
Guest Editorial

The Public Perception of Physicians

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It comes as no surprise that physicians collectively are no longer held in high esteem by the public. Although most of us still enjoy a certain degree of esteem on the part of our own patients, a study by Larry Freshnock,¹ Director of the American Medical Association's Survey and Opinion Research Unit, provides ample evidence that this esteem fades when patients are asked how they perceive physicians in general.

Freshnock's survey demonstrated that the degree to which the public perceived cost as the main problem with medical care had increased from 55 percent in 1982 to 68 percent in 1984. At the same time, 86 percent of the public thought that health care costs could be reduced without affecting the quality of care. The degree to which the public felt that physicians' fees were reasonable fell from 42 percent in 1982 to 27 percent in 1984. A parallel drop took place in the total time that the public perceived physicians spent explaining things to them. A public opinion poll concerning physicians' incomes showed that 70 percent of the respondents felt that physicians are overpaid.² On a more positive note, if possible in an otherwise gloomy report, 71 percent of the respondents believed that physicians are up to date on the latest medical advances and technology.

It is interesting to note organized medicine's approach to the serious problem of erosion of the public's opinion of the medical profession. The

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American Medical Association announced in the July 24, 1985, edition of the *AMA Newsletter* that their "Public Awareness Program will begin this Fall with a series of pilot tests for enhancing the public image of physicians." The first of these trials is to take place in Vermont at a fair to be hosted by the Vermont State Medical Society. It is interesting to note that "the medical society will arrange demonstrations of 'high-tech' medical equipment such as a CT scanner and an ultrasonic monitoring device." This plan seems unbelievable in view of their own survey, which showed that our patients are dissatisfied with the high cost of medical care and the lack of time that their physician spends with them. I submit that it is against "high-tech" medicine the public is rebelling. We are increasingly placing machines between ourselves and our patients to the detriment of time spent with patients. Would not our image be better served by having family physicians and other primary care physicians perform free screening examinations at the fair and stress the need that everyone have a family physician or other primary care physician as their regular source of medical care to control the ever-escalating cost of medical care? Would it not be better to stress prevention rather than the treatment of end-stage disease?

Increasingly more of our patients are joining health maintenance organizations, preferred provider organizations, independent providers associations, and so on. This trend is certainly an indication that we are not meeting the expectations of our public. Although there is a great deal of debate among physicians today about these new forms of practice, one thing is evident: these various alternative modes of practice are almost certainly going to further tarnish our image in the eyes of the public. The corporatization of medicine in the United States will increasingly shift decision-making authority from the medical profession to the corporate structure. It would appear that our decisions will be based increasingly on cost effectiveness and the bottom line of profit. If patients perceive us as employees of the corporation rather than as their advocates, there will be further erosion of our public image. No matter how much we decry the corporatization of medicine, however, it is not going to go away. To quote from the proceedings

of the AMA Council on Long Range Planning and Development:³ "If there is one immutable law, it is that no individual or organization can be protected from change."

What can we as physicians do to combat this sullied image? We need to spend more time listening to our patients and demonstrating an interest in them. We need to show more "empathy and a willingness to share more information with patients."⁴ We should consider our patients' financial circumstances and adjust our fees accordingly. We should change our image so that we are "again viewed primarily as proactive rather than reactive and as promoting rather than opposing progress."⁵ Finally, we should heed the advice of Francis Peabody,⁶ who wrote in 1927: "One of the essential qualities of the clinician is interest in humanity for the secret of the care of the patient is in caring for the patient."

We are at a crossroads in the history of American medicine. We can have our destinies shaped from outside the profession or we can help shape them ourselves. The latter will require a massive and conscious return to the original principles of our great profession. Each of us must make a sustained effort to spend more time with our patients and at the same time we must make serious efforts to control the skyrocketing costs of health care.

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