

Are the people we serve ‘patients’ or ‘customers’?



Douglas Mossman, MD
Series Editor

Dear Dr. Mossman,
At the multispecialty hospital where I work, administrators refer to patients as “customers” and tell us that, by improving “the customer experience,” we can reduce complaints and avoid malpractice suits. This business lingo offends me. Doesn’t providing good care do more to prevent malpractice claims than calling sick patients “customers”?

Submitted by “Dr. H”

“All words are pegs to hang ideas on.” As was true when Reverend Henry Ward Beecher uttered this phrase in the 19th century,¹ names affect how we relate to and feel about people. Many doctors don’t think of themselves as “selling” services, and they find calling patients “customers” distasteful.

But for at least 4 decades, mental health professionals themselves have used a “customer approach” to think about certain aspects of psychiatrist–patient encounters.² More pertinent to Dr. H’s questions, many attorneys who advise physicians are convinced that giving patients a satisfying “customer experience” is a sound strategy for reducing the risk of malpractice litigation.³

If the attorneys are right, taking a customer service perspective can lower the likelihood that psychiatrists will be sued. To understand why, this article looks at:

- terms for referring to health care recipients
- the feelings those terms generate
- how the “customer service” perspective has become a malpractice prevention strategy.

Off-putting connotations

All the currently used ways of referring to persons served by doctors have off-putting features.

The word “patient” dates back to the 14th century and comes from Latin present participles of *pati*, “to suffer.” Although Alpha Omega Alpha’s motto—“be worthy to serve the suffering”⁴—expresses doctors’ commitment to help others, “patient” carries emotional baggage. A “patient” is “a sick individual” who seeks treatment from a physician,⁵ a circumstance that most people (including doctors) find unpleasant and hope is only temporary. The adjective “patient” means “bearing pains or trials calmly or without complaint” and “manifesting forbearance under provocation or strain,”⁵ phrases associated with passivity, deference, and a long wait to see the doctor.

Because “patient” evokes notions of helplessness and need for direction, non-medical psychotherapists often use “client” to designate care recipients. “Client” has the same Latin root as “to lean” and refers to someone “under the protection of another.” More pertinent to discussions of mental health care, a “client” also is “a person who pays a professional person or organization for services” or “a customer.”⁵ The latter definition explains

DO YOU HAVE A QUESTION ABOUT POSSIBLE LIABILITY?



► Submit your malpractice-related questions to Dr. Mossman at dmossman@frontlinemedcom.com.

► Include your name, address, and practice location. If your question is chosen for publication, your name can be withheld by request.

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Disclosure

Dr. Mossman reports no financial relationship with any company whose products are mentioned in this article or with manufacturers of competing products.

what makes “client” feel wrong to medical practitioners, who regard those they treat as deserving more compassion and sacrifice than someone who simply purchases professional services.

“Consumer,” a word of French origin derived from the Latin *consumere* (“to take up”), refers to “a person who buys goods and services.”⁵ If “consumers” are buyers, then those from whom they make purchases are merchants or sellers. Western marketplace concepts often regard consumers as sovereign judges of their needs, and the role of commodity producers is to try to satisfy those needs.⁶

The problem with viewing health care recipients this way is that sellers don’t caution customers about buying things when only principles of supply-and-demand govern exchange relationships.⁷ Quite the contrary: producers sometimes promote their products through “advertising [that] distorts reality and creates artificial needs to make profit for a firm.”⁸ If physicians behave this way, however, they get criticism and deserve it.

A “customer” in 15th-century Middle English was a tax collector, but in modern usage, a customer is someone who, like a consumer, “purchases some commodity or service.”⁵ By the early 20th century, “customer” became associated with notions of empowerment embodied in the merchants’ credo, “The customer is always right.”⁹ Chronic illnesses often require self-management and collaboration with those labeled the “givers” and “recipients” of medical care. Research shows that “patients are more trusting of, and committed to, physicians who adopt an empowering communication style with them,” which suggests “that empowering patients presents a means to improve the patient–physician relationship.”¹⁰

Feelings about names

People have strong feelings about what they are called. In opposing calling patients “consumers,” Nobel Prize-winning economist

Box

“Would you rather be treated as a ‘patient’ or a ‘customer’?” Sample responses

“I definitely want to be a customer. Any doctor who isn’t willing to treat me as a partner doesn’t get to see me twice.”

“I would never hope to be treated solely as a consumer of health ... [but] being treated as only a patient without a realization that I am also a customer completely ignores the fact that health care providers are ultimately employed because of their patients.”

“I greatly prefer being treated as a customer ... A customer has more rights and choices for treatments, and is not taken for granted.”

“Although I appreciate how critical business processes are to the efficient and effective delivery of health care, when I am actually receiving care, I want to be able to focus on that care completely. To me, this requires being a patient, not a customer.”

