Consumerism v.s. Professionalism: Finding Balance between Physician Power and Patient Right

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ABSTRACT

The purpose of this study was to investigate the relationship between physician power and patient right. Though many physicians oppose consumer involvement in the health care system, many patients today realize that they are entitled to the information necessary to judge the quality and safety of health services they received. Physicians are no longer keeping the unilateral decision power over their patients. The consumer movement has not only taught patients to be more assertive, more questionable, and more demanding, but it also taught physicians to withhold recommendations and so as to protect themselves from lawsuits. In order to improve the rapport between physicians and patients, physicians must be active in meeting the needs of consumer groups. Good information is essential in this competitive health care environment and it is equally important for physicians to keep their already fragile professional autonomy.

Key words: consumerism, patients' right, physician power, health care
消費者主義，病患權益，醫師權力，健康照護

民眾醫療知識的增加邏輯上應有助於縮短醫師與病患間之認知落差，而使醫病關係獲得更好的互動。但越來越多的醫療糾紛證明，事實卻是相反，原因何在？當醫師的專業已不再是絕對的權威而不容質疑與挑戰時，且病患也不再是完全聽從及配合醫師的處置時，醫病關係便因互相的不信任而惡化。本文的目的即針對改善醫病關係最必須先釐清的有關醫師權力與病患權益等課題的進行探討。我們以文獻回顧的研究方式，蒐集美國近十年來有關醫病關係的文獻，並探討醫病之間如何維持一平等的關係，以期能幫助創造醫師、病患間雙贏的結果。

INTRODUCTION

Patients who have been diagnosed as having serious medical problems are subject to high distress and different levels of influence by physicians. Imagine a

patient who is diagnosed as being HIV positive or having final stages of breast cancer and is told that his or her chance of leaving the hospital alive is small if not zero. Suffered enough, the patient tries to seek second opinion from other physicians will most likely to see different types of interactions between patients and physicians. These situations most evidently illustrate intense and complex interactions existing among the main medical care profession (the doctors) and their consumers (the patients). The purpose of this paper is to focus on the concepts and evolvement of consumerism in health care sector and its effect on physician power.

THE GROWTH OF CONSUMERISM IN HEALTH CARE SECTOR

The health care industry has experienced a lasting and rapid boom during the past decades despite continual concerns and critiques on it. In the process of pursing for health service expansion, patient right has not received its due attention correspondingly. Health care providers dominated its relationship with patients and possessed absolute power to control patients' medical treatment decision.

The rise of consumerism in the recent years has boosted the self-consciousness of patient right in health care sector. Calling for the protection of patent right is soaring around world including Taiwan.

It is true that the enactment of Consumer Protection Act in 1994 is a significant triumph of consumerism in Taiwan. However the tension and unhealthy relationship between health care providers and patients is increasingly growing up due to the immaturity of Consumer Act enactment. The major concern on this act in terms of health service is that the attribute of health care providers were categorized as the same as general commodity producers. In other words, health care providers must take the legal responsibility for negative outcome subsequent to medical treatment no matter there is any malpractice occurred. This issue has raised a huge quarrel among judicial officers, health care providers, and patients.

This dispute turned to fierce conflict among the aforesaid people in 1998 when Taiwan judiciary actually imposed legal responsibility on physician and hospital in a malpractice suit based on the application of Consumer Protect Act. Judiciary opinion on the illustration of health care provider's legal responsibility could not be accepted by medical society and Department of Health.

Many studies [1 - 3] show that the immaturity of Consumer Protection Act may ruin the relationship between patients and doctors. It can not exactly protect patient's right but evoke serious problems between them. For the purpose to avoid legal suit launched by patients, physicians tend to be much more conservative in medical practice. Enormous waste may occur when protecting physician himself becomes the first priority in the process of medical care. This problem in Taiwan's health care industry could not be easily resolved before related laws have been significantly revised. In other word, the complex relationship between patients and doctors shall

worsen the healthy development of health care industry and the protection of patient right.

In addition to the impact of legislation on health care relationship, the change of cultural factors in Taiwan also significantly influences the development of consumerism and professionalism. It can be confirmed by the significant increase of patient complaints and legal suits in the health care practice [4].

THE CHANGING CHARACTER OF THE MEDICAL PROFESSION

A profession is defined as an occupation that has achieved autonomy or self-direction [5]. There must, however, also be formal institutions that exist for the sole purpose of serving to protect the profession from external "competition, intervention, evaluation, and direction by others"[6]. In Freidson's original formulation, several vehicles help establishing professional dominance. First is autonomy over work. This is a necessary but not sufficient condition due to many occupations, though have autonomy over their work actually have no power. A second is control over the work of others in one's domain. This quite often happens at bureaucratic organizations like hospitals where physicians usually have controlling power over other professions. The third source of dominance comes from the cultural beliefs and deference that consumers and public hold toward doctors as healers. Culture is believed to be the most fundamental source of professional power [7]. A final source of Freidson's professional dominance is institutional power. The predominant form of institutional control over health care in the states is regulation by health care providers, which may take the forms of peer review, licensing, accreditation, or other credentialing programs.

