Dilemma of Consumerism in China

An analysis based on survey on five "Third Level 1st Class Hospitals" in Beijing *

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Abstract:

Questionnaires and interviews with physicians, nurses and patients provided a deeper understanding of Consumerism in China which suggests Chinese health care is going through a crisis of trust. As a result, Chinese patients and physicians begin to act like consumers and service providers. Consumerism inevitably developed in Chinese health care. Consumerism produced some beneficial results. But in Chinese hospitals, consumerism is just a means but not an end for both physicians and patients. They make use of it to protect themselves temporarily, but are not prepared to accept the new identities of consumer and provider that consumerism provides. On one hand, Chinese patients haven't prepared to take responsibilities for themselves as real consumers. On the other hand, Chinese physicians and patients are strongly influenced by Confucianism which holds mutual trust as a core value. Both the survey and the interviews showed that, Confucianism cannot be compatible with consumerism. Therefore, the development of consumerism in China made more and more Chinese feel disturbed. All the difficulties that came from both medical scene and social background made consumerism in a dilemma.

Key Words: Physician-Patient Relationship, Consumerism, Trust, Confucianism

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1. INTRODUCTION

Consumerism began to emerge in the middle of last century in the west, when the patients began to doubt their physicians' decisions, and try to gain more autonomy. From then on, patients began to define themselves as consumers and the physicians as service providers.

In general, consumerism indicates a type of physician-patient relationship. The physician and patient can be likened to the service provider and consumer. The seller has no particular authority. The buyer can make the decision to buy or not to buy, as he or she sees fit (Beisecker, 1993). The physician-patient relationship as a consumer-provider exchange overthrows the traditional perspective and thereby changes the very nature of the physician-patient relationship. Patients claim to possess equal status and power with physicians in the process of decision making; correspondingly, they should take equal responsibility as their physicians for the treatment. When consulted by the patients, physicians must provide information that is necessary for the patients to make their own decisions and it's important for the patient to give or withhold an informed consent.

In western society, the development of consumerism has always been accompanied with crisis of trust. In the late 1960s, the emergence of greater patient consumerism during the late 1960s challenged the authority of physicians. Patients stopped to view physicians as reliable as parents but began to view them as service provider (Reeder, 1972). This was just accompanied by a decline in trust. Trust in physicians declined from 72 percent in 1966 to 37 percent in 1981, and physicians lost further stature by 1998. Suspicion grew about physicians acting in patients' best interests (Timmermans, 2010). In the 1980s, Anti-psychiatry movement changed from a campus-based movement to a patient-based consumerist movement. Ex-patients demonstrated that, Psychiatry has profited from patients it neglected and abused. Mental health consumerism is supposed to protect mental patients from the mistreatment of psychiatry and look to promote radical mental health care reforms (Rissmiller, 2006).

These movements do produce beneficial results, but there is also many defects of consumerism been showed recent years. It made the physician-patient relationship worse than before. As a survey shows, the exacerbation of physician-patient relationship in America partly originated from the unhappiness of the physician, who became resentful about patients and others who questioned their commitment (Cockerham, 2006, p.199). Onora O'Neill has revealed to us a reverse relationship between the expansion of individual autonomy and the tendency to trust other individuals and institutions (O'Neill, 2002, p.20). When there is no trust, physicians feel their work is meaningless, and then the healing effect will be reduced.

In china, the development of consumerism was also a result of distrust. Consumerism started to rise after the economic reformation which took place in the end of last century. In the traditional Chinese health care practice, physicians were seen as fatherly and reliable. But in the new health care system which had been set up by the reformation, hospitals operated on the

payment of patients and physicians had no choice but to become profit-oriented. The change of image and behavior of physicians had some serious consequences. On one side, patients became vulnerable, on another side, the patients who lost confidence for their physicians become more and more captious and aggressive in the process of treatment.

Lack of trust made both physicians and patients vulnerable. Both sides needed something to ensure their security, and then they choose consumerism. Consumerism presupposes that there is no trust between physician and patient, so it replaces trust with accountability and legal responsibility. Consumerism is believed to be a good means of restraining trustless people. What's more, it's also an inevitable choice in Chinese market economy which commercializing everything.

