CAPSULE COMMENTARIES

Capsule Commentary on Taber et al., Why Do People Avoid Medical Care? A Qualitative Study Using National Data

Viji Diane Kannan, MSPH

Health Services Research Division, Department of Public Health Sciences, University of Rochester, Rochester, NY, USA.

J Gen Intern Med 30(3):342

DOI: 10.1007/s11606-014-3121-5

© Society of General Internal Medicine 2015

Taber et al. identified four broad categories for why people avoid medical care. This commentary explores the dark side of one of them: unfavorable evaluations of seeking medical care, or “acceptability.”¹ As clinicians and researchers, we have explored a variety of mechanisms to increase acceptability: e.g., improving patient–provider communication, focusing on patient preferences, and incorporating shared decision making. We are finding ways to incentivize primary care providers so that they have the time to develop relationships with patients; and we are exploring ways to create more primary care providers so that *all* patients can have quality time with their provider. These ideas can all help reduce the unfavorable evaluations of providers and the healthcare system. However, these efforts at improving acceptability only target the patient–health system interface. This may not be sufficient since many individuals voiced distrust and dissatisfaction generally: “low confidence in medicine,” “don’t trust doctors,” and “doctors care more about money than patients.” And one person said that they avoid going to the doctor “to stay healthy.”

One reason for the general mistrust of medicine today is that people judge the acceptability of medicine based on their perceptions of the medical system, in addition to their face-to-face encounters. There are books², newspaper articles³, and academic journal articles^{4,5} describing the inner machinations of the business of health, including: ghost writing medical articles; speaking fees to promote off-label uses for drugs; lavish, yet permissible, gifts to doctors for educational or consulting services; drug company

involvement in continuing medical education; deceptive writing to obscure negative or null findings in journal articles; and financial ties of scientists and institute directors at the NIH to industry. Even medical professional organizations are obliged to keep their sponsors happy. These publications then get taken up by bloggers and are spread on social media. Knowledge of these practices tarnishes the entire medical community. So, in addition to facilitating patient communication and preferences, we should also explore ways to highlight and abolish these behind-the-scenes practices, not just to improve the image of medicine, but to honor the spirit of medicine and to safeguard patients’ health.

Conflict of Interest: The author declares that she does not have a conflict of interest.

Corresponding Author: Viji Diane Kannan, MSPH; Health Services Research Division, Department of Public Health Sciences, University of Rochester, Rochester, NY, USA (e-mail: viji_kannan@urmc.rochester.edu).

REFERENCES

1. Taber JM, Leyva B, Peroskie A. Why do people avoid medical care? A qualitative study using national data. J Gen Intern Med. 2014. doi:10.1007/s11606-014-3089-1.
2. Kassirer JP. On the take: How medicine’s complicity with big business can endanger your health. New York: Oxford University Press; 2005.
3. Willman D. Stealth merger: drug companies and government medical research: some of the National Institutes of Health’s top scientists are also collecting paychecks and stock options from biomedical firms. Increasingly, such deals are kept secret. Los Angeles Times A. 2003;1.
4. Campbell EG, Rao SR, DesRoches CM, et al. Physician professionalism and changes in physician–industry relationships from 2004 to 2009. Arch Intern Med. 2010;170(20):1820–1826.
5. Iezzoni LI, Rao SR, DesRoches CM, Vogeli C, Campbell EG. Survey shows that at least some physicians are not always open or honest with patients. Health Aff. 2012;31(2):383–391.