Consumers, family physicians, allied health workers, and sociomedical problems

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SUMMARY. Patients and doctors have differing opinions about the role of family physicians. These opinions were sampled by two questionnaires and the results suggest that family physicians have, for example, high expectations of themselves and their psychiatric colleagues whereas patients expect other allied health professionals to play a significant role in providing care.

Introduction

CONGRUENCY between the responses of family physicians and consumers (sometimes patients) in some aspects of health care—such as the role of allied health professionals in sociomedical problems, the functions of office nurses, the central and sometimes dominating position of the physician—is the main theme of this paper.

The data came from part of a study initiated by the lay advisory and research committees of the British Columbia Chapter of the College of Family Physicians of Canada. It is recognized that the practice of family medicine cannot exist without clients and that the ideas of those clients about what they want and expect will often be markedly different from those supposedly held by the professionals they consult. Thus a system operates in which representatives of the medical profession practise in local communities of prospective clients (Freidson, 1966).

Method

Two questionnaires, one for consumers, the other for family physicians, were developed consecutively. The physicians' questionnaire was a mirror image of that developed for the consumer group rather than vice versa. Drafts of the consumer questionnaire were produced by me as a medical sociologist, and were constantly reviewed by the lay advisory group to ensure that the issues stated were the ones previously discussed, and that the wording would be acceptable to a wide range of consumers in the community. After this the physicians' questionnaire was devised with special attention to comparability of wording ensuring similarity between the topics to be examined.

In broad terms, the questionnaires were concerned with what Donabedian (1966) has described as the structural and process variables of the quality of care. The former relates to the setting in which care is given and includes characteristics of the office practice, appointment systems, and accessibility, while the latter, in this instance, concentrates upon relationships between the consumer and health professionals and between the health professionals themselves.

The consumers were randomly sampled using the Vancouver City Directory of Households as a sampling frame which ultimately provided 821 households throughout the city area. For family physicians, a list was generated from the register of the College of Physicians and Surgeons and included all those doctors who billed as general practitioners whether or not they were in possession of a specialty qualification. A hypothetical random number list was used to obtain a random sample of one third of all practising general practitioners (n = 91).

Results

Of the consumers, 68·3 per cent responded, 28·4 per cent refused, and 2·3 per cent were ineligible or did not speak English. Of the 551 people originally surveyed, 486 (88·2 per cent) had been in contact with a family physician in the last 12 months (an average of between four and five times). They thus became the group intensively interviewed.

Of the physicians 86 (94·5 per cent) responded, three refused and two were out of the area.