Other discussions regarding reasons of the formation of physician dominance include the dominance in knowledge and clinical decision-making, and the dominance in performance evaluation and setting standards [8]. As more and more information was demanded from the patients and their families, the once obscure medical information is now being exposed to public scrutiny on various media. Patients and any people who want to know more about their medical needs are now gaining easy access to medical knowledge by journals, books, audio-visual materials, CD-ROMs, and the magic Internet. Also, health-related quality of life and patient satisfaction have becoming much more noticed recently. Performance evaluation and standard setting, which were both performed only by medical professionals only, are therefore open to consumers' discretion.

Light and Levine pointed out three alternate and quite distinct concepts that challenge the above-mentioned professionalism: deprofessionalization, proletarianization, and corporatization [9]. Marie Haug described the beginning of deprofessionalization [10]. She argued that deprofessionalization would be the trend of the future. Those professions, which are losing their monopoly over knowledge,

public belief in their service ethos, and expectations of work autonomy and authority over the client are defined as targets of becoming deprofessionalized. By this definition, the medical profession is sure to be one of those deprofessionalized professions.

There are some major changes underlying the proletarianization of physician profession. The increasingly technical and organizational complexity of modern medicine is thought to be one of the most important factors, which caused the proletarianization [11]. Other factors include the rise of investor-owned health care corporations, and the revolt of institutional buyers who seek to control the rising cost of services.

On the other hand, corporatization also refers to physicians' becoming more connected to complex organizations and financial arrangements. It refers to the common experience of being enforced to complying with varieties of corporate control: incentive pay and reward system, peer and utilization review, quality requirement, restrictions on practice patterns, and so on.

THE RISE AND GROWTH OF CONSUMERISM IN USA

In health care sector, the meaning of consumer is somewhat confusing. A consumer is generally defined as the person who pays for and uses certain goods and services. In health care, however, people receiving care are consumers, but consumers of health care are not always patients. Patients are often referred to as recipients of care. By contrast, consumers are viewed as more active social role associated with the terms of rights, power and empowerment.

We believe that it is worthwhile to understand how the consumerism has risen and grown in the States. Rosen, Metsch, and Levey have traced consumerism in the United States [12]. The following chronology provided by them clearly outlined consumerism in the years between 1960s and the early years of 1970s:

1. President Kennedy proclaimed a Declaration of rights for all Americans in March 15, 1962.
2. President Johnson established the President's Committee on Consumer Interests and the Consumer Advisory Committee on January 3, 1964; recommended legislation to congress, including truth in lending, fair packaging, and child safety on March 21, 1966; recommended the enactment of legislation for clear information on credit and closer examination of medical devices and laboratories, and recommended four new laws dealing with hazardous household products on February 16, 1967.
3. President Nixon reaffirmed the Buyer's Bill of Rights and transferred the Office of Community Affairs to the Department of Health, Education, and

Welfare on February 24, 1971.

4. The Ralph Nader Group brought the rights of the consumer into greater prominence in 1970s.
5. Patients' Bill of rights statements by the American Hospital Association in 1972.
6. Federal mandates published for consumer participation in planning and policy making by health maintenance organizations in 1973.
7. The Rights of Hospital Patients published by George Annas and the Rights of Mental Patients, a series of handbooks sponsored by the American Civil Liberties Union, published in 1975.

Since the 1970s, consumers in health care sector are moving towards a more consumerist approach. Human subjects review committees were mandated for all federally funded research to ensure patient protection. Informed consent procedures required hospitals and other institutions to implement procedures to ensure that patients were adequately informed. Consumer demands for participation and for changes in health care decision-making have been increasing in the 1980s[13]. The growing numbers of health care consumer groups are but one of the many results induced by this period of consumerism evolvement.

