

WHAT AMERICANS THINK ABOUT THEIR MEDICAL CARE*

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In recent years considerable interest has been expressed concerning the public's image of the medical establishment. In part, this interest stems from public relations concerns. The spokesmen for medical organizations assume that favorable public opinion will serve to protect the current situation of the profession. It is feared that popular sentiments of distrust and hostility might be translated into unfriendly legislation or into some other undesirable consequences. Thus, there appears to be a great deal of anxiety among medical leaders concerning what people think of doctors.

There is also a second reason for concern about the public's sentiments on this issue. Attitudes are assumed to be major determinants of the extent to which medical facilities are utilized. It is held that antipathy towards doctors can act as a barrier to a person's seeking medical care. Consequently, we see that both health educators and leaders of organized medicine are quite concerned with how satisfied or dissatisfied the public is with the medical care which is available to them.

A number of journalistic accounts of public thinking on this subject have appeared in the mass media in recent years. They have been based primarily on hearsay rather than on systematic investigations, and so only the views of the more vocal advocates or critics of the medical profession are brought forward. One gets the impression, though, from most of these accounts, that the public is undergoing a widespread disenchantment with medicine. Ostensibly, a substantial segment of the public yearns for the "good old days" of the "horse-and-buggy doctor" and no longer holds the medical profession in high regard. Let me paraphrase a few sentences from a recent magazine article on the subject:

According to the snap answers of most people you meet, a substantial majority of the population firmly believes that the U.S. medical profession is formed almost entirely of men who are avaricious, self-seeking, inhuman, lackadaisical, arrogant, and hypocritical. It is only recently that the medical profession has had to face this reaction of widespread and intense suspicion. Even thirty years ago the U.S. physician was generally held in pretty high esteem, even though his patients got a good deal less scientific diagnosis and care -- and died a lot earlier -- than is the rule today. For all that, the doctor was a leader in his community, was looked on not just with respect, but with affection, too.

Now all this has changed. Affection has just about gone, and respect has dwindled. Even those who swear by their own physician's decency and honesty "know" that most other doctors are as rich as Croesus, drive nothing but Cadillacs, persistently cheat on their taxes, and are always boosting their already sky-high fees.

The article which I have just paraphrased goes on to explain why the medical profession is held in such disrepute by the public. Actually, this particular article happens to be a rather well-balanced and intelligent evaluation of the current position and problems of the medical profession. It is, in part, a defense of the profession against unjust criticisms and stereotypes ostensibly held by broad segments of the public. But the general soundness of this particular article does not concern us here. The present issue is the accuracy of the author's image of what the general public thinks of doctors and medical care.

In discussing this question I will draw primarily on data collected by the National Opinion Research Center during the summer of 1955. At that time we conducted interviews with an area-probability sample of some 2,400 adults. We also conducted interviews with random samples of some 450 physicians and 450 pharmacists whom members of the general public sample had designated as their regular physicians and pharmacists. The general public interviews averaged over two hours in length and covered a wide range of issues pertinent to the utilization of medical facilities. There were, for instance, batteries of questions tapping the individual's level of medical knowledge, his conception of the need for medical care in various situations, his attitudes toward doctors and hospitals, his satisfaction with the care he and his family had recently received, his health status during the preceding year, his own and his family's medical utilization and expenditures during the preceding year, and many other topics. Obviously, none of these areas could be probed very intensively in an omnibus survey of this type, but the wide range of issues touched upon enables us to view our data within a rather broad context.

The study was financed and sponsored by the Health Information Foundation. Paul Sheatsley of NORC and I are currently in the throes of preparing a comprehensive interpretive report of the results. Today I shall touch on only a few of these results.

Our respondents were given ample opportunity to express the negative sentiments to which the previously discussed magazine articles alluded. For instance, a series of statements, involving

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supposedly common criticisms of doctors, was submitted to the respondent and he was asked whether or not he felt each statement was true of most doctors. Such an approach should, if anything, lead to an overestimate of the prevalence of dissatisfaction. It is extremely easy, with such a question structure, for the respondent to reflect back the negative stereotypes with which he has unquestionably come in contact in the past. Yet we generally found a majority of our sample rejecting these stereotypes. For instance, seventy per cent of the respondents rejected the validity with respect to majority of doctors of the following statement: "They don't give you a chance to tell them exactly what your trouble is." Sixty-three per cent rejected: "They don't take enough personal interest in you." Sixty-six per cent disagreed with: "Doctors like to give you medicine, even if you don't need it." Admittedly, some of the other critical statements elicited greater agreement. Half the respondents considered as applicable to most doctors the statement: "They don't tell you enough about your condition; they don't explain just what the trouble is," while almost half accepted: "Doctors make you wait entirely too long when you try to see them in their office." Thus, certain complaints attributed to the public are actually fairly widespread. Still, by and large, the medical profession seems to come off quite well if one considers the devastating character of the line of questioning employed in this study.