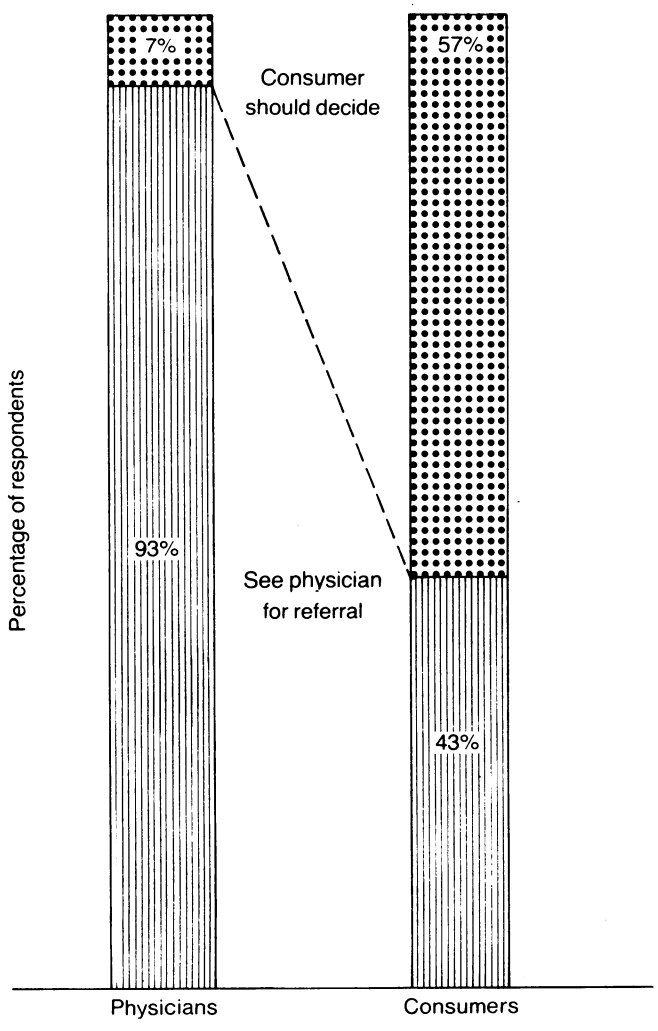

Figure 1. *Percentage of respondents choosing to see doctor for referral to non-medical sources of help or deciding for themselves who is best suited to give advice on personal problems (e.g. marital, family).*

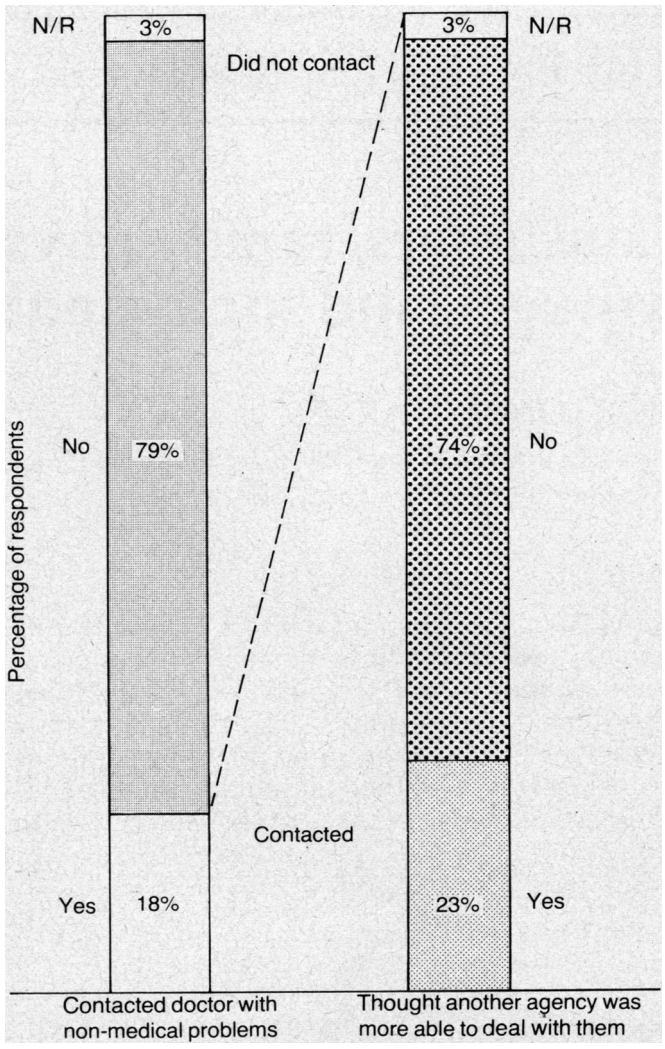

Figure 2. *Percentage of respondents who have contacted their doctor with non-medical problems and their response to the question: Do you think some other agency might have been more able to deal with them?*

Family physicians claim skill in dealing with a wide range of problems, both medical and non-medical. If patients have non-medical personal problems, 93 per cent of the physician respondents felt that they should come to them first; fewer than half of the patient group felt the same way (Figure 1). Eighteen per cent of the consumer population had contacted their doctor with non-medical problems and while three quarters of this group were happy with the way he handled them, the remainder, having experienced the family physicians, thought another agency would have been more proficient (Figure 2). Half of the consumer population had no basis or experience for knowing whether their family physician was familiar with community resources but the remainder felt that he was (Figure 3). The overriding conclusion, however, was that he should be familiar with them.

