

# De patient en zijn naasten : de invloed van houdingen in het persoonlijk netwerk van de patient op zijn medische consumptie

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## SUMMARY

Why do some people with certain symptoms go to the doctor, whilst others with the same symptoms do not?

This is a question which occupies many research workers. Our study is an in-depth elaboration of findings made by others in this field. We are not interested in the principal reasons for consulting the doctor - for the most part this is already known from other research work - but the reasons which are not perhaps the most important, but about which little is as yet known and which are to a certain extent susceptible to influence. Thus in this study the emphasis is on (1) the attitude which a person has towards sickness and medical care and (2) the influence of members of the family and friends, also referred to as network members or lay advisers, on visiting the doctor.

For the purpose of studying these two phenomena a research design was chosen whereby other reasons for visiting the doctor were as far as possible controlled. We studied persons who were known to be suffering from a particular chronic ailment and who were under seventy years of age. Part I of the book goes more closely into this theoretical background to the study. The subject is elaborated in greater detail and indications are given as to why certain syndromes have been brought into the study. The guide lines for the choice were principally the degree of urgency of the complaint, the extent to which it threatened the patient's life and caused pain and hinderence and the relief which the patient can expect from medical treatment. On the basis of these criteria we studied people

- who have had a heart attack (high degree of urgency and dependent on the stage of the illness relatively high degree of benefit from medical treatment)
- with diabetes (less high degree of urgency and usually some degree of benefit from medical treatment)
- with the skin disease psoriasis (relatively low degree of urgency and usually little benefit from medical treatment).

Chapter 4 shows the way in which these people were sought out and how the ultimate respondents were chosen from the group of patients who were prepared to participate in the actual enquiry.

For the second part of the subject of this study - the influence of members of the family and friends on visits to the doctor - we also wanted to put questions to a number of people who were closely involved with the illness of the patient-respondent. Thus each patient was asked during the interview to name two people who would also participate in the enquiry. Finally the patient's consent was obtained to be allowed to ask the doctor attending him for some supplementary medical details.

In this way we have at our disposal information from thrice twenty five patient-respondents, from 111 most closely involved lay consultants and from 68 doctors<sup>1)</sup>. Chapter 4 gives more details on this.

Part II deals with the attitudes towards illness and care. In the literature these are sometimes also referred to as "predisposition to medical consumption". Chapter 6 goes into the theoretical significance thereof and the way in which we have measured these attitudes, beliefs and behavioral intentions. The emphasis here is on subjective information from the patient-respondent, which is as far as possible recorded independent of the objective seriousness of the illness. In chapter 7 we give the results of the study with regard to the first question: how does the predisposition to medical consumption influence our patient-respondent's visits to the doctor?

In answering this question we have paid a great deal of attention to the influence of the nature of the chronic illness. Contrary to our expectations it appeared that heart attack patients, diabetici and psoriasis patients do not differ in their attitudes towards illness and care. In other words: heart attack patients are not in general inclined to call in medical help any earlier than diabetici, who in turn are neither more nor less inclined to do so than psoriasis patients. From this we could conclude that the predisposition to medical consumption is scarcely determined if at all by the nature of a person's (chronic) illness.

The influence of predisposition to medical consumption, i.e. a person's attitudes towards illness and care, on his going to the doctor is considerable. In particular the more emotional aspects thereof - the way in which a person experiences his illness and his satisfaction with his own doctor - determine the number of doctor's visits to a great extent. More rational aspects - a person's beliefs about illness and medical care in general - play a minor part.

In part III we go into the influence of the lay consultants on visits to the doctor. The information on their opinions on sickness and care was gathered in such a way that we were able to compare it with that of the patient-respondents. It appeared that the predisposition to medical consumption of our patient-respondents and that of their lay advisers, as well as the predisposition amongst the lay advisers themselves, corresponded to a great extent.

The most important conclusion in part III is that people who are close to a (chronic) patient can in various ways exert a fairly strong influence on his predisposition to consumption and his doctor's visits. The more serious the illness, the more this applies. For it is then that there are more people involved in the patient's affairs, who all exert their influence. The more these people help the patient-respondent with all sorts of matters connected with his illness, the more contact he has with his G.P.. On the other hand, if the lay advisers consider the patient to be healthy inspite of his illness, then he goes to the doctor less. These conclusions apply up to a certain point regardless of the seriousness of the illness.

These findings are very likely attributable to a certain degree of over-anxiety on the part of the family and friends of the (chronically) sick person. This over-anxiety finds expression not only in (too) much help and assistance, but also up to a point in a greater degree of predisposition to medical consumption by the lay consultants.

Part IV deals with the consultations with doctors in greater detail. Some of the patient-respondents are under the care of a specialist, whilst others are treated by the G.P.. Further

some patient-respondents have a great deal of contact with (various) doctors, whilst others do not mention these contacts or only to a lesser extent. Moreover some patient-respondents have sought so-called unorthodox methods of healing for their complaint, whilst others have not. All these forms of medical consumption are dealt with in the last section.

It appears over and over again that the attitudes of the patient and his immediate circle towards illness and care exert influence thereon. This general judgement may be qualified by saying that the more formal and impersonal the contact between the patient and his immediate circle and the doctor or the medical body, the less important the part played by predisposition to medical consumption in consulting them. The influence of the predisposition to medical consumption is the greatest in the case of G.P. patients consulting the G.P.. For patients of specialists this applies to a lesser extent.

Visits to practitioners of unorthodox methods of healing were not found to be the outcome of dissatisfaction with a person's own doctor, on the contrary: those who consult, or consider consulting, these practitioners are precisely the people who are very pleased with the treatment provided by their own doctor. We assume that they recognise the limitations of medical science in dealing with their disease and that they do not hold their own doctor responsible, but value his efforts all the more.

Finally it appeared in part IV that there is no difference in predisposition to medical consumption between health insurance patients and those privately insured, nor do they differ in the degree to which their predisposition to medical consumption influences their visits to the doctor.

The last part summarises the principal conclusions once more. The study makes it clear that both a person's attitudes towards illness and care and also the influence of his family and friends affect his visits to the doctor. The influence is above all of an emotional nature: anxiety, uncertainty, (too much) solicitude are probably to the fore. The nature of the person's illness plays a subordinate role here. In treating

(chronic) patients this is perhaps still not taken sufficiently into account. We consider that the G.P. in particular has an important task here, since he is relatively closely involved with the patient and especially with the patient's immediate circle.

- 1) The material from the interviews was put at our disposal by the Social and Cultural Planning Office (Rijswijk). It was collected by the Institute for Applied Sociology (Nijmegen).