This stereotyped-statement device has also been used by several other agencies in connection with studies of attitudes toward doctors. Their results have been quite similar to ours. For instance, a study conducted by Ben Gaffin and Associates for the AMA examined, by this device, the extent to which greed and arrogance are attributed to doctors.¹ Gaffin found a much lower prevalence of the ascription of such undesirable traits than would have been predicted on the basis of the aforementioned journalistic assessments. In general, he found that the vast majority of the population hold their own doctors in remarkably high esteem. Sentiments toward the profession as a whole are far less favorable than those toward one's own doctor. Still, one could hardly help concluding that most people attribute relatively few faults even to doctors as a group.

Doctors are obviously not blindly worshipped. There is clearly quite a bit of dissatisfaction with the amount and frankness of the explanations which doctors give concerning what ails their patients. There are also rather common complaints about the amount of time allotted to each patient and the amount of time a patient has to spend in the waiting-room before he can see his doctor. But there is some evidence that these problems are viewed as being somewhat beyond the doctor's control. They are felt to be situationally induced rather than manifestations of flaws in the doctor's character. For the vast majority of the population, the good qualities of doctors seem to outweigh their faults by a rather substantial margin.

The pattern of intercorrelation among the agree-disagree-type items from the NORC survey has

also been examined. While there is clearly a common esteem-antipathy factor underlying all these items, this factor can explain only a relatively small portion of the variance for the bulk of the items. It seems clear that attitudes toward various facets of the doctor-patient relation are reasonably differentiated. The "halo effect" appears to operate less strongly in this area than in many others because practically everyone has either personal or vicarious experiences with doctors rather frequently. These experiences tend to be somewhat idiosyncratic and thus preclude a rigid patterning of the attitudes toward different aspects of the relationship. One person may be led to complain about the fact that one has to waste a lot of time in the waiting-room, but he may be satisfied with the thoroughness with which the doctor explains one's ailments. Another person, with different experiences, may complain about the lack of thoroughness of doctors' explanations but not about having to spend excessive time waiting to be seen. This may imply that the conceptions which many people hold about doctors are quite solidly grounded in experience rather than being mere expressions of more general attitudes.

We also have a substantial amount of other data from our 1955 survey which confirm the generally favorable light in which physicians are seen. I have time to touch on this additional evidence only briefly. For instance, we found that a vast majority of the population considers the social standing of physicians to be extremely high. We have reason to believe that this ascription of high social standing to physicians is a sign of respect. It is interesting to note, in passing, that studies made by sociologists in eight foreign countries suggest that physicians are held in extremely high esteem in almost every advanced nation.

Turning to a different series of questions, our respondents were asked to what or to whom they gave credit for the improvement during the past thirty years in the chances of having good health. Many people answered this question in terms of generally improved living and working conditions for the population as a whole, the marked reduction in the prevalence of extreme poverty, the increased medical sophistication of the lay public, and the discovery of new drugs. Still, a majority of our sample credited the medical profession along with these other factors. Doctors were seen as being better trained, more knowledgeable, and better equipped than they were thirty years ago, and the public seems to accord the profession due credit for medicine's advances.

We also submitted a list of eighteen traits to the members of our sample. They were then asked to select those traits which characterize the kind of doctor they themselves liked best and those which characterize the kind of doctor liked least. A majority of the respondents selected as among the most desirable traits: "Very up-to-date." This trait of modernity was selected as desirable second most frequently among the eighteen traits, being outranked only by "Takes his time." Meanwhile, half the respondents selected "Old-fashioned" as an undesirable trait for a physician. "Old-fashioned" ranked second only to "Expensiveness" as an

undesirable trait. Thus we are forced to question the notion that people look back with nostalgia at the "good old days" and yearn for the family doctor of their childhood.