Figure 4 displays the results of enquiries as to who should play a part in various sociomedical problems. Family physicians (represented by the solid bar) have high expectations of themselves and their psychiatric colleagues. Consumers tended, although not by a large margin, to expect that other allied health professionals should have a role to play.

The solid bar on Figures 5a and b gives the percentages of people willing to discuss problems with a range of health care professionals. For physicians involved in teaching practices, it should be noted that the level of acceptance of students is not very high. Additionally, a third of the reporting consumer population indicated willingness to discuss their problem only with a physician. However, when the same basic question was asked but included referral by "your family physician", the increase in acceptance was never less than 27 per cent, indicating the considerable impact of the physician in referral.

For those health care staff who do not normally practise in a physician's office it was not possible to ask,

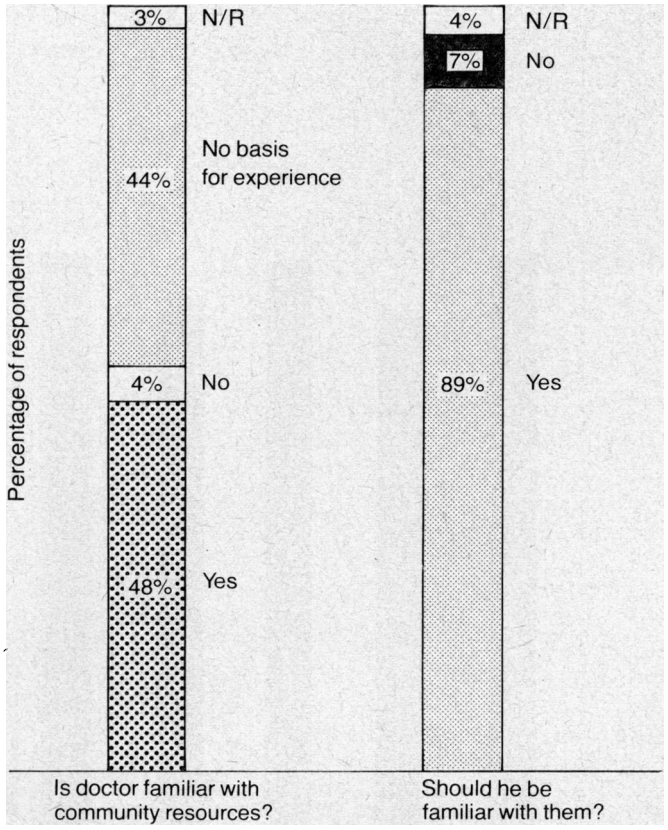

Figure 3. *Respondents' views on doctors' knowledge of community resources (e.g. mental health services, cerebral palsy association, old people's homes, and meals on wheels) and the importance they attach to this knowledge.*

"Would you (the consumer) be prepared to see, for example, a druggist in your doctor's office?" Thus the single question was asked, "Would you accept referral by your physician to a druggist?" The results show that there is a high level of acceptance to seeing these people, given a positive referral from the family physician.

Discussion

Two widely accepted assumptions underlie this discussion: first, the family physician is at a central point in the health care system and is the most frequent point of first contact for people with health problems. Secondly, Western society constructs hierarchical systems, and within the health professional sub-system at the primary care level, the general practitioner is firmly planted at the apex. It is important to recognize the second assumption because power, status, prestige, and trust are attached or attributed to this positioning. Patients, in a time of sickness, will tend to view the health care system in the same way as their general practitioner; if he believes in the involvement of other health professions for specific problems, then it is likely that his patients will too.

