

A STUDY OF PATIENTS' CHOICE OF DOCTOR IN AN URBAN PRACTICE

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DOES it matter to the average English patient whether he or she is seen by a male or a female doctor? This question may be more than of academic interest to a male doctor contemplating taking over a practice being vacated by a lady doctor, or a principal thinking of employing an assistant of the opposite sex.

In our urban practice, patients are able to choose freely which partner they consult, so we decided to find out whether there was a difference in the age and sex incidence of the patients seen by one of the lady partners as compared with the patients attending the two male partners. We also decided to compare the pattern of patients seen by each of the two male doctors to see whether the different ages or personalities of the two doctors attracted different types of patient. If there was close concordance between the pattern for the two male doctors then any difference observed in the lady doctor's patients would be more likely to be attributable to the sex of the doctor.

Method

For two periods during the first quarter of 1966, whenever three of us were taking surgeries simultaneously we recorded the age, sex and diagnosis of every patient seen. Because of different rates of work and other factors unequal numbers of patients were seen by each of us. During the term that records were kept 1,879 patients attended. The patients in this population were completely free to choose which doctor to go to. The only obvious extrinsic factor which might have influenced the patients' choice of doctor was that

TABLE I
NUMBER OF PATIENTS SEEN BY EACH PARTNER, BY AGE GROUP

		Age group							Total
		0-9	10-19	20-29	30-39	40-49	50-59	60+	
FEMALE DOCTOR	Male patients	60	48	29	40	48	24	23	272
	Female patients	7.1	5.7	3.4	4.7	5.7	2.8	2.7	32.1
	<i>Percentage of total seen by doctor</i>								
YOUNGER MALE DOCTOR	Male patients	44	71	116	84	120	65	77	577
	Female patients	5.2	8.4	13.7	9.9	14.1	7.7	9.1	68.1
	<i>Percentage of total seen by doctor</i>								
OLDER MALE DOCTOR	M/F per cent	137	68	25	48	40	37	29	47
	Male patients	35	59	40	37	39	38	60	308
	Female patients	5.7	9.7	6.6	6.1	6.4	6.2	9.8	50.5
FEMALE PATIENTS	Male patients	44	38	61	39	40	40	40	302
	Female patients	7.2	6.2	10.0	6.4	6.6	6.6	6.6	49.6
	<i>Percentage of total seen by doctor</i>								
FEMALE PATIENTS	M/F per cent	80	155	65.6	95	97.5	95	150	102
	Male patients	26	18	26	13	27	34	45	189
	Female patients	6.2	4.3	6.2	3.1	6.4	8.1	10.7	45.0
FEMALE PATIENTS	Male patients	31	23	38	29	38	29	43	231
	Female patients	7.4	7.5	9.0	6.9	9.0	6.9	10.0	56.7
	<i>Percentage of total seen by doctor</i>								
M/F per cent	M/F per cent	84	78	68	45	71	117	105	82

to reach the surgery occupied by the younger male doctor the patient had to ascend a flight of stairs.

Findings and discussion

Eight hundred and forty-nine patients were seen by the woman doctor, 610 by the male doctor, aged 34, and 420 by the male doctor, aged 57. Although the differences in the numbers of patients attending each doctor to some extent reflect different speeds of work the senior partner was subject to more delays by administrative problems and for this and other reasons the figures do not give an exact quantitative comparison of average consultation time for each doctor.