Unquestionably, the public's image of today's doctors as being far better equipped than their predecessors to cope with illness may in large part account for the aforementioned preferences. Evidence from a 1958 NORC nationwide survey of urban residents² confirms, in this connection, the findings of the 1955 study. Ninety per cent of the respondents thought that "doctors today know a lot more about treating sicknesses than they did thirty years ago," while an even greater majority thought that "the medicines we have today are much better than they were thirty years ago." These views, coupled with the salience to the patient of his physician's technical competence, serve as at least circumstantial evidence in support of the hypothesis that the esteem in which doctors are now held is based to a large degree on pragmatic considerations. In other words, people are satisfied with doctors because, relative to the past, doctors are now successful in their treatment of many conditions.

The question still remains whether the technical efficiency of contemporary physicians need be viewed as serving to compensate for otherwise deteriorated physician-patient relationships or whether this relationship has not been particularly suffering deterioration in the first place. It has been held that doctors today are more impersonal and cold with their patients than used to be the case.³ Yet in the aforementioned 1958 NORC study, only one-third of the respondents thought that doctors today tend to take any less interest in their patients than did doctors of thirty years ago, and, in fact, almost half of the respondents thought that the situation had actually improved over the past.⁴ It must be admitted that the doctor-patient relationship may have been at its best far longer ago than the 1920's. Perhaps the reference period in our survey questions involved a time at which the relationship had already become less satisfactory than it had been. But it seems highly unlikely that the public makes such fine distinctions in responding to survey questions. Thirty years ago and the last two or three generations are probably essentially equivalent in the interview situation. If this assumption is granted, then we must conclude that the bulk of the population does not romanticize the doctor-patient relationship of the past at the expense of the contemporary relationship.

Whether people generally still expect or require the same degree of personal intimacy and paternalism in their relations with doctors as people did several generations ago is at least open to question.⁵ But whatever the degree of intimacy and warmth people would generally like to see shown by their doctors, only a minority seem to be disappointed by the present situation and yearn for the "good old days."

In passing, it might be noted that the medical profession's public relations were never as glorious as they are sometimes made out to have

been. There is evidence that many people were aware in the past that doctors' healing abilities were at best severely limited and that their ethics were not beyond reproach. Shryock has shown that American doctors were in considerable disrepute up until the early twentieth century.⁶ Apparently the situation did not improve very much even at that time. An extremely unsystematic survey conducted in and around Chicago during 1922 claimed to find a fantastic amount of hostility against the medical profession.⁷ Doctors were described as rapacious, pompous, arrogant, inconsiderate, and so on. This was at a time when, according to some contemporary authorities, the medical profession was supposedly accorded nothing but deification by a grateful populace.

Actually, the medical profession has probably been rather widely esteemed at least for the last several generations. But throughout that time the opinion has been frequently expressed that the public's acceptance of the profession is currently on the downgrade. This situation is reminiscent of a well-known exchange between the editor of Punch and a disenchanted reader. In response to the reader's complaint that Punch was no longer as good as it used to be, the editor retorted, "It never was."

Returning to 1955, we followed up our query concerning which traits the respondent desired in his doctor with the following questions: "Would you say there are many doctors who are all of those things you mentioned, only a few doctors like that, or hardly any?" A majority of the respondents answered "Many," and only five per cent said "Hardly any." Here again we see that a substantial part of the public finds its desires satisfied by the doctors of today.

We also asked questions concerning the past medical experiences of the respondent and his acquaintances, the respondent's satisfaction and dissatisfaction with his own and his family's recent experiences with doctors, his feelings about the fees charged by doctors, his feelings about the quality of medical service available in his locality, his feelings about his own regular doctor, and several other related subjects. While there was certainly some criticism voiced against them in response to each of the questions, by and large, doctors received an overwhelming vote of confidence. I might add that the general tenor of our results has been confirmed by several other surveys conducted both prior and subsequent to ours.⁸

In general, doctors themselves appear to be aware of their favorable position in the eyes of the public. For instance, we asked our sample of physicians: "Do you think most patients give the physician too much credit, about the right amount, or too little credit for his part in their recovery?" Fully eighty-six per cent of the physicians responded, "Too much," or "About right," while only eleven per cent said, "Too little." This would seem to confirm our assessment of the public's feelings on this matter.