Source: Reference 33

Paul Krugman explains: “Medical care is an area in which crucial decisions—life and death decisions—must be made; yet making those decisions intelligently requires a vast amount of specialized knowledge; and often those decisions must also be made under conditions in which the patient ... needs action immediately, with no time for discussion, let alone comparison shopping. ... That’s why doctors have traditionally ... been expected to behave according to higher standards than the average professional ... The idea that all this can be reduced to money—that doctors are just people selling services to consumers of health care—is, well, sickening.”¹¹

Less famous recipients of nonpsychiatric medical services also prefer being called “patients” over “clients” or “consumers.”¹²⁻¹⁴ Recipients of mental health services have a different view, however. In some surveys, “patient” gets a plurality or majority of service recipients’ votes,^{15,16} but in others, recipients prefer to be called “clients” or other terms.^{17,18} Of note, people who prefer being

Clinical Point

Because ‘patient’ evokes notions of helplessness, psychotherapists often use ‘client’ to designate care recipients



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Clinical Point

Evidence suggests that the attitudes that doctors take toward patients affects economic success and malpractice risk

called “patients” tend to strongly dislike being called “clients.”¹⁹ On the professional side, psychiatrists—along with other physicians—prefer to speak of treating “patients” and to criticize letting economic phrases infect medical discourse.²⁰⁻²²

Names: A practical difference?

Does what psychiatrists call those they serve make any practical difference? Perhaps not, but evidence suggests that the *attitudes* that doctors take toward patients affects economic success and malpractice risk.

When they have choices about where they can seek health care, medical patients value physicians’ competence, but they also consider nonclinical factors such as family members’ opinions and convenience.²³ Knowing this, the federal government’s Centers for Medicare & Medicaid Services publishes results from its Hospital Consumer Assessment of Healthcare Providers and Systems to “create incentives for hospitals to improve their quality of care.”²⁴

Nonclinical factors play a big part in patients’ decisions about suing their doctors, too. Many malpractice claims turn out to be groundless in the sense that they do not involve medical errors,²⁵ and most errors that result in injury do not lead to malpractice suits.²⁶

What explains this disparity? Often when a lawsuit is filed, whatever injury may have occurred is coupled with an aggravating factor, such as a communication gaffe,²⁷ a physician’s domineering tone of voice,²⁸ or failure to acknowledge error.²⁹ The lower a physician’s patient satisfaction

Related Resource

- Goldhill D. To fix healthcare, turn patients into customers. Bloomberg Personal Finance. www.bloomberg.com/news/2013-01-03/to-fix-health-care-turn-patients-into-customers.html.

ratings, the higher the physician’s likelihood of receiving complaints and getting sued for malpractice.^{30,31}

These kinds of considerations probably lie behind the recommendation of one hospital manager to doctors: “Continue to call them patients but treat them like customers.”³² More insights into this view come from responses solicited from Yale students, staff members, and alumni about whether it seems preferable to be a “patient” or a “customer” (*Box, page 41*).³³

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Bottom Line

When patients get injured during medical care, evidence suggests that how they feel about their doctors makes a big difference in whether they decide to file suit. If you’re like most psychiatrists, you prefer to call persons whom you treat “patients.” But watching and improving the things that affect your patients’ “customer experience” may help you avoid malpractice litigation.

This month's instantpoll%

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Danny, age 17, describes paranoid thoughts and has been withdrawing from his friends and family. His grades have dropped. He admits to using *Cannabis* weekly. His parents are concerned because his maternal uncle was diagnosed with schizophrenia at age 22. **How would you help Danny and his family?**

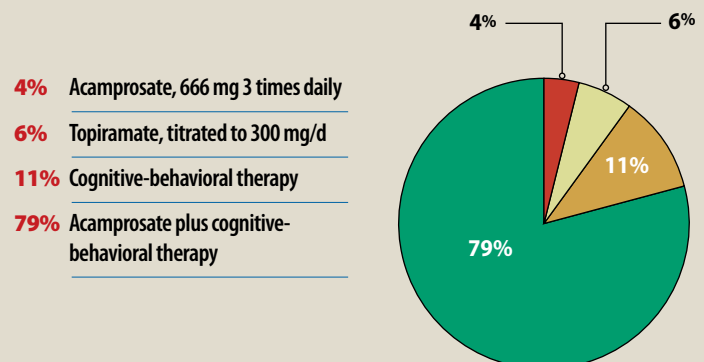
- Arrange to see Danny every other month to monitor his condition
- Administer self-report scales to help detect early psychotic symptoms
- Start a low-dose antipsychotic
- Recommend cognitive-behavioral therapy and a low-dose antipsychotic

See "**Schizophrenia prodrome: An optimal approach**" pages 16-30

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JANUARY POLL RESULTS

Mr. B, age 28, has been abusing alcohol for 10 years, drinking up to a case of beer a day, but he now wants to stop drinking. In the past, he's tried 12-step programs and naltrexone, but relapsed. **How would you treat Mr. B?**



Medication for alcohol disorder

Which agents work best?

FDA-approved and off-label medications help patients achieve abstinence and maintain sobriety

H

SUGGESTED READING:
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