It can be seen from table I that the lady doctor saw just over twice as many female patients as male patients, whereas the younger male doctor saw almost exactly equal numbers of male and female

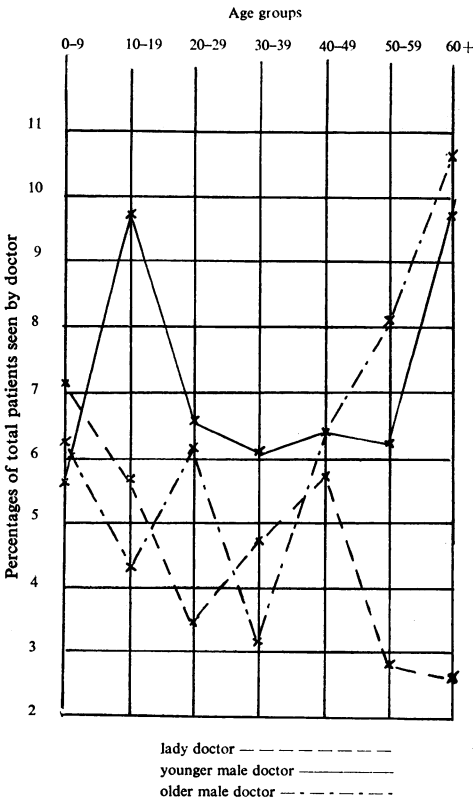


Figure 1 Men

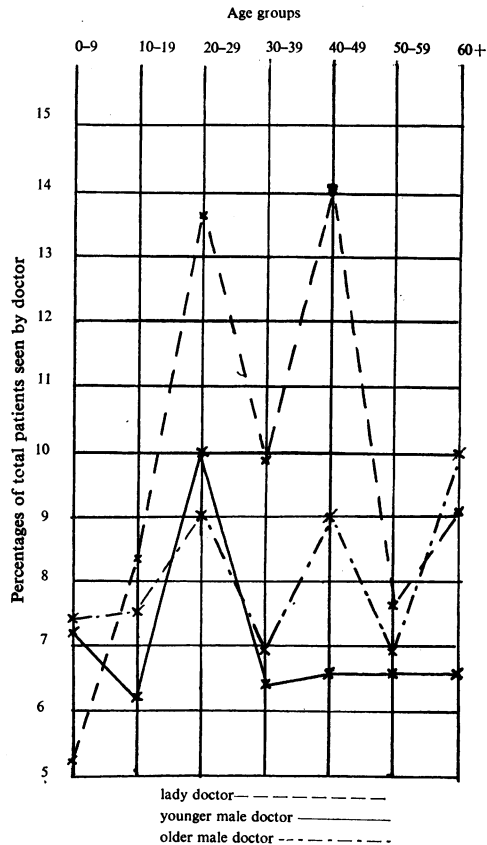


Figure 2 Women

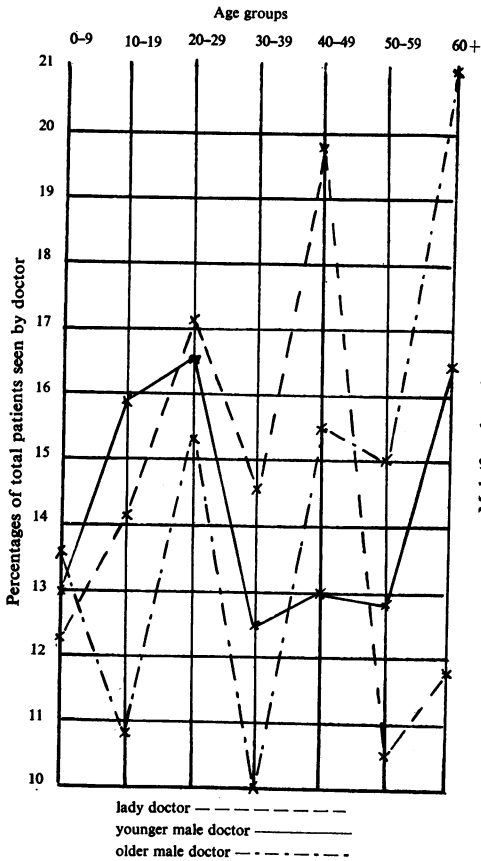


Figure 3 All patients

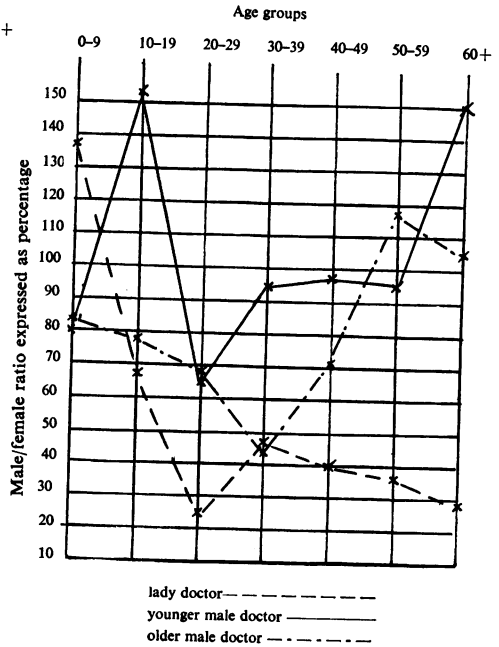


Figure 4

patients. The older male doctor saw a higher percentage of female patients than his younger colleague, but still a much lower proportion than the lady doctor.

Table I further analyses the patients into age groups. Figures 1, 2, 3 and 4 illustrate the trends graphically.

A smaller proportion of elderly women was seen by the young male doctor; but even more noticeable was the apparent reluctance of elderly men to consult the lady doctor.

Although it is possible that elderly men in our society are reluctant to attend a lady doctor the attitude may be due to the patients' generation rather than to their age group. That is to say these patients were brought up at the beginning of the century when there was not general acceptance of lady doctors and people were more prudish: future generations of men, when they reach the age of 60

and over may not be similarly prejudiced. Gray and Cartwright (1953) in their study of patients' choice of doctor showed that older patients seemed more conscious of the sex of their doctors; six per cent of women aged 21 to 34 choosing a woman doctor compared with ten per cent of those aged 65 and over.

