THE PATIENT IN THE FUTURE

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Theng Chye Yam

INTRODUCTION

Medical consumerism is now widely recognised as a legitimate and important social movement that has been inspired by a variety of contributing factors:-

— rising cost of health care;

— a better educated and knowledgeable population;

— greater public awareness of the need for individual responsibility in health care decision making;

— greater availability of curative measures and methods;

— widespread failure of health professionals to satisfy the health information needs of consumers;

— the development of preventive health care among governments, consumers and professionals;

— a growing concern with self-health care and physical wellness;

— greater awareness by the public of the importance of diet, health and lifestyle.

In Singapore, it is apparent that the consumer movement has been gaining momentum and will continue to exert significant influence on the kind of society we are likely to have in the future. Consumers are becoming better exposed and more aware of their rights. One of the fundamental rights is the right to be healthy and the right to proper and efficacious medical care. People who seek medical services and care i.e. patients, can also be regarded as consumers; and it is foreseeable that in the near future there will be increasingly more patients exercising their rights.

Consumers' Association of Singapore
Trade Union House Annexe
Singapore 0106

Theng Chye Yam
Exeuctive Secretary

CHANGING ROLE OF PATIENT

Medical service is one form of human services. Here, the patient in describing symptoms and medical history to the doctor and agreeing to follow a prescribed course, is a factor in the production of his own good health.

The trend is therefore towards a greater recognition of the individual as the key decision maker in medical care. The individual decides whether to use medical care, when to use it, who to see, what facility to use, what information to give, and what recommendations to follow.

THE RIGHT OF PATIENTS

Having said that patients will play a more important role in the medical process, it should be expected that they are more likely to exercise their rights. It is therefore necessary for patients and doctors to have an understanding of these rights.

a. Patients have the right to give their informed consent to any procedure of medical treatment including examinations, and/or use of medicines, drugs and operations. A doctor can however proceed with the treatment deemed necessary if a life is in danger and there is no time to get consent from an authorised person.

b. Diagnosis and treatment determined by doctors must be clearly understood by the patient. If any treatment is prescribed, an attempt to give as clear as possible an explanation of patient's condition or disease in lay terms should be made by the doctor. The line of treatment should be outlined by the doctor and explanation should cover all aspects of treatment, the expected benefits, the likelihood and nature of side effects, the risks of failure no matter how rare this might be, the risk of death and whether the treatment is experimental and allow the patient freedom to make his own decision if he can, if all the information is presented to him.

c. Patients have the right to see any other doctor or specialist for an independent second opinion, at any stage of the treatment.

d. Patients have the right to know about their own medication:-

   — The right to adequate and understandable information on prescribed and purchased medicines.

   — The right to the most effective, available safe medicines. Safety must be ensured by the manufacturers and by legislative control.

   — The right to convenient access and availability of medicines.

   — The right to choose where to purchase.

   — The right to choose among competitive products.

INFORMATION

Another significant development that will take place is the greater demand by the patients for more information. It is now required by law that the labelling of medicines include the name of the medicine, the dosage and how often the medicine has to be taken.

In addition, patients are likely to ask the doctor the following:-

— the purpose of the medicine

— the possible side effects

— the avoidance of any food, alcoholic beverages or other drugs.

— the duration necessary for any medication prescribe.

— what to do if a dose is forgotten.

In the more advanced countries of the west, information on the drugs dispensed has progressed from very basic information to patient information pamphlets or patient package inserts, which amongst other things require information written in non-technical language on the indications and contra-indications, potential or adverse reactions and side effects, precautions to be taken together with advice on administration and storage. We are moving in that direction and are confident that in the near future patients will be provided with such information.

AUTOMATION

Our society is moving fast towards greater automation and increasing use of computer technology. Greater use of expert systems can be expected. An expert system is a computer programme that has the knowledge and capability built into it, that will allow it to operate at the expert's level. The expert system is a high level intellectual support for the human expert.

Expert systems are often built to be able to explain the lines of reasoning that led to their decisions. The largest single group of expert system is perhaps centred in the area of medicine.

Many of the various expert systems in medicine in USA like the Mycin system which is for the diagnosis of meningitis and blood infection and the Puff system which is for the analysis of patient data to identifying possible lung disorders, were researched and developed by Stanford University.

With rising medical costs and declining hardware prices, it should not be long before our patients are exposed to such systems.

