

Toward Consumer-Oriented Health Care

Rheba De Tornyay, R.N., ED.D.

Los Angeles, California

At the very heart of the need for changes in the traditional pattern for the delivery of health care is the consumer, who has become more educated and more demanding for care that is available to him and his family. He wants health care in which he has confidence, that treats him as a partner in the health process, and that treats him with dignity. He is insisting on equal access to health care regardless of geographical location or economic status. The concept of health care as a basic right for all is finally becoming a reality.

There is a growing awareness among consumers of health services that they need to increase their input into the forces that affect their lives. There is also an increasing recognition from health professionals that the consumer is capable of providing input, and that he has the right to be included in decisions affecting his health. Health education has reached an all-time high in this country through the news media, magazines, and other educational processes. A new consumer is presenting himself to his source for health care not only with his symptoms, but with his diagnosis, and the kind of treatment he wants and expects. More than anything else he wants a concerned health professional, and he gets angry when his care is depersonalized and uncaring.

A system of care emphasizing prevention is needed. It is essential that people receive help with some of their major problems — family planning, drug abuse, environmental pollutants, and interpersonal relationships. Consumer needs currently require an extension of the functions of the physician to fill gaps in the health care system to include health maintenance activities.

Whereas Zubkoff et. al. in their article, "Physician Extenders: Divergent Views and Implications for the Future"¹ have identified four justifications for the emergence of physician extenders, they unfortunately do not include what I believe should be the major reason for role reformation of health workers, that of providing more comprehensive care for patients. Neglected components of care such as teaching patients about stressors and their effects, developing independence for the health consumer, helping patients cope with

the problems inherent in disease, injury, infirmity, and the problems that accompany the aging processes are all aspects that must be emphasized. If one looks at the discontent that patients express about their health care, it becomes obvious that what is being asked for is coordinated, continuous, family-oriented, and compassionate care. The complexities of care, the time required to work with patients with multiple problems, and the diversity of skills required frequently mandates that a team approach to delivery be utilized. Zubkoff et. al. stress economy and convenience for the physician as the prime reason for the delegation of functions, rather than improved care for patients.

The authors have identified that both physicians and patients may be resistant to the utilization of physician extenders. However, they have not described some of the strategies for reducing barriers. For example, increased exposure to team delivery beginning during the medical school years could reduce this resistance. Although in the past most physicians may have come from the upper middle class stratum of society this, fortunately, is changing. Today's student, including medical students, is much more equalitarian-oriented and concerned about involving others in the decision-making processes that involve the delivery of care to others. The physician's fear of being "taken over" by physician extenders requires considerable understanding of individual and group psychology in order to reassure and strengthen relationships and decrease anxiety. Patients, likewise, can be educated to accept the care of persons other than the physician. Many women from all socio-economic levels are currently eager to accept care from nurses and other health care workers in the area of family planning.

Finally, it is not clear why the authors are pessimistic about the future of physician extenders. Many physician extenders, particularly the family nurse practitioner, are *not* specialty oriented nor institutionally oriented. The current unmet patient needs are not for providing routine physician services, but for broadened, more comprehensive needs which include health care as well as sick care. It is to this objective that we must address ourselves.

Reference

1. Zubkoff M, Reynolds J, Zubkoff S. Physician extenders: divergent views and implications for the future. *The J of Fam Pract* 1:2:00 Aug 1974.