Table II shows an analysis of patients according to diagnosis. The biggest difference in attendance between the lady doctor's

TABLE II
NUMBER OF PATIENTS SEEN FOR SELECTED CONDITIONS BY EACH PARTNER

Condition	Number of patients seen					
	Female doctor		Younger male doctor		Older male doctor	
		<i>Per cent</i>		<i>Per cent</i>		<i>Per cent</i>
1. Obstetric	47	<i>5.6</i>	10	<i>1.6</i>	4	<i>1.0</i>
2. Gynaecological	26	<i>3.1</i>	15	<i>2.5</i>	7	<i>3.0</i>
<i>Possibly embarrassing</i>						
3. Female	23	<i>2.7</i>	2	<i>0.3</i>	3	<i>0.7</i>
4. Male	5	<i>0.6</i>	7	<i>1.2</i>	2	<i>0.5</i>
5. Categories 1, 2 and 3 ..	96	<i>11.4</i>	27	<i>4.5</i>	14	<i>3.3</i>
<i>Psychiatric</i>						
6. Female	36	<i>4.2</i>	26	<i>4.3</i>	20	<i>4.8</i>
7. Male	3	<i>0.4</i>	5	<i>0.8</i>	3	<i>0.7</i>
<i>Respiratory</i>						
8. Female	109	<i>12.9</i>	82	<i>13.6</i>	57	<i>13.6</i>
9. Male	79	<i>9.3</i>	93	<i>15.4</i>	67	<i>16.0</i>
<i>Other conditions</i>						
10. Female	334	<i>39.5</i>	166	<i>27.4</i>	141	<i>33.6</i>
11. Male	185	<i>22.0</i>	200	<i>33.0</i>	115	<i>27.4</i>
TOTALS	943		633		433	

Figures in italics indicate percentage of total number of patients seen by the individual doctor

patients and those of her male colleagues are seen in obstetrics and gynaecology. Under the heading of possibly embarrassing conditions we have included such things as hernias, epididymitis, tinea cruris and carcinoma of the breast. As one would expect, here again a marked sex difference in the attendance rates is apparent. Obstetrics particularly contributed to the higher proportion of females in the 20-29 age group seen by the lady doctor.

We thought that female patients with respiratory infections which might entail examination of the chest would possibly prefer to consult a female doctor, so this group was recorded separately.

However, the lady doctor did not see more women with respiratory infections than her male partners.

Psychiatric patients have been recorded separately because we thought that differences in the personalities of the three doctors would be most likely to influence these patients. Each of the three doctors saw the same pattern of psychiatric patients; the most noticeable feature being the far greater frequency with which women attended for psychiatric difficulties.

Taking all the patients together there is a marked preponderance of female patients attending. This tendency has been noticed by general practitioners elsewhere, but as we have not taken into account the age-sex distribution of our practice we cannot make an exact comparison with figures obtained by other workers.

Comparing the two male doctors it can be seen (particularly from figure 3) that younger patients tended to go to the younger doctor and older patients to the older doctor. Adolescents seemed to favour a younger doctor: comparison of the proportions of patients in the 10-19 age group seen by each of the three doctors shows that the younger the doctor, the higher the percentage of such patients seen.

Not unexpectedly, patients of 60 and over preferred the older doctor. This may be because older patients innately prefer an older doctor or it may be that the long-standing and devoted patients of the senior partner who originally established the practice are now ageing. The percentage of elderly patients seen by each of the three partners is inversely correlated with the rate of work of the doctor, i.e. the quicker a doctor sees a patient the less elderly patients he or she sees. There may be no direct causal relationship between these two factors. On the other hand, it is possible that the doctor who sees least patients does so because the higher proportion of elderly patients proves more time consuming. Another possible explanation is that the older patient may prefer a doctor who spends more time on each patient.

It is far easier to collect and record these figures than to interpret them. Quite marked differences in the age and sex distribution of patients seen by each doctor are apparent and as each doctor must be seeing a somewhat different picture of general practice any conclusions of incidence of disease drawn by an individual doctor in the group might well be distorted. The young male doctor in our practice probably sees an abnormally low proportion of cases of carcinoma of the breast or cervix, whereas the woman partners see very few cases of epididymitis and prostatic disease.

Although the lady doctor saw twice as many women as men, while her younger male colleague saw equal numbers of men and

women, the difference may not be as great as is apparent. First, as we have two lady doctors in our group practice of four, we may have a number of patients who particularly want a woman doctor, and secondly, the choice of many patients is probably marginal and had a lady doctor not been readily available many of the women would not have hesitated in consulting a man. In actual practice we seldom encounter any overt difficulty as to whether a man or a woman attends a patient. Our figures illustrate the extent of the preference of patients for a doctor of their own sex, but do not give any real indication of the strength of such a preference. So although our figures show a much lower proportion of males attending a lady doctor, a woman taking over a male doctor's practice might not lose many patients because of her sex.

Summary

When three doctors in an urban group practice held surgeries simultaneously it was found that older patients tended to attend the oldest doctor and teenagers tended to go to the youngest.

The lady doctor saw twice as many female patients as male patients whereas her younger male partner saw equal numbers of males and females.

Acknowledgement

We would like to thank Mrs Norma Hopkins for her help in assembling the data and preparing the tables.

REFERENCE

Gray, P. G., and Cartwright, Ann. (1953). *Lancet*, **2**, 1308.

MEDICINE TODAY

The first number of a new monthly journal was published in July. *Medicine Today* comes from Karachi and is issued with the advice of a distinguished international editorial consulting board. The first number shows great promise; there is a symposium on heart disease in which there is a memorial article to Sir John Parkinson by Paul Dudley White. G. E. Bauer of Sydney Hospital, Australia discusses the drug treatment of hypertension and there are five short articles on epidemiology, cardiology and the family physician. This is a well-balanced journal and should succeed.