Some questions would then have to be looked into:-

a. acceptance — Are we ready to accept the use of these systems?

b. choice — Can the patient choose to reject the use of these systems?

c. liability — In the event of a mishap, who will be liable?

MEDICAL EDUCATION

Another area we should pay greater attention to is that of medical education. To exercise their rights properly and effectively, patients should be educated medically. They should also be aware of their responsibilities of telling the doctors of the following:-

— the name and amount of every medicine that they are taking or have taken recently, including prescription and non-prescription (over the counter) drugs.

— any allergic reactions that they have had.

— any special diet that they are on e.g. low sugar or low salt diets

— any pregnancy or breast-feeding

Patients should also be educated to know that the safety and effectiveness of the drug depends upon adherence to the instructions for use and the drug should not be used for any purpose other than that prescribed.

PREVENTIVE HEALTH CARE

Although today's world has markedly chopped the toll of most of the old disease killers, lifestyles and technologies have brought in new health risks. The responsibility to ensure preventive health care is of course incumbent on governments, but medical professionals also have a large role to play.

With regard to health, one's life style and environment are now more important factors than medical care itself. Patients must be educated to have a better understanding of preventive health care.

Thus the practice of medicine for curative ends alone does not justify the objectives of the professional. A wide spectrum is the practice of medicine that must be developed to cope with the patient of the future who will see the role of his doctor as one who gives just as much emphasis to preventive medicine as he would to curative medicine.

The practice of curative medicine provides the financial rewards but developing in the minds of many is the support that should be given to preventive medicine. Expectations, therefore are for professionals to play an important role in this development.

NUTRITION AS A HEALTH FACTOR

Nutrition factor is beginning to be identified as playing a prime aetiological role in the development of some of the major chronic degenerative diseases such as coronary heart disease, hypertension and some form of cancer. For example, a vast amount of research has been done on ischaemic heart disease, but inspite of this it has not yet been possible to identify a unique cause, and indeed many scientists believe that the disease has a number of causes. But one thing is clear from all this work: the development of ischaemic heart disease is related to dietary fat intake — in some way. So is the story of the association of a low fibre intake with a wide range of diseases of the colon. Much of the evidence relating to these health problems indicates that a more moderate diet will lessen the impact of these diseases.

It is well known that many segments of the population, even in highly industrialised countries, do not consume a diet adequate in all respects. There is still a divergence of opinion concerning the optimal intakes of many nutrients. Most "adequate diets" are only approximations that deal with requirements in terms of population averages, which are the basis of public statistics. These completely ignore the fact that many people over-eat and so increase their susceptibility to certain diseases and shorten their lives, and also many, mainly the poorest classes and large families, are sub-nourished because of insufficient money. Easily available or cheap foods often become major parts of their diet, at times to the detriment of health. An added complication is the extensive use of manufactured and processed foods, which may lead to undesirable food habits because of conveniences of use or economy.

Systematic large scale tests of preferences and of voluntary food intake have supplied many interesting and important leads on this subject. It is now believed, for instance, that over-eating in the developed countries like USA, may be attributable to the food habits carried out from the time of scarcity to one of plenty. The development of food vending methods which continually expose people to a variety of tempting foods accentuates this situation. Therefore, the affluent industrialised countries must develop an educational system in which children can learn self-regulation.

Although there has been a succession of diet recommendations, those shown in Table 1 are derived from a recent publication issued jointly by the US Department of Agriculture and the Department of Health, Education and Welfare, while these add weight to the existing dietary goals, they are interesting because they contain no edict not to eat certain foods but rather to consider total consumption and reduce excessive intake. It is to be hoped that they will reduce the cost of medical care and maximise the quality of life.

TABLE 1: NUTRITION AND YOUR HEALTH GUIDELINES

1. Eat a variety of foods
2. Maintain ideal body weight
3. Avoid too much fat, saturated fat and cholesterol
4. Eat food with adequate starch and fibre
5. Avoid too much sugar
6. Avoid too much sodium
7. If you drink alcohol, do so in moderation

Thus awareness of nutrition, consumer demand for more information about the food they eat, concern over diet and health changing eating habits and family meal patterns, together with an increasing government interest in the wholesomeness of our foods are some of the forces which we must be prepared to meet in the future. It is commendable here that a research team from the national University of Singapore and CASE are conducting a serious study of these problems in our region.