I hope that in the process of demolishing the straw man of public antagonism toward the medical

profession, I have not committed the opposite excess of creating the image of a totally satisfied public. There is, as I have pointed out earlier, substantial criticism concerning a number of particular facets of medical care. But a crucial qualification in this regard is that this criticism is tempered by two considerations: First, there is a tendency to absolve doctors from full responsibility for many aspects of medical care which laymen find irritating. Situational factors like a shortage of doctors or excessive demands by other patients are frequently held to account for shortcomings in the doctor-patient relationship. Second, many of the criticisms involve aspects of medical care which the patients consider to be of only secondary importance. Patients generally seem to be most concerned that the doctor be competent and personally pleasant toward them. Patients seem to overlook certain peripheral flaws and foibles if they have confidence in their doctor's ability and if they feel he treats them in a friendly fashion.

Nevertheless, I'd like to examine briefly some of the correlates of critical attitudes toward doctors, for whatever light this may shed on the situation. First of all, we find that criticisms are generally considerably more prevalent among respondents of lower socio-economic status than among respondents of higher status. This is hardly an earthshaking surprise, since it is in accord with all past research and speculation on the subject. Still, we should like to understand better the processes which underlie this relationship. We have not progressed far enough in the analysis of our data to say anything definitive about this, but please allow me to offer a few alternative speculations. First of all, there is evidence that people of lower socio-economic status actually experience poorer medical care than do people of higher status. Lower-class patients more frequently receive their medical care from less well-qualified physicians, for economic and ecological, as well as social and cultural, reasons.⁹ In addition, they may sometimes not be treated quite as well as wealthier patients. These experiences are likely to color their conception of the medical profession as a whole and thereby induce the aforementioned antipathy.

A second possible explanation centers on the fact that lower-status individuals are more negative in their reactions, also, to many non-medical institutions than are individuals of higher status.¹⁰ This may be due to historical influences operating through the sub-culture of the lower classes, to a negativism in general outlook induced by a hard lot in life, to limited access to the more gratifying constituents of institutions, or to a number of similar factors. In any event, the lower-class disaffection from the medical establishment is in line with its reaction to other contemporary institutions.

A third explanation is of a more methodological character: It is known that less-educated people are more prone to accept stereotyped notions than are the more educated. Thus, we may well be exaggerating the extent of dissatisfaction that our lower-class respondents actually feel. It should be made clear that the correlations between

class position and attitudes toward physicians are in many instances of only a moderate magnitude to begin with, so whatever exaggeration has taken place could markedly affect the meaning of the results.

Older people were generally more critical of physicians than were younger people. Of course, older people have, on the average, much lower incomes and have had much less formal education than have younger people, and so the previous considerations are applicable here. In addition, there may be generational differences in the appreciation of the medical profession in reflection of historical changes in cultural norms. Another possible explanation lies in the fact that older persons suffer primarily from chronic illnesses. In truth, the medical profession is powerless to influence the course of many of the infirmities of the aged in comparison to what it can do for younger patients. Thus, the dissatisfaction expressed by the older segments of the population may be grounded on the relative inability of doctors to be of much help to them.

We also find that those who consider themselves to be in poor health are more critical of doctors than those who consider themselves in better health. Since lower-status and older persons consider their health to be much worse than do higher-status and younger people, the previous raft of hypotheses is relevant here. In addition, those who designate themselves as unhealthy have tremendously more first-hand experience with doctors than do those who feel healthy. Familiarity actually seems to breed contempt. The frequent users of medical care have had a far greater exposure to the risk of the occurrence of exasperating experiences with the medical establishment.¹¹ They have thus had much more opportunity to become disaffected with certain features of medical care than have individuals who turn to it more rarely. Several other factors also seem relevant. The chronically ill obviously cannot, by definition, be completely cured by their doctors. Also, an unhealthy person tends to be highly involved emotionally in his relations with his doctor; flaws in that relationship are, therefore, likely to be more salient to him than to a healthier individual, and, anyhow, the ill tend to be chronic complainers. We can thus see that there is no shortage of explanations for the correlation between health status and attitudes. In fact, it's rather surprising that this correlation is not of greater magnitude than it actually is.

I might add that even though socio-economic status, age, and subjective health status are heavily intercorrelated, we cannot view the association between any one of them and attitudes toward the medical profession as totally spurious. The partial correlations stand up well enough to consider each as an independent variable.