THE MYTH OF CONSUMER SOVEREIGNTY

Though classical economists described consumers as sovereigns of the market, owning the power over the producers in the marketplace. Consumers are actually powerless to alter health care through market transactions in health care sector. For consumer sovereignty to be a reality, certain conditions must be held true [14]. First of all, consumer demand must determine production of goods and provision of services. However, in health care today, complex technology, organization, and process added together will definitely nullify the mandate of consumer. Secondly, consumers must have the information necessary to judge the quality, utility, and safety of products and services. As earlier mentioned, enhanced information exchange facilities and media caused an ongoing deprofessionalization of medical professions. However, there is still very useful information concerning quality of health care remains out of the reach or understanding of consumers. Thirdly, consumers must choose products and services that give the greatest utility for the lowest price. As a matter of fact, patients and families fatigued with health crises usually face the dilemma of having too little information or experience to help them in judging utility in relation to cost of health care. Finally but most importantly, both consumers and providers must have free access to the marketplace. In the present health care services, consumers gain access to most of the medical professionals only by way of the physician's referrals. Consumer sovereignty in the health care sector is overwhelmingly dominated more by

providers than by consumers.

THE HEALTH CARE CONSUMER MOVEMENT

The beginning of the health care consumer movement can be traced back to the mid nineteenth century when people saw the dangers of heterogeneous medical treatments, such as purging and bleeding, as significant social problems. People organized to protect themselves from harmful and ineffective quackery. Consumers lost momentum during the years between 1915 and 1960 due to the consecutive events of World War I, the great depression, and the World War II. However, a renewed interest in the rights of consumers again occupied the minds of people in 1960s. Consumers in this period were ready for a reawakening of the need for change in health care. People wanted a life of quality and that included decent health care.

Two major focuses of consumerism are worthy of our discussing here: the choice-based consumerism and the rights-based consumerism [15]. Consumer choices are often restricted as a result of limited resources or options. Rural residents who want to change their primary care physicians may find that there are no other alternate physicians to go to owing to geographic barriers or the willingness of other physicians to accept new patients. Patients' attitude and behaviors have changed dramatically over the issue of medical decision-making. More patients today realize that they are entitled to make decisions by both themselves and their physicians together instead of listening and deferring to their doctors without question. Today, people believe that they have the right to quality care, to second opinions, and to freedom of choices.

Rights-based consumerism argues that consumers in health care sector are by no means different to consumers in business or industry fields to have rights of being informed and being heard. Additionally, consumer movement in the health care arena has also been working hard to ensure the right to privacy and confidentiality, and patient access to medical records.

PROVIDER RESISTANCE TO CONSUMER PARTICIPATION

Many providers oppose consumer involvement in the health care system. One of the reasons is the belief that health care is too complex for a patient to be able to understand. Other physicians responded to the rampant consumer movement as if it were a threat to their professional autonomy. Emotionally, some doctors did not like this trend of consumer intrusion because they deemed it as a signal of distrust. As a former cancer patient Richard Bloch said, "Many patients today realize that they are entitled to run their lives [16]. Twenty years ago, people came to a doctor with full trust. Today, they are more likely to seek a second opinion.

Of all the arguments against consumerism, lack of unified consumer view of health care may be the most important issue [17]. There are such a wide variety of consumer opinions about how the health care should be processed and resulted. Yet,

there is no one who can representatively speak for consumers in general. Consumers not only want different things, but different things under different standards at different times. The medical care system is large enough and diverse enough to offer large range of alternatives. The interests of providers and consumers are unavoidably different. Physicians after so many years of medical education and huge opportunity costs, will likely to aim at self-esteem, social status, profits, financial security, and for at least some of them, the satisfaction of altruistic goals. On the other hand, though consumers came into the health care encounter with one major need and expectation: quality health care, the versatility of opinions and definitions on what is quality health care will always induce conflicts between care providers and patients.

BALANCE BETWEEN PHYSICIAN POWER AND CONSUMERISM

THE DOCTOR-PATIENT RELATIONSHIP

The social status of physicians has always been high in the last half century. Consumer surveys regularly place doctors at the top of the rank order of occupational esteem. As early as in 1958, fifteen occupations were ranked for social status in a study concluded that physicians were ranked as top social status by different groups [18]. High achievers boys in a survey of junior high school in 1961 ranked doctor, scientist, and engineer as 1st, 2nd, and 3rd occupational choices respectively. Interestingly, the low achievers boys also ranked doctors as their first occupational choice followed by skilled tradesmen and aviator ranked as 2nd and 3rd choices [19]. The physician's high esteemed status is not only held true in the western societies. In one of a recent comparison of social status ranking of occupations in China, Taiwan, and the United States showed consistent result of ranking physician and lawyer as the highest ranked occupations [20].

Though it may seem to have been a long good time for physicians, there is still dark side emerging. A 1981 survey by Harris and Associates discovered that nearly half of all physicians would not recommend medicine as a profession as highly as they would have ten years ago [21]. A recent report by American Medical Association (AMA) showed that "the public believes that doctors don't care as much about people as they used to, don't spend enough time with their patients, and they are more motivated by money and prestige than a desire to help people."

