

Patient centeredness and consumerism in healthcare – an ideological mess

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In this paper we contrast two concepts that permeate political rhetoric concerning healthcare in the UK and elsewhere: patient centred care and consumerism. We outline their parallel histories and note that they appear to have different philosophical origins. Both concepts, however, are founded in the value or rights of the patient, whether as a person or as a buyer of services. As these concepts are variously defined or even misinterpreted, we note that this creates opportunities for their rhetorical use in ways that appear insincere. We outline the main problems with conflating patient centred care and consumerism, arguing that these rest on conceptually messy argument and incorrect or insincere definitions of consumerism. We further argue that consumerism is not compatible with a rationed healthcare service but patient-centred care arguably is.

Definitions and history of patient-centred care

The term patient centred appears to have originated in the US in the 1950s when psychologist Carl Rogers [1] used the term to describe his humanistic approach to therapy. Rogers focussed on building a relationship of trust between therapist and patient in order for the latter to be able to fulfil his or her potential in life. The concept was further developed in the 1970s by US psychiatrist George Engel, who introduced the concept of the biopsychosocial model of health as an alternative to the traditional, paternalistic, medical-model. In the UK, the 2000 NHS Plan formalised the concept of patient centred care as one of the ten NHS core principles, stating *'The NHS will shape its services around the needs and preferences of individual patients, their families and carers'* [2]. Since then, the concept of patient centred care has played a prominent role in a variety of public policies and inquiries. However, there appears to be no single accepted definition of patient centred care, the following are just a few examples:

'Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual. Crucially, it ensures that people are always treated with dignity, compassion and respect.' [3]

In the above definition, patient centred care enables informed decision making.

'Person-centred care is a way of thinking and doing things that sees the people using health and social services as equal partners in planning, developing and monitoring care to make sure it meets their needs. This means putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome.' [4]

In the above definition, patient centred care sees patients as experts.

'...putting patients, and their families and carers, at the heart of deciding which goals are most valuable for individuals with a range of health conditions, rather than clinicians deciding what is best.' [5]

In the above definition, patient-centred care puts patients at centre of decision making rather than clinicians.

The philosophy underpinning patient-centred care seems to have its roots in virtue ethics, with the ultimate aim being patient flourishing or Aristotelian eudaimonia [6]. This should be achieved by adopting a holistic approach; examining all parts of the patient's life, widening the gaze from a purely biomedical viewpoint. This allows the practitioner to understand the patient's values and life narrative, and adapt therapy accordingly. Interestingly, Misselbrook discusses the practicalities of such an Aristotelian approach to healthcare at length, suggesting that although the concept of patient-centred care has been around for over half a century, the actual adoption of its use in mainstream practice has lagged sorely behind [7].

Yet, we are constantly reminded about 'patient-centred care' in health policy and told of its centrality in modern day healthcare. So, if philosophically pure patient-centred care isn't being practiced in healthcare today, it then begs the question what is this half-baked, pseudo concept that is being practiced? Is it lacklustre practice from cynical practitioners who are too busy to care or is it a wolf in sheep's clothing, a façade for something else more insidious?

Definition and history of consumerism

In the 1960s and 70s extensive legislative change was induced in the NHS; largely driven by 'rights talk' which was increasingly being seen as part of responsible citizenship and actively campaigned for by increasing numbers of consumer rights groups such as the Patient's Association [8,9]. This change aimed to make the NHS more efficient, increase the representation of patients and introduce more respect for the autonomy of patients. The 80s and 90s saw a conservative, neo-liberal government committed to a market ideology and averse to any notion of an overinvolved state. This influenced health policy and saw consumerism move from the fringes of thought to the centre of decision-making. Managers were installed to gauge patient opinion and control service provision, patient information resources were widely disseminated, complaint procedures were introduced and guides to hospital waiting lists which revealed regional discrepancies in provision were published [10,11]. The most notable reform was the introduction of the internal market, which subdivided the responsibility of the different arms of healthcare between an array of providers, thus creating competition between these groups and theoretically driving up standards [10, 12,13].

Between 1997 and 2010, The Labour government abolished the internal market and in its stead created an 'integrated' model of care 'based on partnership and driven by performance' [13]. The internal market had failed to raise standards whilst incurring a huge administrative cost and bureaucratic burden [14] and introduced unfairness and inequity as patients were receiving differing standards of care based upon the competitiveness of providers [13,15]. The integrated model's principle of partnership fuelled a consumer revolution, offering patients choice and placing them at the centre of decision-making, while the notion of performance maintained a market framework using targets as a means of competition [13,15,16].

Shaw and Aldridge offer the following definition of consumerism: '*...Consumerism helps the free market to work effectively: it empowers consumers, protects them from negligence, malpractice and fraud, and supplies them with objective information that will help them to make rational choices*'. [17]. The philosophy underpinning consumerism is largely based upon the concept of autonomy which has its origins in the idea of liberty set out by John Stuart Mill '*...the liberty of thought and feeling...[and] doing as we like, subject to such consequences as may follow...even though they should think our conduct foolish, perverse, or wrong.*' [18].

Are consumerism and patient-centred care related?