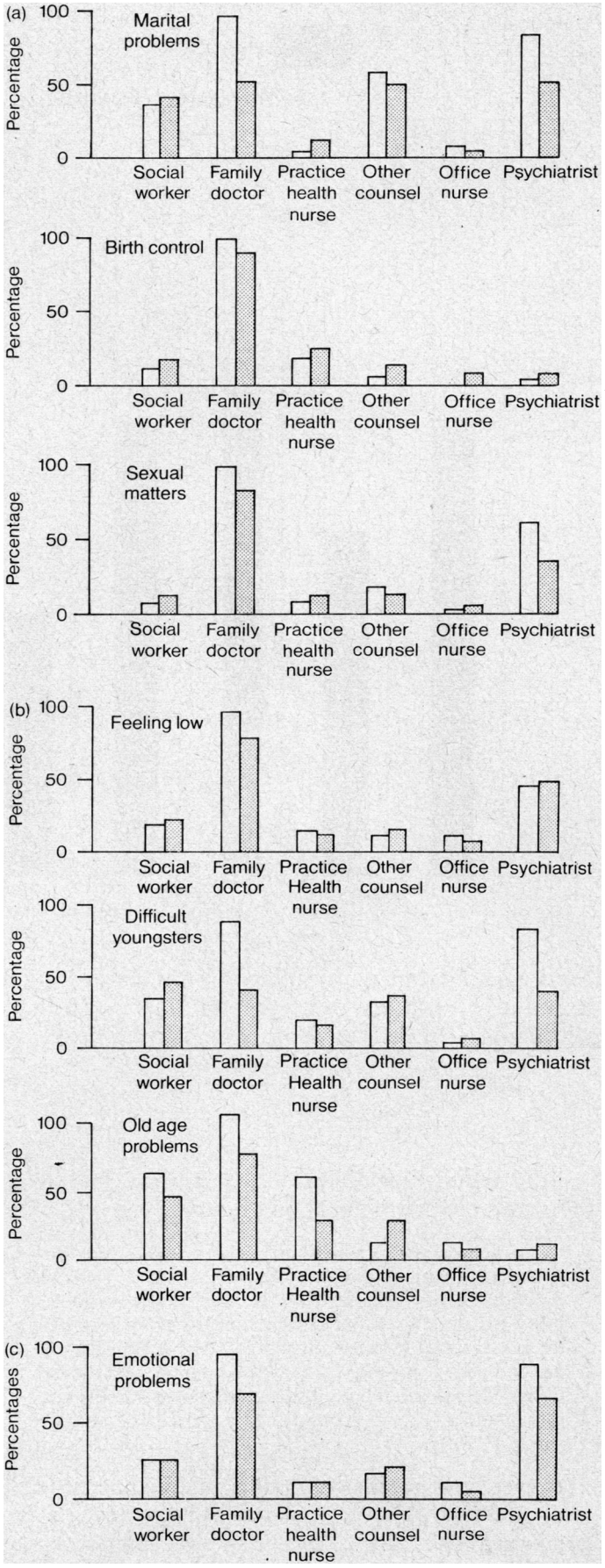

Figure 4a, b and c. *Results of enquiries as to who should play a part in various sociomedical problems (family physicians represented by solid bar).*