Consumerism has become widespread and influential in recent years. Informed consent became indispensable in health care practice in China. But just like it is in the west, consumerism also brought some new troubles. The dilemmas caused by consumerism already made the operation of Chinese health care harder than before. What's more, consumerism contradicted with Confucianism which had a far reaching influence in Chinese society. It's hard for Chinese to give wholehearted acceptance to this new ethics.

Questionnaires and interviews provided a deeper understanding of the dilemma of consumerism in China. In June of 2010, 1001 questionnaires from 5 of the third level first class hospitals in Beijing were collected as shown in Table 1. A month later, 4 doctors, 2 nurses and 5 patients in each of these 5 hospitals were interviewed. The survey and interviews disclosed some embarrassing situations in Chinese hospitals. The emerging and popularization of consumerism is inevitable, but it also made both doctors and patients upset and will finally do harm to Chinese health care.

Table 1 Number of survey subjects in each role within each of the 5 third level first class hospitals in Beijing

Hospital	Administrators	Physicians	Patients	Total
Peking Xuanwu Hospital	20	120	140	280
Peking Obstetric Hospital	20	50	74	144
Peking Children's hospital	31	88	122	241
Peking Cancer Hospital	20	52	76	148
Peking Ditan Hospital	23	68	97	188
Total	114	378	509	1001

2. THE INEVITABILITY OF THE EMERGENCE OF CONSUMERISM IN CHINA

In western society, the emergence of consumerism has the following motivations. The first, divergent goals between physicians and patients; the second, physicians were self-centered but not beneficial; the last and the most important, mutual distrust between physicians and patients. In China, the economic reformation which been launched in the second half of last century

brought all of these motivations into Chinese health care, and shaped the physician-patient relationship in China today.

After the administrative pattern of health care system underwent a sharp change in the second half of last century, profit became the focus of attention in health care professions. Chinese patients had little confidence on the reliability of the physicians since most of the physicians became market-oriented. As a result, patients became much more captious. Consumerism began to emerge in Chinese hospitals during these years as a defensive strategy for both physicians and patients.

Before 1978，Chinese government had offered basic but essentially free health-care services to the entire population, but the new market-based approach resulted in a major increase in direct payments – from little more than 20% of all health spending in 1980 to 60% in 2000 – leaving many people facing catastrophic health-care costs. The new approach also meant that hospitals had to survive on patient fees, which put pressure on doctors to prescribe medicines and treatment based on their revenue-generating potential rather than their clinical efficacy (WHO, 2010).

When health is treated as a commodity and care is driven by profitability, what the physicians care most is not the patients but the profits. The results are predictable: unnecessary tests and procedures, more frequent and longer hospital stays and higher overall costs.

Correspondingly, physician-patient relationship became worse in China. On one side, Chinese patients feel unsafe and couldn't trust their physicians any longer. On the other side, facing skeptical and fastidious patients, the physicians couldn't feel safe either. They had developed a defensive attitude just like the patients did. This mutual distrust is shown in the answers for the nature of present physician-patient relationship (Table 2). Besides the basic relationship of treater and be treated, supplier- buyer Relationship gained the highest ranking. What's more, the antagonistic relationship followed close behind.

It's still possible for win-win situation in a supplier-buyer relationship although there is no need for people to love or trust each other, but in an antagonistic relationship, there must be someone on the losing side if some others supposed to win. Such a metaphor for physician-patient relationship will makes medical practice harder than before.

Table 2[1] The Nature of the Present Physician-Patient Relationship (Single choice)

Type of respondents	Contractual relationship n (%)	Trust relationship n (%)	Antagonistic relationship n (%)	Supplier-Buyer Relationship n (%)	Treat and be treated n (%)	Other n (%)	Total
Administra-tors and Physicians	44(9.0)	37(7.6)	79(16.2)	85(17.4)	234 (47.9)	10 (2.0)	489
Patients	24(4.8)	43(8.5)	33(6.5)	90(17.9)	304 (60.3)	10 (2.0)	504
total	68	80	112	175	538	10	992

As showed in Table 3, the two main sources of pressure on physicians are "medical dispute" and "patients demanded too much from physician". That is to say, Chinese patients already play the role of supervisor and form a defensive attitude to deal with medical issues. These pressures coming from patients are so strong that the majority of the physicians already feel both physically and mentally exhausted (as showed in Table 4).

Table 3 Source of pressure of physicians (multiple choice)

Source of physicians' pressure	Number	Ratio(%)
medical disputes	350	71.1
Patients demanded too much from physicians	312	63.4
Burden of life	287	58.3
Medical research	206	41.9
Relationship with leaders	118	24.0
Relationship with coworkers	102	20.7
other	70	14.2

Table 4 Working status of physicians (single choice)

Working status	Number	Ratio(%)
Physical exhaustion	105	21.3
Mental exhaustion	73	14.8
Physical and mental exhaustion	273	55.5
Does not feel exhausted	29	5.9
Not sure	10	2.0
Lost	2	0.4
Total	492	100.0

In such a case, consumerism inevitably became popular in Chinese health care. To deal with mutual distrust by developing defensive medicine system, Chinese physicians and patients began to act like service providers and consumers.

[1]There are 5 options in table 2 and 14. In these five options, "Treat and be treated" is added to increasing the accuracy of data. "Treat and be treated" can be used to describe any kind of physician-patient relationship. That is to say, no matter which option the respondents select, he or she can also choose "Treat and be treated" at the same time. This option is to prevent patients who do not really understand the meaning of the other 4 options from choosing the option they do not mean to choose. If the physicians or the patients do not have a clear mind about the other 4 choices, they can choose "Treat and be treated" at least. Therefore, those people who do not choose "Treat and be treated", but choose one of the other 4 options, must have clear understanding on their choices. It is an important question, so we need to reduce the possibility of respondents' random choice because of not understand.

3. TO BE A CONSUMER IS ONLY A MEANS BUT NEVER AN END FOR A CHINESE PATIENT

Informed consent is the first step for a consumer-provider relationship to be built up. Consumers feel they have the right to know all the particular information about the goods, and then decide if they will buy it independently of the physician.

Informed consent had been attached great importance in Bioethics. In recent years, informed consent became somewhat familiar to the Chinese public. Chinese patients believe that the more information they have the better result they will obtain during their treatments and will be protected from cheated. The patients want to be informed and to be an active part in the diagnosis and treatment process of his/her illness.

From the survey, about three-fourths of the patients read the informed consent form or Hospital Inspection Checklist carefully as indicated in Table 5.

Table 5 Thoroughness of reading Informed Consent Form or checking the content of the Letter of Notice

Level of Carefulness	Number of Patients	Ratio (%)
Very Carefully	225	44.2
Carefully	161	31.6
Neutral	69	13.6
Carelessly	37	7.3
Didn't Read	17	3.3
Total	509	100.0

A patient's comprehension of his/her illness does not solely depend on the Informed Consent Form but requires a physician's directions for a more detailed assessment. From the survey results summarized in Table 6, nearly two-thirds of the sampled patients chose to actively inquire other medical information from their physicians.

Table 6 Medical inquiries to physicians

The Situation of Inquiring the Medical Information	Number of Patients	Ratio (%)
Very Actively	171	33.6
Actively	148	29.1
Neutral	133	26.1
Not Very Actively	54	10.6
Not Actively	3	0.6
Total	509	100.0

As Table 7 indicates, more than half of the patients opted to collect and keep all the relevant medical information during treatment. Some patients even make records on the whole process of treatment.

Table 7 Condition of collecting related medical information during patients' entire treatment

Condition of Collecting Medical Information	Number of Patients	Ratio (%)
Didn't Collect Relevant Information	64	12.6
Only Collect & Kept The Important Receipts and Medical Reports	140	27.5
Collected & Kept All The Relevant Treatment Information	269	52.8
Collected All The Relevant Information & Recorded the entire Process Of Treatment	34	6.7
Didn't Answer	2	0.4
Total	509	100.0

Tables above showed that patients want to participant in treatment. But it still difficult for many patients to make a decision for themselves and they don't want take full responsibility for their choice.

The patients confine their rights to information gathering and stop before decision making. As the following table shows, no matter whether they're inpatients or outpatients, the overwhelming majority of them prefer to follow the physician's recommendations even when they are disagree with the physician (Table 8). In table 9，the number of patients who follow are even more than the number of physicians who want to make the final decision. The reason for this is that these patients cannot really take full responsibility as consumers.

Table 8 Patients' choice when they disagree with their physicians on the treatment plan

patients	Patients choice n（%）					Total
	Insist on their own choice	Insist on their own choice after consulting	Follow the physician's idea after consulting	Don't know what to do	others	
In-patient	6 (2.6)	17 (7.4)	196 (85.2)	4 (1.7)	7 (3.0)	230(100.0)
Out-patient	7 (2.5)	28 (10.2)	222 (80.7)	8 (2.9)	10 (3.6)	275(100.0)
Total	13 (2.6)	45 (8.9)	418 (82.8)	12 (2.4)	17 (3.4)	505(100.0)

Table 9 Resolution to a treatment plan upon differing opinions according to the survey results

patients	Patients choice n（%）					Total
	Insist on their own choice	Insist on their own choice after consulting	Follow the physician's idea after consulting	Don't know what to do	others	
In-patient	6 (2.6)	17 (7.4)	196 (85.2)	4 (1.7)	7 (3.0)	230(100.0)
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Total	13 (2.6)	45 (8.9)	418 (82.8)	12 (2.4)	17 (3.4)	505(100.0)

The main difficulty that prevents the patients from taking responsibility is that they have no professional medical knowledge. To what extent the patients lack medical knowledge was shown in the survey for physicians. A common obstacle facing physicians today is that patients

do not comprehend the physicians' explanations. Table 10 shows the various difficulties faced by medical professionals while conveying information to patients. The table indicates that the percentage at which physicians believe that majority of their patients do not understand at 86.2%.

Table 10 Obsessions that medical staff are facing when they explain the diseases' information to the patients (multiple choice)

Difficulties	Number of people	Percentage
Patients do not understand	326	86.2
Patients do not trust the medical staff	290	76.7
No time to explain	169	44.7
Limitation in expressive skills	143	37.8
None	41	10.8

The basic reason why physicians and patients cannot effectively communicate is caused by information asymmetry between physicians and the patients. A patient during an interview said that, 'layman and professionals cannot talk equally and clearly'. Western healthcare professionals openly define consumers as people who are able to make their own decisions about the care they receive (Henderson, 2002). Since Chinese patients do not feel they are well prepared yet, it's not wise to impose too much autonomy on them.

Patients do not possess background in medicine. However, physicians have undergone many years of education and training in medicine and thus would have a better grasp on the best course of action. If patients select treatment on their own, physicians are relieved of their responsibilities to their patients and result in a less than optimal treatment plan. For example, a patient from XuanWu hospital said that,

> 'A learned physician definitely knows which plan is the best one. Judgment, one word, exactly reflects the physicians' abilities. Medical treatment is not about selling goods, where I select something I like, but for health care, there must be a best plan for treatment. The physicians' ability can be showed at this time. Just like in a war, as a commander, can you ask the soldiers how to fight during battle?'

In traditional Chinese culture, good physician should be as reliable as a family member. Facing the deficiency of trust nowadays, Chinese patients feel at a loss.

Because of can't understand, many patients tend to impose too much responsibility on their physicians. Even if the physicians did nothing wrong during treatment, many patients believe that it is their physician's fault if they did not recover after treatment. More than half of patients been inquired believe that the physician should take the responsibility in such situations.

Table 11 If the patient do not recover after treatment and the physicians did nothing wrong during the process of treatment, shall the physicians take the responsibility for it? (single choice)

Should the physician take the responsibility?	number	Ratio(%)
Yes	256	50.3
No	244	47.9
Lost	9	1.8
Total	509	100.0

According to this table, Chinese patients are not ready to be a real consumer yet.

4. TO BE A PROVIDER IS ONLY A MEANS BUT NEVER AN END FOR A CHINESE PHYSICIAN

After been well informed, it is possible for patients to agree on or refuse certain treatment. That is also allowed by the Chinese physicians now. Many physicians encouraged their patients to make decision on their own. In general, majority of the medical professionals who were surveyed invite patients' opinions to help determine a suitable treatment for their patients as described in Table 12. More than half of the 378 medical staff express that inquire patients for their opinions actively or very actively regarding the treatment plan.

Table 12 Condition of physicians inquiring patients' opinion on their treatment plan

Condition of The Physician Asking Patients' Opinions On Their Treatment Plan	Number of Medical Staff	Ratio (%)
Very Actively	47	12.4
Actively	156	41.3
Neutral	129	34.1
Not So Actively	42	11.1
Not Actively	3	0.8
Didn't Answer	1	0.3
Total	378	100.0

When asked the reason for supporting patient autonomy, 90% of the interviewed physicians emphasized on their own safety in their answers.

They stated that with the informed consent protecting the physician, there will be fewer medical disputes.

But from the physician's point of view, that will be definitely be bad for patients. For example, a physician from cardiology department at Xuanwu hospital states that, 'All the physicians tend to ensure their present security, not focusing on the long-term healing effect. Because he patients do not trust physicians, we need to protect ourselves first.'

Though physicians can deal with slashing patients this way, the physicians do not feel good about it. What's more, problems in health care are far from solved. The patient's trust is the best reward for a physician. Patients' trust and obedience is what Chinese physicians want most. Distrust has negative effect on the physician's performance.

For a dedicated physician, patients' trust is the best return. In Confucian ethics, trustworthiness has a high moral value, and people's trust is the most important impetus for training the ideal personality. The physicians' devotion to the patients is inspired and guided by the patients' trust. As shown in the following table which is sorted out from the interviews for 10 physicians, the most gratifying achievement physicians got from work is the patients' trust. Patients' trust is an important element for the physicians' self-realization. The relationship here is intrinsically rewarded by trust, which is contrary to the situation in consumerism where relationship is supposed to be extrinsically rewarded.

Table 13 Repay for work physicians' wanted

Repay for work physicians' wanted	Frequency
Patient trust	8
The encouragement from their own families	3
Salary	2
Promotion	2
Curing the patients successfully	2
The progress in their medical research work	2
Welfare	1
Bonus	1
Acknowledgment from professional seniors	1

There are 8 physicians chose the patients' trust. They believe that the calling for physicians is to help people. When patients trust their physicians, a better treatment plan can be achieved more smoothly.

The patients' trust is also ranked on the top in the choices of the interviewed nurses (totally 10) for the reward wanted most from work, 9 people mention this.

Table 14 Repay for work nurses wanted

Repay for work nurses wanted	Frequency
The patients' trust	9
Appreciation of the leaders	6
The encouragement from their own families	6
Salary	6
Promotion	5
Bonus and welfare	3
Teamwork amongst colleagues & acknowledgement from management	2
The accumulation and promotion of working experience	1
The declaration and participation of the topic	1
The management training	1

If the patients do not trust, there will be a negative influence on the treatment. Many physicians repeatedly mentioned pressure which is closely related to the patients' negative attitudes.

An associate chief physician of General Surgery Department said that, '...it is to produce contradiction between physicians and patients. And the patients have a strong consciousness of their rights of safeguarding and self-protection. All these add more pressure to physicians, and

the physicians' effort will be discounted. The most important thing is that it will lower the treatment effect.'

5. CONSUMERISM IS CONTRADICTORY WITH CONFUCIAN ETHICS

The doctor-patient relationship throughout history has been dependent on the medical situation and the social scene. The doctor's and patient's ability for self-reflection and communication as well as any technical skills are embodied within this 'medical situation'. The 'social scene' refers to the socio-political and intellectual-scientific climate (Kaba & Sooriakumaran, 2007). In western society, experience of decision-making is highly influenced by personal preferences, experiences, and relationships, and also structural constraints which include class, education, ethnicity, and culture (Edwards & Elwyn, 2009).

In China, the most influential thought on physician-patient relationship is from Confucianism. Confucianism is pervasive in China.