If we consider the more recent definitions of patient-centred care that we quoted above, and compare them to the definition of consumerism we can see there is conceptual overlap. This is particularly in relation to empowerment and decision-making responsibility. Consumerism sees respect for autonomy as sacrosanct. It particularly favours the Millian view of autonomy referred to earlier, which argues that the only justifiable interference is if harm is brought to another, harm to oneself is permissible if one is capacitous [18]. Many medical interventions are in some way invasive and would fit with Dworkin's definition of paternalism '*imposing limitations on personal freedom or choice in order to benefit the person whose freedom is restricted*' [19]. Nowadays, doctors gain consent before any intervention and in so doing, do not act paternalistically, however in the past the attitude of 'doctor knows best' often prevailed and patients were subjected to treatment or not given the whole truth if an omnipotent doctor judged that it was in the patient's best interest. This has come to be deemed as unacceptable. Increasing patient choice out of a respect for patients as autonomous beings led to their empowerment, which corrected the imbalance of power between doctors and patients, eradicating paternalism. If founded upon the respect for persons and therefore upon the respect for autonomy, then both patient-centred care and consumerism are incompatible with a paternalistic model of care. But, that is where the similarities end.

There is conceptual overlap between the modern definitions of patient-centred care and consumerism. However, as previously illustrated, they have distinct philosophical origins. Both concepts are incompatible with paternalism, but for different reasons. We find patient-centred care reasoning more palatable, as it requires patient-input to get the best for the patient. Consumerism, by contrast, demotes clinicians to providers of services due to inherent rights of patients. We feel that sincere patient-centred care simply cannot function in a paternalistic relationship (where patients are capacitous). It requires the elevation of the patient and his or her input into the decision-making process. To help a patient flourish one must understand his or her values and beliefs and the context in which they exist. Patient-centred care however allows more leeway for professional judgement in a holistic understanding patient benefit. Un-nuanced consumerist approaches might prioritise the satisfaction of immediate patient preferences at the cost of more holistic aspects of care.

Arguably, the lack of a single, coherent definition of patient-centred care permits various interpretations and understandings, both among patients and clinicians. Because the meaning of these terms appears negotiable, they are potentially appropriated in ways that are (at worst) politically insincere. Indeed one of the justifications of patient-centred care in the 2000 NHS plan states '*Today, successful services thrive on their ability to respond to the individual needs of their customer. We live in a consumer age.*' [2] Consumerism is explicitly used as the vehicle for the emancipation of patients in the name of patient-centred care. Yet, in its purest form, patient-centred care never aimed to liberate patients or saw health as a commodity that could be acquired. It saw health as a means of betterment. Betterment and benefit are themselves open to different kinds of definition – something which we do not propose to explore in this paper.

The proclivity towards patient choice and empowerment among recent definitions of patient-centred care (as above) is perhaps a sign that its meaning in public documents (such as those relating to the British NHS) has changed or evolved over time. Patient centeredness now reflects a Millian philosophy of liberty much more than an Aristotelean philosophy of flourishing. It therefore has much more in common with definitions of consumerism. The question that remains is, is this change in definition purposeful or just a case of mistaken meaning?

What are the implications?

Although two terms were originally philosophically distinct, it seems like the more politically palatable 'patient-centred care' may have been used cynically by political and commercial institutions to persuade patients and consumers to want what is good for the institution. It is easy to see why successive governments would want to create a virtue of consumerism as it promises patients empowerment and increased autonomy while simultaneously undermining the authority of doctors and the wider medical establishment. Is this truly in the best interests of patients?

A consumerist model gives the patient what they want out of obligation. In a resource-strict setting such as the NHS this is not always achievable and so limits upon patient choice are unavoidable. This is in direct conflict with the very notion of consumerism and its underlying philosophy and highlights the unsustainability of it as a model of healthcare in a rationing environment. Hence the expectations of health care consumers are unattainable within current budgetary constraints. Logically, the only way in which to meet choice expectations would either be to increase realistic resources to meet existing demand, or to deflate demand. We welcome verifiable examples of politicians doing this in correspondence.

If this system is then viewed as inadequate and not fit for purpose by these 'empowered' patients, the argument might go, if a tax-funded centrally-run healthcare service fails to meet my needs, why should I support it? Every citizen (or consumer) making their own personal arrangements (at their own expense) for healthcare then begins to seem a more desirable option. We feel that if the UK were to dismantle its NHS, the only losers would be the patients whose choices would become more restricted by cost than by plurality of service [20,21]. However, even for those who could afford this commodity, there would be implications. Although initially local provision for those who could afford it would probably be improved, market forces and competition survive only as long as there are mechanisms to prevent monopolies forming (after all – in a competitive market weaker competitors will fail). This presents two threats, firstly that a monopoly will favour more profitable activities at the cost of patient choice and need and secondly that those who have chosen one of the failing providers will be left without care.

We conclude that sincere patient-centred care is much more sustainable than consumerism in a resource-restricted setting such as the NHS. A patient-centred practitioner will be motivated to do the best for the patient within the available resources. By acknowledging and discussing the patient's values, thoughts and concerns, treatment can be prioritised and the most appropriate intervention available can be given. Clinicians can be motivated by beneficence and altruism, not budgets or political point-scoring. It is within such an arena that the best, truly patient-centred, healthcare is practiced and the freedom to work within this structure should be encouraged. We contest the idea that patient centeredness fails simply because resources are limited, and suggest that consumerist approaches in any resource-limited healthcare system are insincere.

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