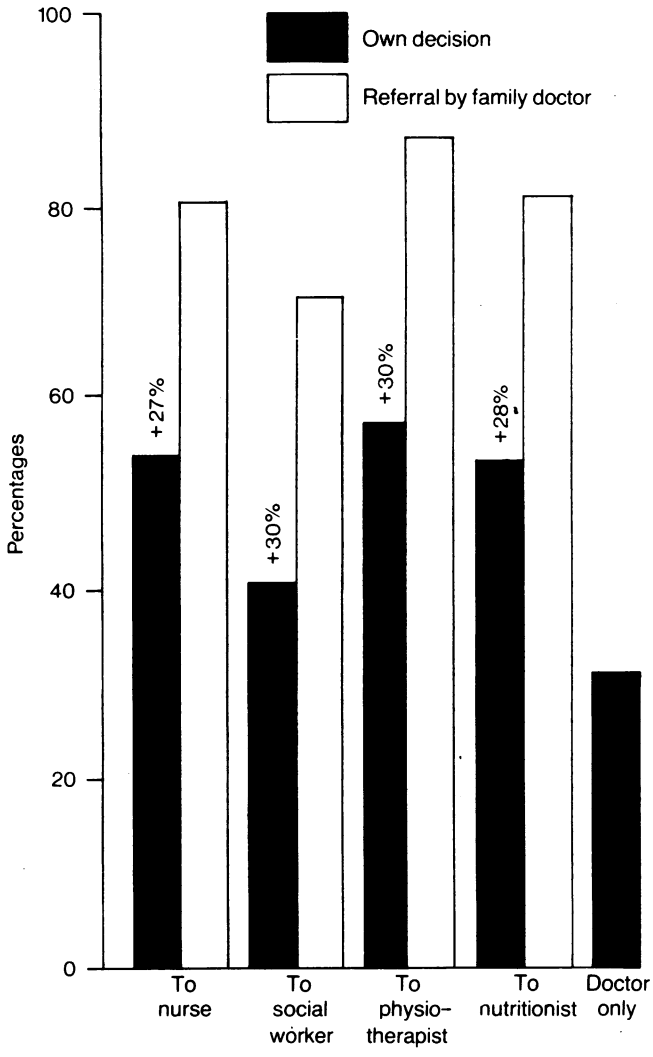

Figure 5a. *Power of physician referral inside practice; percentage of people willing to discuss problems with various health care professionals.*

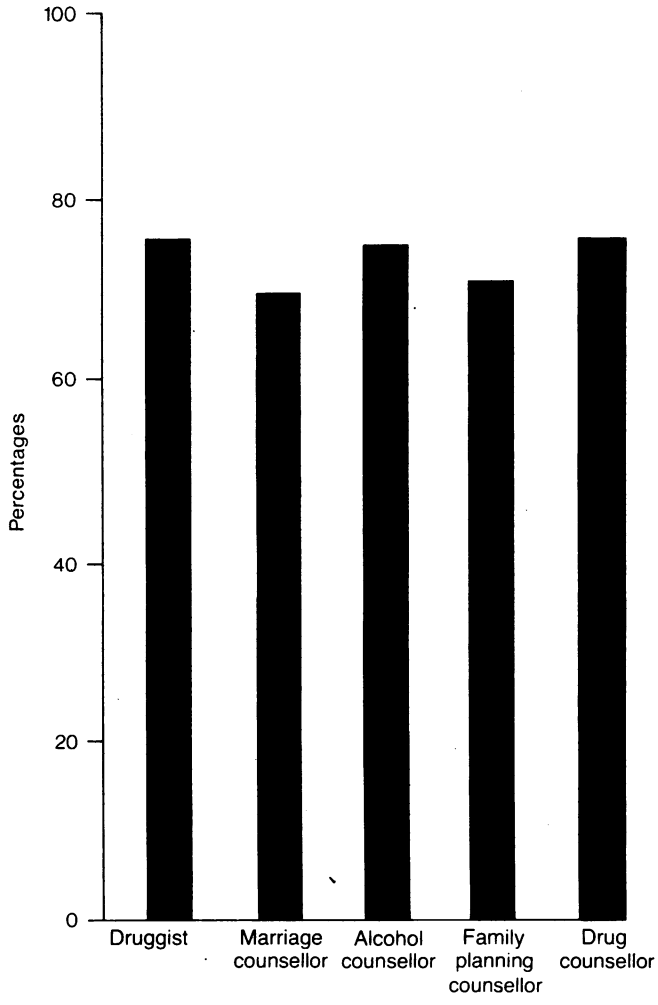

Figure 5b. *Power of physician referral outside practice; percentage of people willing to discuss problems with various caring groups outside the health service.*

General practitioners, writing of their activities, tend to support the first assumption when they say:

> "The general practitioner is a doctor who provides personal, primary and continuing medical care to individuals and families . . . He accepts the responsibility for making an initial decision on every problem his patient may present to him . . . His diagnosis will be composed in physical, psychological and social terms. He will intervene educationally, preventively and therapeutically to promote his patient's health" (RCGP, 1972).

However, the results from this study indicate that while family physicians might like to have a co-ordinating role, the control that this implies is not wholly acceptable to patients. The spectrum of verbatim responses from the physicians illustrates that they, too, have varying stances; these can be represented by three comments that were made:

"Most doctors don't know much" (referring to non-medical problems). "Can't set ourselves up as tin gods."

