consent, understanding, and non-control.

## METHODOLOGY

- Participants: 20 Israeli participants : 10 women and 10 men, with an average age of 27.89 years; recipients of antipsychotic drug treatment in the last three years; not part of forced treatment.
- Method: a semi-structured interview was used, covering several thems including: reasons for choosing antipsychotic treatment, the informed consent process, considerations for stopping treatment, and systemic aspects such as interactions with rehabilitation services.

## PARTICIPANT VOICES



- "I didn't get info on withdrawal... I had to search online while suffering horrible symptoms."
- "They changed pills again and again—nobody said stopping was even possible."
- "I didn't feel the meds helped. Still, the only option offered was more medication."



## FINDINGS

- **Theme 1:** Many participants did not recall receiving information about withdrawal symptoms, treatment duration, or dependency risks before starting treatment.
- **Theme 2:** Over half expressed a desire to stop or reduce medication due to side effects, insufficient benefits, or fear of dependency.
- **Theme 3:** Participants reported dismissal of concerns, lack of alternative options, and resistance from psychiatrists when discussing discontinuation

## CONCLUSIONS



- Poor initial information led to long-term difficulty in exercising autonomy over treatment decisions.
- Current clinical practices regarding long-term antipsychotic treatment may present significant challenges to the principle of patient autonomy.
- Shared decision-making tools should become the default system protocol , subject to patient consent.