SELF MEDICATION

In Singapore, self medication by consumers knowledgeable of the use of medicaments would to a large extent enable doctors to spend much of their professional time, effort and energy towards tackling the diagnosis and prognosis of patients needing their attention. However, it must be emphasised that drugs for self-medication should be provided with sufficient informational data by manufacturers for their safe and efficacious use. The tendency towards self medication increases as a person's level of education increases. This is supported by a study conducted by Dr Stella R Quah of the Department of Sociology of the National University of Singapore, which shows that 62% of the people with 13 or more years of formal education practise self-medication. People who are better educated are exposed to a wider scope of materials and information on health matters by virtue of their access to information sources not available to the less educated groups. Also, educated people tend to be more inquisitive and they will tend to identify medicines that can benefit them.

Our educational policy is geared towards providing maximum education to each individual level of competency. The educational level of our people will definitely increase with time, and so is the trend towards self-medication. There is therefore a greater need to ensure that sufficient information is provided to these people.

REDRESS

A consumer has a right to redress. If he were sold a defective product, he has a right to demand a repair, a replacement or a refund. A patient too has a right to redress, especially if there is evidence of fraud, professional misconduct, professional incompetence and/or professional negligence.

Patients must accept that they have to bear higher

costs for medical care in the future, if they are to demand the best medical care and think that redress are necessary. All being equal, for the sake of medical excellence, both the patient and the medical profession must be prepared to accept this change in behaviour. The overall and serious consequences of the patients, the medical profession and the cost of the health care must be given very careful and serious consideration.

In the West, patients who have received unsatisfactory medical treatment commonly resorted to litigation actions. As our consumers become more educated, better informed and more aware of their rights, they may be expected to exercise their rights to litigation. But unfortunately, this will lead to more doctors practising defensive medicine which is really not desirable. The practice of defensive medicine would not only prove to be a major factor in pushing up medical costs but also spell long drawn out periods of medical care and a whole series of medical tests. Cost is the first major consideration in litigation action, as such cases often extend over a long period of time.

Another consideration is the difficulty patients have in obtaining expert evidence about the extent of the mistreatment or whether mistreatment took place. In any case, the right of a patient to seek redress in a court of law for any medical hurt from medical incompetence and/or negligence must not be denied. It is too early to assess the outcome, but we anticipate this course of action should be actively considered by all those concerned in the years to come. The Consumers' Association of Singapore (CASE) will continue to work closely with the various medical association to provide other avenues of redress through mediation.

CONCLUSION

The ideal doctor — patient relationship should be a close, friendly and personal one, based on mutual trust and respect. There must be a two ways communication and exchange, with interdependency between patient and doctor. Doctors should no longer prescribe medicines without disclosing the necessary information or having to explain to the patient the rationale for the treatment. The NET syndrome is fast becoming part of medical practise. NET or 'not enough time' for the patient with the argument that demand exceeds supply and time costs money, very rarely patients get value-for-money in terms of satisfactory diagnosis with sufficient time for getting information on their sickness. Sometimes cursory medical examinations leave patients unduly worried of their condition which could psychologically be damaging.

An informed patient is a better patient, and a better informed patient usually leads to more useful discussion between doctor and patient, which in turn leads to a more effective use of the health service. It is anticipated that increasing sophistication in automated information systems and communication services will ultimately allow patients to access directly much of their own medical data, together with individualised advice and guidance on what they might do as preventive action. While such access might be possible initially in the doctor's office, it may soon become available at the patient's work locations and even in his home.

Finally, the patient of the future and the doctor should be prepared to adjust his/her attitudes, to face high demands towards medical progress and excellence. This possibly will create a society, of better prepared and informed patients and of professionally better doctors and medical services in future.

The socio-economics indicators for development in a country includes inter alia infant mortality rates and male and female life expectancy at birth. The 1984 ESCAP population data sheet is indicative of such development in the following figures:-

1984 ESCAP POPULATION DATA SHEET

Country	Infant Mortality Rate	Male life Expectancy at birth	Female life expectancy at birth
Japan	6*	75	80.1
Hongkong	10*	72.1	77.9
Singapore	9*	69.3	75.7
Malaysia	33	67	70.8
Thailand	56	61.2	65.1
Philippines	60	60.6	64.2
Indonesia	90	54.5	57.3

*Refers to 1983

It is clear that the patients of the future with higher socio-economic standards will demand medical health care of a standard commensurate with his country per capita GNP. This will mean that preventive medicine is practised which includes of course prevention of occupational hazards.