Patients today are much better educated, having higher income, longer life expectancy and more knowledgeable about medical information. A shift in responsibilities has resulted in the consumer's taking more control of his or her own cares. The impact of these changes on doctor-patient relationships is unpredictable due to changing expectations and attitudes form both sides. However, despite growing consumerism and skepticism on physician authority, a large portion of patients continue to behave compliantly in order not to jeopardizing the relationship with their

doctors.

RIGHT OF PATIENT

In the health field, patient rights have related mostly to four main commonly accepted subjects in our society: the right to the whole truth; the right to privacy and personal dignity; the right to self-determination, to make decisions that concern one's self; the right to complete records [22]. Over the recent years, several editions of patient's rights have been discussed. Among them, the 1972 American Hospital Association (AHA) adopted Patient's Bill of Rights has been widely disseminated through the various institutions and organizations. Hospitals look upon this statement as a guidance and many are posting signs and printing their own code in leaflets, pamphlets, and guides to patients and their families.

Let us examine a few statements offered in AHA's Patient's Bill of Rights and their effects on physician's power. One statement reads, "...the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved...have the right to know the identity of physicians, nurses...as well as when those involved are students, residents, or other trainees..."

In the past, the patient of the health care sector was a passive recipient of the medical treatment decided by the providers. The patient often accepted without question the treatment suggested by health professionals. Physicians who used to enjoy absolute power over the treatment decision and the training of their students are now feeling frustrated and distrusted by the influence of this "right to the whole truth" statement.

Another statement of AHA's Patient's Bill of Rights reads "The patient has the right to make decisions about the plan of care prior to and during the course of treatment..." Not long ago, most major treatment decisions were left exclusively in the hands of physicians. They usually made decisions without open discussion, not to mention the participation of the patient. These paternalistic approach physicians struggled to maintain spared patients and their families from agonizing about interventions that had little chance of helping the patient. Physicians are no longer keeping the unilateral decision power over their patients. They cannot deem the patient as layperson and so as to neglect the necessary offering of information and consulting. Other statements related to the right to privacy and personal dignity, and the right to complete record read like "The patient has a right to every consideration of privacy..." and "The patient has the right to review records pertaining to his or her medical care and to have the information explained or interpreted as necessary, except when restricted by law." Not surprisingly, physicians responded to these statements as if they were a threat to their professional autonomy, a loss to their unique professional qualities, a sharing of their monopoly over knowledge, and most agonizingly, erosion of public trust.

WIN-WIN BETWEEN PHYSICIAN POWER AND CONSUMER RIGHT

As the result of the consumerism impact, one extreme reaction of physicians could present patients with bunch of options and consequences but withhold their own recommendations to avoid influencing patients. The consumer movement has not only taught patients to be more assertive, more questionable, and more demanding, but it also taught physicians to withhold recommendations and so as to protect themselves from lawsuits. This extreme reaction of physicians is pretty much like the "independent choice model" discussed in Ouill and Brody's study[23]. This model requires that physicians withhold their recommendations because they might bias the patient [24]. The problem with this model is that when physicians believe that the safest way is to offer no advice at all and just give patients the choice of any treatment, neither the patients nor the physicians will win through this situation.

Quill and Brody proposed an "enhanced autonomy model", which suggests patients and physicians actively exchanging ideas, explicitly discussing differences, and sharing power and influence to serve the patient's best interests. This enhanced autonomy model is somewhat similar to the Szasz and Hollender's "mutual participation model", in which responsibility and cooperation are shared between doctors and patients [25]. Both models require that the physician must be aware of a patient's needs and engage in full scale of information and experience exchange. Without surrendering the professional power, these two win-win models allow the physician to support and guide the patient's decision making.

CONCLUSIONS

It has been predicted that more than 100,000 people will be 100 years of age or older by the year 2000 in the United States. Consumers of the health care sector in the future will have greater awareness of the effect of their physician's decision on their health. They will assume even more responsibility for their own health care than they have already had today. In light of today's culture of consumerism, a few suggestions could be made to help the improvement of rapport between physicians and patients.

As the rise in medical technology results in greater demands on the medical students' time, less emphasis is put on the human side of medical education. However, a physician's success in executing his or her professional authority depends largely on the communication and psychosocial skills. Through their verbal and nonverbal communication and psychosocial skills, physicians affect their patients.

Today, a single practitioner will by no means be able to satisfy all the medical needs of a single consumer. In order to improve the professional function, the physicians should adopt a more proactive position and encourage sharing resources both inside and outside the profession.

Physicians must be active in meeting the needs of consumer groups. One way to meet patients' needs and to expand professional power base is to provide consumers with credible and reliable information. Good information is essential in this competitive health care environment and it is equally important for physicians to keep their already fragile professional autonomy.

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