EDITORIAL

Doctor shopping

As clinicians, we see patients everyday to offer our best possible assistance to them. However, why and when does a patient wish to consult us? Could it just be that the symptoms are too overwhelming to put up with?

According to a review by Campbell and Roland,[1] a patient's decision to consult a doctor is dependent on a multitude of physical, psychological and social reasons, with or without prior self-care. The patient's journey of seeking medical care is influenced by socio-economic and demographic status, perception of susceptibility and severity, benefits/costs of seeking the interaction, as well as the progress and response to self-care of the illness. Additional influences pertain to the availability and accessibility of social support networks, the patient's knowledge and experience of the illness, and actual or perceived barriers to accessing the medical system.

In this issue of the Journal, Hariman et al[2] report a cross-sectional study estimating the prevalence of doctor shopping in relation to paediatric patients admitted to a teaching hospital in Hong Kong. Despite Hariman et al's mentioning that there is no unified definition for doctor shopping globally, and hence there can be no direct comparison with other studies, it was quite alarming that their study reported a prevalence of doctor shopping amounting to 53%.

Hariman et al[2] revealed that the commonest reason for doctor shopping reported by their subjects was the persistence of symptoms. Lau[3] had previously postulated that prior to seeing a doctor, in the patient's mind, there usually had to be anticipated improvement in the illness as a result of seeking medical help. Furthermore, it appears that a substantial proportion of the local population would expect a quick fix of their illness by their doctors, anticipating a pill for every ill to enable them to get on with their daily activities as soon as possible. Thus, if the patient does not get better symptomatically as quickly as they expect, seeking help from a different health care provider is considered. To complicate matters, health care services in Hong Kong are uniquely provided by a wide spectrum of practitioners including those engaged in western medicine, and traditional Chinese medicine, both in the public and private sectors. Lau[3] also described that a prevailing phenomenon among local Chinese patients was to seek more than one form of healing practices, eg traditional Chinese medicine and western medicine. It is therefore probable that many local patients stream in and out of various medical systems and disciplines, adopting a mosaic of different management strategies and techniques for the same illness.[3]

On the other hand, in Hariman et al's study,[2] the presence of 'fever' was the only clinical feature that was significantly associated with doctor shopping for paediatric in-patients. Interestingly, in another local cross-sectional study with 443 paediatric and 448 adult patients attending a general out-patient clinic for upper respiratory tract infection by Tang and Chao,[4] 'fever' was the only predictor of early consultation in both patient groups. Fever phobia is not a new phenomenon and is quite prevalent among parents and caregivers. A study by Betz and Grunfield[5] investigated the attitudes of children's caregivers' towards fever in an accident and emergency department. Of the 264 questionnaires returned, 82% of caregivers admitted to being very concerned about high temperature owing to worries about pain, potential serious illness as well as specific unease about possible brain damage, epileptic fits, and death.

So, is there anything wrong with patients and parents getting more choices of doctors to consult and get more opinions for their conditions as a basic right? Hariman et al[2] pointed out that by seeing many different doctors for the same episode of illness, the risks of potential adverse reactions due to polypharmacy and loss of continuity of care would be increased. This was echoed by Chan[6] who reiterated the importance of having continuity of care by the same doctor. After all, the latter has prior knowledge of patient's status, medication history, previous medical and family history, making it much easier to detect clinical changes during the course of the illness, adjust the management plan, thus avoiding unnecessary polypharmacy and repeat investigations. Besides, patients tend to open up and collaborate better if they know their doctor well and without being fearful, especially when it comes to paediatric patients.[6]

As the reasons for doctor shopping are often multifactorial,[6] we need to consider a multipronged approach to reduce such inappropriate behaviour. First, the training of doctors should have more emphasis on communication and rapport building skills, so that they can become better advocates and health care navigators for their patients.[7] Once a strong doctor patient rapport is established, the doctor should explain the natural course of the illness to facilitate mutual understanding of the agreed

management plan. In which case, the parents and the patient are less likely to unnecessarily seek different opinions for the same illness episode. Second, patients and their carers should be given more health education on the management of common illnesses and symptoms, including appropriate red flag features regarding upper respiratory tract infections and fever management. Through acquiring health care knowledge, the patients and carers could be in a better position to provide self-care and cope with symptoms. Third, the general public should be made aware of the possible pitfalls of doctor shopping and the danger that it can be associated with. Last but not least, more research and development activities should be devoted to understanding doctor shopping in Hong Kong so that we could be in a better position to deal with such potentially very costly and dangerous behaviour.

David VK Chao, FRCGP, FHKAM (Family Medicine)
Email: chaovk@ha.org.hk
Department of Family Medicine and Primary Health Care
United Christian Hospital
Kwun Tong
Hong Kong

References

1. Campbell SM, Roland MO. Why do people consult the doctor? Fam Pract 1996;13:75-83.
2. Hariman KW, Lam SC, Lam YW, Luk KH, Poon KK, Li AM. Fever as a predictor of doctor shopping in the paediatric population. Hong Kong Med J 2013;19:6-12.
3. Lau BW. When and how patients seek medical help? An exploration in Hong Kong. Hong Kong Pract 1996;18:109-15.
4. Tang AF, Chao DV. Visiting general out-patient clinic for upper respiratory tract infection: a cross-sectional study of patients' knowledge, consultation behaviour, self-care practice and reasons for consultation. Hong Kong Pract 2004;26:333-44.
5. Betz MG, Grunfield AF. 'Fever phobia' in the emergency department: a survey of children's caregivers. Eur J Emerg Med 2006;13:129-33.
6. Chan C. Doctor shopping can be fatal. Hong Kong Pract 1993;15:2645-7.
7. Chao DV. Cancer management—what roles do family physicians have? Hong Kong Pract 2012;34:129-30.