How To Deal With Institutional Barriers

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The findings of this study underscore several issues in various fronts. For the US observer, they raise the question of the extent, if not the validity, of consumer sovereignty where health care is consumer-driven. For the health law practitioner, they challenge the conception of the patient-doctor relationship as one based on trust.[1] For the practitioner, they take professionals and those in training to task on the nature of and the sine qua non of medicine. For the patient, they lay bare the inertia that seems to stick despite the spread of health information and moves to empower patients.[2] Considering the socioeconomic background of the participants, one would expect activated patients who would claim their right to have a say in their treatment. Yet we find patients who are just as wary of how they conduct themselves when in the consultation room.

The research of Dominick Frosch and colleagues on shared decision making highlights the lingering institutional challenges of engaging the patient as a partner in medical decision making. The challenges range from the structure of the health care system -- not in terms of just financing but also delivery -- to the attitudes, nay beliefs of stakeholders, physicians and patients alike.[3] As noted, paying more for consultation, since consultation time in the US as in Germany is meanly reimbursed, may improve the length of the consult and is likely to make headway in improving the quality of the interaction. Challenging institutions about what makes a difficult patient and the paternalistic doctor as authoritative arguably needs more attention and work.

References:

