Would Your Patients Prefer to Be Your Clients?

COL Arthur C. Wittich, MC, USA
MAJ Jennifer Junnila, MC, USA
MAJ Jerome Buller, MC, USA

Study Objective: Time-honored terminology is being replaced in the managed care era. Patients are now clients, customers, and health care consumers. Physicians and doctors are now health care providers and vendors. The authors set out to determine whether patients prefer traditional terms or managed care–era terms.

Methods: A questionnaire of four unambiguous questions was made available to all obstetrics and gynecology patients and all family practice patients for 2 weeks at a medium-sized US Army community hospital. Responses were calculated; statistical significance was determined using logistics regression analysis. Statistical significance was defined as \( P < .05 \).

Results: Two hundred eleven patients completed questionnaires. Patient age ranged from teenage to older than 60 years; 83% of responders were women. Eighty-four percent of the responders (\( N = 178; P < .001 \)) preferred to be called patient. Seventy-eight percent of the responders (\( N = 164; P < .001 \)) believed their physicians should be called doctor, rather than by managed care–era terms. The age and gender of responders did not significantly influence preferences.

Conclusions: Results of this small prospective, observational study indicate that patients, regardless of age or gender, prefer traditional, time-honored terms like patient and doctor to the managed care–oriented terminology currently being used.

The physician’s role in providing health care has been challenged in a number of ways during the past 2 decades. In the not-too-distant past, most physicians and medical societies frowned on physicians marketing their medical expertise. Today, physicians, hospitals, prescription drugs, and managed care organizations (MCOs) are advertised in the mass media. Traditionally, physician-patient relationships were developed in which patients trusted their physician, and physicians were advocates for their patients. Americans and their physicians traditionally considered this idealistic arrangement desirable.

Managed care organizations are able to influence the art of medicine by controlling the business of medicine. No longer may physicians rely solely on experience, training, clinical judgment, physical examination findings, and the patients’ needs to make medical decisions. Treatment options follow this traditional pathway only if costs are beneficial to the MCOs. Use of nonphysician health care extenders, a cost-containing venture used by many MCOs, also may detract from the traditional physician-patient relationship.

This paradigm shift from focus on the patient to focus on the organizational bottom line has been accompanied by a change in terminology describing the major players. Terms such as customer, client, and health care consumer are replacing the time-honored patient throughout the medical community. Likewise, many physicians are now being referred to as health care providers and vendors.

Deemphasizing time-honored terminology when referring to patients and physicians has been of concern to physicians and other health care providers. We understand the changes that organized medicine is undergoing: There are rapidly rising costs in the American health care system, the solo practitioner is disappearing, and nonphysician practitioners are becoming increasingly more involved in medical care. However, the use of managed care–era terms may be considered demeaning, unprofessional, and even undesirable by both patients and physicians.

The purpose of this study was to determine whether patients want to be referred to by the traditional patient or by the recently coined terms customer, client, or health care consumer. We also surveyed which terms patients used when referring to their physicians.

Methods

A survey was designed to objectively evaluate patients’ preferences for both how they wanted physicians to refer to them and how they referred to their physicians. This survey consisted...
of four unambiguous questions (Figure 1). Surveys and a receptacle box were placed in the waiting rooms of the obstetrics and gynecology clinic and family practice clinic at a medium-sized US Army Community Hospital for 2 weeks.

During the 2-week study period, 157 obstetrics and gynecology clinic patients and 59 family practice clinic patients submitted surveys, of which 211 were completed. Statistical significance was determined using logistic regression analysis. Demographic data were evaluated using descriptive statistics. Logistic regression analysis was used to evaluate questionnaire data as categorical variables. Statistical significance was defined as $P < .05$.

**Results**

Two hundred eleven patients completed questionnaires. Patient age ranged from teenage to older than 60 years. Eighty-four percent of the responders ($N = 178; P < .001$) preferred to be called *patient* (Figure 2). Seventy-eight percent of the responders ($N = 164; P < .001$) believed their physicians should be called *doctor*, rather than by managed care–era terms (Figure 3). Logistic regression analysis of the data showed that the age and gender of responders did not significantly influence preferences.

**Discussion**

Recent abandonment of the time-honored terms *patient* and *physician* in current health care management lingo has not been well-accepted by many physicians. The literature is replete with articles related to medical ethics, influence of managed care in medical practice, the physician-patient relationship, and professionalism in medicine. However, only a few reports have addressed the term actually preferred by patients when inquiry into patient preference was made.

Physicians and patients traditionally have had a special relationship based on trust, confidence, and communication. Results of our study indicate that managed care–era terms used to describe patients and physicians are not embraced by most patients.

Ritchie et al reported that 77% of 147 psychiatry clinic patients favored being called *patient*, while 23% favored *client*. Results of our study of 211 completed patient surveys reveals that 84% of responders favored the term *patient*, while 6% favored *client*, 4.6% favored *health care consumer*, and 2.3% favored *customer*. Webster’s Ninth New Collegiate Dictionary and The American Heritage Dictionary of the English Language define *patient* to be an individual awaiting or under medical care and treatment. *Client* is defined as a person who seeks the professional advice or service of another, as in a lawyer; *client* may also describe a person served by or using the service of a social agency. *Customer* is defined as a person who purchases a commodity or service. Neither *client* nor *customer* is accurate or appropriate in describing a person undergoing medical examination and treatment.

In our study, 78% of those surveyed referred to their physicians as *doctor*. Ten percent of the responders believed the person caring for them should be referred to as a *health care provider*. Lumping physicians and all nonphysician health care providers into a “one size fits all” group is disingenuous and
may be confusing and unacceptable to patients receiving care. Traditionally, addressing a physician as physician or doctor has been culturally and ethically proper and is in no way degrading to nonphysician health care providers. Nonphysician providers, including nurse practitioners, physician assistants, nurse anesthetists, midwives, and psychologists, are well-trained and highly skilled professionals who are part of our comprehensive health care team. However, incorporating all physicians and nonphysician professionals into one group may not be satisfactory to any group.

While managed care executives are espousing the business of medicine when they refer to patients as clients and customers, and to physicians as health care providers,6-12 results of our study indicate that patients prefer to be patients cared for by their doctors. Osler’s words, that medicine is not a business and never can be one,19 are as true today as when he spoke them a century ago. Ritchie et al16 stressed that those who argue that the term client is empowering should respect the opinion of their clients and return to using patient. Our findings support the assessment that patients prefer the term patient when being referred to in a clinical environment.

Conclusion
The weakness of this study is its small size and the lack of a validated questionnaire. For the benefit of our patients, future studies are necessary to determine whether these findings are reproducible. If so, the traditional terms patient and doctor should be brought back into vogue. Client, customer, and consumer should fall along the wayside, along with the trend of lumping all physicians and nonphysician health professionals into a group called health care providers. For this to occur, out of respect for our patients, physicians may have to lead the way.

References