"Individual patients cannot always decide."

"Must rule out organic problems first."

It cannot be suggested from the results displayed in Figure 2 that, where patients do go to see their family physician about non-medical problems, they are mainly concerned over his ability to deal with them. However, a quarter of the respondents felt that another agency would have been more suitable.

In general, it is known that consumers asked to respond about satisfaction related to care-giving by general practitioners tend to be positive in their answers (Greenhill, 1972; Pickering, 1973; Marsh and Kaim-Caudle, 1976). Nevertheless, it must be asked if it is enough for a family physician to learn of community resources through the experience of being in practice, or whether this should constitute a formal part of his training and required knowledge.

Additionally, in the light of the results, the family physician must reassess his role *vis-à-vis* sociomedical problems because the consumer is not prepared to accept, to the same degree, that he has a large part to play in the topics cited.

Consumers' versus physicians' responses indicate the consumers felt that social workers and public health nurses have more of a part to play across all sociomedical problems except for old age. The results, related to the problems of old age, are curious because both social workers and public health nurses, in practice, play a significant role. It might be suggested that the physician responses were abnormally high because of a willingness to delegate problems of this nature: this would be consonant with the general attitude that is taken towards problems in old age.

It was of interest to see if the office nurse would receive much mention by either the consumers or the family physicians, but she did not. However, many more of the consumers felt that she might have a part to play in contraception.

The potential role to be played by both the psychiatrist and the family physician is also of great interest. Community psychiatry has, for some time, been going through a process of identity crisis and whilst, in effect, it receives a vote of confidence from family physician colleagues for marital and sexual problems, difficult youngsters and emotional problems, it does not receive a similar vote from the consumer population.

If family physicians feel that they truly should be involved in sociomedical problem areas, then they should say so to their patients. If not, they must lend the force of their ascribed status to the power they have in referral to allied health professionals.

One report has suggested that:

> "Some patients, particularly those with chronic and multiple disability, need more than individual episodes of care. They require planned programmes of management, which will involve teams of varying composition for prolonged periods, and their relationships within the team will vary at different phases of such a programme" (Australian Medical Association, 1970).

If an interdisciplinary team system of health care is to have the greatest possible impact upon the consumer, it is necessary for the family physician, often the first point of contact in the system, to recognize the roles that can be played by other health team members, and for him to react favourably towards referral to them. The power of physician referral is so great that every training and practising family physician should be aware that he is in a position to control to a high degree, whether or not his patients receive or are willing to receive, the services of another health professional who may be better suited to deal with the problem.

Conclusion

Over the last decade, considerable pressure has been brought to bear on the medical profession in general and family physicians in particular, by both federal and provincial governments in Canada and by the professional associations of the various allied health groups. The subjects have been interdisciplinary teamwork, or a demand that physicians consider the various functions that professionals other than themselves might perform for their patients, and the medical profession's ability to deal with cases of a complex sociomedical nature. The reasons for these pressures range from a governmental wish, based on financial considerations, to substitute the services of allied health professionals for physicians' services, to a belief that primary care assessment is so complex that it demands an approach based on a multidisciplinary team of specialists rather than on one general practitioner.

The family physician is inextricably related to other components of the health care system. To talk of teamwork by geographical location would be too simple and, indeed, some writers have recognized this (Lamberts and Riphagen, 1975); it is unlikely that the whole of Canada or other Western countries, with the exception of Great Britain, will be covered by a system of health centres in which team members function in close proximity. There is, however, a wide network of health care staff who specialize in dealing with sociomedical problems. From this study it appears that the consumers accept the potential functions of these people more readily than family physicians.

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Addendum

Twelve interviewers were used in the consumer survey portion of the study. They received two three-hour training sessions beforehand and were under constant supervision during the collection of data. A single research assistant, especially trained for the purpose, interviewed the family physicians.

Copies of the questionnaires are available from the author on request.