

Why do people go to their doctors?

Michael Calnan MSc PhD

J R Soc Med 1995;88:702P-703P

SECTION OF GENERAL PRACTICE, 16 MARCH 1994

Keywords: *doctor-patient relationship; epidemiology; illness behaviour*

SUMMARY

The evidence presented here suggests for most people deciding to consult a doctor is not a common event and that they have 'good' reasons for consulting, when they do, which are tied up with their own personal and social circumstances. Their evaluation of the care they receive will be tied to how far their specific problems and associated needs are met.

INTRODUCTION

An understanding of why patients consult their doctors is important for a number of reasons. One is that patients specific reasons or motives for deciding to consult a doctor will have an influence on the way they evaluate the care that they receive in general practice. This is important in its own right, although there is also evidence that patient dissatisfaction can have a detrimental effect on health status and clinical outcomes—either indirectly through noncompliance or more directly through a disruption to the therapeutic aspects of the doctor-patient relationship which can also influence the healing process¹.

Another reason is that epidemiological research has consistently shown evidence of a significant 'clinical iceberg' in that there is a gap between the need for and the demand for health care and many people are not consulting for symptoms that often could be alleviated by professional medical treatment². Some general practitioners complain that patients 'overutilize' with 'trivial' conditions³, although evidence suggests that this may reflect a difference in perspectives in that patients use different criteria to judge the need for urgent care than doctors⁴.

DISCUSSION

Why then do people go to the doctor, particularly since this seems a rare event as a good deal of ill-health is managed without recourse to professional help? Studies of illness behaviour and the use of general practitioners are in short supply, although the general literature on illness and help-seeking behaviour gives some pointers⁵. First, much depends on the way signs and symptoms are interpreted and people

have first to decide that something is wrong (i.e. it is not what is normally expected) and, then, to decide to consult the doctor. The interpretation of symptoms is tied up with an individual's own personal experience about changes in body functioning. However, the timing of the decision to seek help⁶ is associated with uncertainty when people do not recognize symptoms or when symptoms persist for longer than normally expected. Other 'triggers'⁶ to decide to seek help are where the signs and symptoms interfere with vocational or physical activity or perceived interference with social or personal relations.

Secondly, there is also the influence of others on decisions to seek medical advice and it is rare for someone to decide to go to the doctor without first discussing his or her symptoms with family members; although in some cases the network of 'lay' consultants can extend to neighbours, friends and workmates. The evidence suggests no clear pattern in relation to the possible influence of lay consultants although some research⁵ has suggested that the lay consultants least likely to tolerate extended self-treatment were non-family members whereas 'low' utilisers tend to have close relatives at home.

Thirdly, timing of decisions to seek help will depend on personal circumstances at the time the illness is perceived. As was earlier suggested, pressure from others such as non-family members, may precipitate decisions to seek help particularly where ill health is experienced outside the domestic environment. However, other circumstances⁵—where a single parent cannot afford to be ill because they have to go to work or to look after their children—will act as barriers to seeking help.

CONCLUSION

The importance of doctors being understanding of individual needs is reflected in studies of patient satisfaction⁷ which clearly shows that patients assess their doctors not just in

terms of their medical skills but also in terms of their ability to understand individual problems and to explain what is the cause of their problems and what is wrong with them⁸. Thus, an understanding of why patients consult is crucial if doctors are to influence patients responses to treatment.

Note The Centre for Health Services Studies was inaugurated in 1989 as the successor to the Health Services Research Unit which had been set up 18 years before in 1971. The Centre is involved in research, teaching and training and consultation on a variety of aspects of health services purchase and provision. Emphasis is placed on interdisciplinary work and the disciplines represented include those from the Social Sciences, Medicine, Dentistry, Nursing and the Therapies. Professor Michael Calnan is the Director of the Centre.

REFERENCES

- 1 Fitzpatrick R, Hopkins A, Howard-Walls O. Social dimensions of healing. *Soc Sci Med* 1983;17:501-10
- 2 Wadsworth M, Butterfield, W, Blaney R. *Health and Sickness: the Choice of Treatment*. London: Tavistock, 1971.
- 3 Cartwright A, Anderson R. *General Practice Revisited: A Second Study of Patients and their Doctors*. London: Tavistock, 1981.
- 4 Calnan M. The functions of the hospital accident and emergency department. *J Emerg Med* 1984;2:57-63
- 5 Calnan M. *Health and Illness: the Lay Perspective*. London: Tavistock, 1987.
- 6 Zola I. Pathways to the doctor: from person to patient. *Soc Sci Med* 1973:677-89
- 7 Calnan M, Coyle J, Williams S. Changing perceptions of general practice. *Eur J Publ Hlth* 1994;4:42-4
- 8 Calnan M. Patients as consumers. In: Glynn JJ, Perkins DA, eds. *Managing Health Care*. London: Saunders, 1995:226-42

(Accepted 14 May 1995)