The analogy between curing the diseases and controlling the country appears quite often in Chinese ancient documents. For example, Sun Simiao in Tang dynasty had stated in his masterpiece that, "The best physician can treat a state. The ordinary physician treats a person. The worst physician can only treat a disease."(Sun, 1986). A famous cyclopedia written in 239BC contains similar idea: "The principle for governing a state or curing somebody is the same."(Buwei Lv, 2008). Therefore, the relationship between the physicians and the patients can be compared to the relationship between a leader and his people. Physicians should take responsibility and aim to promote a patient's well-being. In order to do so, physicians require the patients to trust and comply with their medical expertise. A major consequence to patient's distrust is that physicians would lose motivation in helping the patients and thus have negative impact on the treatments. According to Bianque, one of the most famous doctors in ancient China, a patient who is arrogant and unreasonable implies that he/she does not respect the doctor or the doctor's professional opinion. These kinds of patient cannot be treated (Simaqian, Han dynasty). There are four main difficulties for the doctors mentioned in GuoYu's Autobiography. That is four kinds of patients who are very difficult to be treated. The first kind of patient is the one who does not trust physicians, and have their own rules, even when they meet real specialists, they still will not believe in them, so it is hard to treat these patients as Physicians (Duan, 2003).

Physicians believed that they should act like a father and only when they act like a father, the patients' interests can be ensured. What's more, influenced strongly by traditional Chinese culture, the Chinese medical professions can feel their occupation is meaningful only when their patients trust them. The patients also wish someday, they can dedicate their rights to the physicians again so that the dangers and responsibility followed by self decision making will not bother them. In fact, Chinese patients aren't well prepared to act like a consumer because most of them don't want to take responsibility for treatment.

In 2007, Physician Li Benfu has expressed in his book that the physician-patient relationship should be understood as a kind of trust relationship: when trusted by the patients, the medical staff and medical institution can properly protect the patients' health and interests. Since the patients lack medical expertise, they should entrust their health to medical institutions. At the same time, the medical staff took responsibility of this trust in order to preserve the patients' health (Li & Li, 2007).

In a relationship with trust, people entrust something to others. In healthcare profession, the consignors transfer the right of health care to the trustees following some rules and on behalf of the consignors, the trustees will exercise their powers and make medical decisions according to the provided conditions and the scope. When such a trust relationship is established, consumerism will be excluded. In a trust relationship, people are allowed to make decision for others concerning their benefits and hence health decisions are left in the hands of those providing health care.

In the prospect of Confucian ethics, the establishment of trust is very important for both the physicians and the patients to fulfill their interests. This is in response to the ideal physician-patient relationship on which Chinese physicians and patients expected. 'can be trusted' is the inbuilt requirement of Confucian ideal personality. A good man should be trustworthy. People can entrust their welfare to him (Fan, 2011). And this ideal personality also appears in current oath of medical students' oath. Different from Hippocratic Oath, in China, the oath of medical students begins like this: 'Health related, life entrusted, The moment I step into the hallowed medical institution，I pledge solemnly…' (Ministry of Education PRC, 1991). This oath supposed that the patients should entrust the physician with their life and health. The patients deliver their rights to the physicians who can be entrusted. Along with delivering the rights, the basis for consumerism disappeared. In the meantime, paternalism emerges.

Since so many patients and physicians believe that the patients should entrust their life, it's no wonder most people prefer the physician to make the final decision in treatment.

Table 15 Nature of expected physician-patient relationship (Single choice)

Type of respondents	Contractual relationship n (%)	trust relationship n (%)	Antagonistic relationship n (%)	Consumption relationship n (%)	Treat and be treated n (%)	Other n (%)	total
Administrators and Physicians	19(3.9)	201(41.2)	10(2.0)	6(1.2)	230(47.1)	22(4.5)	488
Patients	35(6.9)	152(30.0)	7(1.4)	14(2.8)	273(54.2)	24(4.8)	505
total	54	352	17	20	503	46	1001

When asked which physician-patient relationship was to be expected, besides 'treat and be treated', most physicians and most patients selected 'trust relationship', which was significantly higher than 'Consumption relationship'. It shows that most of the people regard the 'trust relationship' as the ideal physician-patient relationship. Moreover, the distribution of opinion of

physicians and patients are very similar. That is to say, both physicians and patients are waiting for the trust to be rebuilt.

The optimal doctor-patient relationship here in China is best characterized by a trusting relationship between obedient patients and beneficial providers. When the market economic brought consumerism here, there were dilemmas for physicians, patients and also Chinese health care.

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