

Patient Versus Healthcare Consumer

Sweta Sheth

Department of Psychiatry, Christian Medical College, Vellore, India

Medicine has always been viewed as the noblest of all professions. From historical times, doctors have occupied positions of honor in society. Doctors were always respected, revered, and sometimes feared as well. The earliest physicians were not even called doctors, but healers, and they were thought to commune with Gods and dissipate His knowledge and healing touch. As the understanding of medical science changed from the supernatural to the religious and to the scientific, the doctors' role in society has changed as well. During the golden era of medicine, the physician was seen as a benevolent benefactor, one who would look after the patient as a whole. Medicine was seen as a calling, and treating patients a moral duty. The relationship was considered to be sacred, and the transaction between them was one of healing. The emphasis was not so much on the cure as on the process of healing. If a cure was not possible, solace was provided. The physician set high standards for himself, and the patient rewarded such dedication with unflinching faith in the physicians' benevolence and ability.

Today, this relationship has undergone a sea change. Medicine has become just another profession, another means of earning a livelihood and another tool of climbing up the social ladder. Doctors are more business-like, and patients consult doctors with the intent of getting their money's worth. Why is this change? This probably has something to do with how health care services have radically changed over the years. Family physicians, who were once the backbone of healthcare delivery, no longer occupy the same hallowed position as they once did. The paternalistic benevolence of the all-knowing doctor is no longer tolerated. Over the years, as patients have become more literate, more informed and more empowered, they have started demanding more rights and more autonomy. With the diffusion of information that is taking place on the internet, doctors can no longer hold an exclusive claim to being the custodians of medical knowledge. In India, another factor for the changing dynamic was the

inclusion of medical services under the ambit of consumer services. The National Consumer Disputes Redressal Commission in 1992 passed a landmark judgment which said that a patient is a consumer and the medical assistance was service and therefore in the event of any deficiency in the performance of medical service, consumer courts can have jurisdiction.

So, what exactly does a 'consumer' mean? Most simply put, a consumer is somebody who pays for goods or services provided. As there is a monetary transaction involved, it implies a certain responsibility on the part of the provider to offer services or supply commodities commensurate with the amount paid. A consumer of each country has certain rights, as defined by laws pertaining to that country. In India, a consumer has the following rights: the right to safety, information, choice, education, the right to representation and the right to seek redressal. Consumer empowerment has led to mini-revolutions in several fields, and has brought about mainly positive social change. A 'patient' is different from a 'consumer' in the sense that the former is more passive in the decision making process and is more dependent on the doctor for support and guidance. A 'consumer' on the other hand, is more active and informed, and is able to take informed decisions about health care, including the quality and costs.

There is a growing movement internationally to provide Consumer Driven Health Care (CDHC). A patient is seen as a consumer, and a doctor (or any health service provider) as a retailer. Partnership with consumers is seen as the way forward in healthcare to ensure that health information, systems and services meet consumer needs. Essentially, partnerships with consumers exist when they are treated with dignity and respect, information is shared with them and their collaboration in healthcare processes are encouraged and supported. Possible ways of fostering partnership include getting consumers' perspectives on their needs and preferences, using simple, easy and unambiguous language for communication, providing them with relevant information, tailoring services to suit individual needs, as well as involving consumers at administrative or policy-making levels. This approach offers tremendous benefits to patients. First and foremost, the consumer (or patient) is not a backseat spectator in his treatment

Address for correspondence

Sweta Sheth, Department of Psychiatry, Christian Medical College,
Vellore, India

Email: sweta.sheth86@gmail.com

Received: 12 January 2016

Accepted: 17 July 2016

process. He can request information and education as a right. This is of prime importance in a society like India, where dissent against higher social order is frowned upon, and there is currently a rampant proliferation of private healthcare services with poor accountability and a lax monitoring system and a slow judiciary. In this scenario, having a forum for consumers to represent their grievances is a welcome move. Bringing hospitals, laboratories and nursing home under the purview of a regulatory watch dog automatically results in an improvement of the quality of service provided. Secondly, the issue of personal choice and informed consent becomes much more valid when the consumer is literate and empowered. The delivery of health services also becomes more smooth and streamlined. Another benefit would be the individualization of healthcare. Preventive health, especially for non-communicable diseases, can take precedence over treatment of disease if healthcare is tailored to suit individual needs. The influx of technology into every aspect of our lives has made it inevitable that it would permeate healthcare as well, and this would also positively benefit consumers by providing free dissipation of knowledge; but all this begs the question, is health really a commodity like electronic goods and groceries?

Healthcare is a basic human right - the one which a patient enjoys; but can a consumer stake a claim to the same? If healthcare is commercialized and commoditized, it also means that a consumer can only buy what they can afford, and not what might actually be best for them. In India, this is a burning issue, given that increasing privatization and urbanization has only made healthcare more difficult to access and avail for a huge section of the population. Secondly, how much information is too much? Is putting the patient in control really the right way to take health related decisions?

One of the most vocal proponents of the consumer driven movement is Prof. Regina Herzlinger, who argues that healthcare consumers should demand control, convenience and choice. In real life scenarios, when patients come with complex co-morbidities or in acute crises, neither of those principles is actually applicable. Dr. Eric Cassell defines medicine as “a craft engulfed and infiltrated by uncertainty and is being practiced in a sea of doubt”. Medicine is practiced in the face of uncertainty, and yet consumers are supposed to be able to make wise decisions as to what is ‘essential care’ and what isn’t. With

the emphasis that the consumer driven model places on the value-for-money, it isn’t always possible to define a particular outcome in terms of its monetary benefits. Rebranding of the doctor-patient relationship can make it adversarial and undermine the current of trust that has always defined this relationship. Patients may feel abandoned by their physicians if forced to make choices under duress. Thirdly, in India, while the inclusion of doctors under the COPRA (Consumer Protection Act) is a welcome move, most doctors have now started practicing ‘defensive medicine’; i.e. treatment that is aimed more at not missing out complications and covering for all possibilities, foreseen and otherwise. The backlash is the hugely increased costs that the patient has to bear; and most of these costs are for investigations and treatment that is often not strictly necessary.

So where does all this leave us? Should the patient place blind trust in the doctor and hope that the doctor will provide all the right answers? Should doctors place the responsibility of taking decisions entirely on the patients and therefore absolve themselves of all responsibility? A middle path between these extremes is what must be strived for. The passive connotation involved with the term patient must be abolished; but people should be empowered as patients and not forced to become consumers. There should be a collaborative relationship between doctor and patient. The doctor should provide knowledge, experience and technical knowhow, and the patients must confide their fears, aspirations, doubts and values so that shared decisions can be taken. There should be a shift from a ‘consumer driven’ approach to a ‘patient centered’ approach. If health care becomes less commercialized, then healthcare decisions can be based less on costs and more on knowledge. Patients should also be included as stakeholders at policy-making level, and should have a say in issues and legislations related to their benefit. Economic policy must be tailored to make existing healthcare services and interventions more affordable and accessible, so that cost-benefit ratios are not the only deciding factors when a patient has to make a choice. Lastly, doctors should learn to accept their patients with all their flaws, uncertainties and fallacies as being human, and must incorporate an attitudinal shift; and never forget the first guiding principle of medicine- “Primum Non Nocere”.