In closing this brief discussion of the correlates of dissatisfaction with the medical establishment, we might ask what difference it makes how people feel about doctors. At the beginning of this paper, it was indicated that many health educators consider negative attitudes toward doctors as constituting a serious barrier to the medical

attendance of illness. There is unquestionably some truth to this supposition, but we have some rather curious evidence to the contrary. As was suggested earlier, familiarity breeds contempt, so it is not too surprising that high utilization and disaffection with the medical profession should be concomitant with each other. This means that people with quite negative attitudes toward doctors utilize their services a great deal, so we immediately see that the negative attitudes are not an insurmountable barrier. Still, we might suppose that the individual's feelings toward doctors act as an intervening variable between his perception of his state of health and his utilization of physicians' services. All other things being equal, a person who views doctors as having few faults should utilize their services more frequently than a more antagonistic person. Well, we have correlated attitudes toward doctors with the number of times a doctor was seen during the past year, controlling by a rather refined index of perceived medical needs. This partial correlation still turns out to be remarkably close to zero. In general, it seems that if a person recognizes that he is ill, he will generally consult a doctor no matter what he thinks of the profession as a whole. Lord Byron, of all people, apparently recognized this fact about a century and a half ago. He wrote, in his Don Juan:

This is the way that physicians mend or end
us,
Secundum artem: but although we sneer
In health -- when ill, we call them to attend
us,
Without the least propensity to jeer.

Canto X, St. 42.

I shall not here attempt to go beyond the explanation implicit in Lord Byron's formulation. All I can do is refer you to the forthcoming volume by Paul Sheatsley and myself, in which, it is to be hoped, there will appear an even more credible explanation of the low correlation between attitudes and behavior.

FOOTNOTES

1. Ben Gaffin and Associates, Inc., What Americans Think of the Medical Profession (Chicago: Ben Gaffin and Associates, Inc., 1955).
2. Paul N. Borsky, Motivations toward Health Examinations, National Opinion Research Center Report No. 70 (Chicago: 1959). (This survey was conducted for the National Health Survey of the U.S.P.H.S. and was restricted to urban residents 18-65 years of age. The exclusion of the older segment of the population probably did not affect the results reported here by more than a few percentage points.)
3. a) Earl L. Koos, " 'Metropolis' -- What City People Think of their Medical Services," American Journal of Public Health, 45 (1955), 1551-1557.
b) E. W. Hassinger and R. L. McNamara, Relationships of the Public to Physicians in a Rural Setting, University of Missouri Agricultural Experiment Station Research Bulletin 653 (1958).
4. Paul N. Borsky, op. cit., p.81.
5. While most people attach a great deal of importance to their doctors' having a "pleasing personality" and on their "taking an interest" in their patients, this does not necessarily imply a longing for the same degree of personalization and intimacy as was supposedly widespread during earlier periods. It takes more than the mere absence of grouchiness, curtness, and disinterestedness to constitute a primary relationship. Actually, so little is known about precisely how close a relationship with their doctors people presently have, presently desire, used to have, or used to desire, that this matter is completely open to conjecture.
6. Richard H. Shryock, "Public Relations of the Medical Profession in Great Britain and the United States: 1600-1870," Annals of Medical History, New Series, 2 (1930), 308-339.
7. B. C. Keller, "The Laity's Idea of the Physician," Illinois Medical Journal, 44 (1923), 13-17; and "Discussion of Miss Keller's Paper," 17-20.
8. a) C. R. Hoffer, D. L. Gibson, et al, Health Needs and Health Care in Michigan, Michigan State College Agricultural Experiment Station Special Bulletin 365 (1950).
b) Survey in 1951 sponsored by the Macon County (Illinois) Medical Society.
c) Ben Gaffin and Associates, Inc., op.cit.
d) E. Chen and S. Cobb, "Further Study of the Nonparticipation Problems in a Morbidity Survey Involving Clinical Examination," Journal of Chronic Diseases, 7 (1958), 321-331. (See Items 3 and 4 in Table IV, p. 325. The authors of the paper consider the results as indicating a surprisingly wide prevalence of negative attitudes toward physicians, but the standards underlying this judgment may be unrealistically severe.)
e) Survey in 1958 of Hopewell, New Jersey, sponsored by the American Academy of General Practice.
9. O. W. Anderson and J. J. Feldman, "Distribution of Patients Hospitalized for Surgery in the United States from July 1952 to July 1953," Bulletin of the American College of Surgeons, 43 (1958), 236-241.
10. Since there are also a number of institutions toward which lower-status individuals have more positive reactions than do individuals of higher status, this is hardly a significant consideration. The issue is raised here simply to emphasize the importance of viewing attitudes toward the medical establishment within the context of attitudes toward other institutions.
11. Frequent users of medical care are, of course, also more likely to experience favorable incidents than are infrequent users. While the favorable experiences appear to maintain the individual's general confidence in the medical profession, they do not allay the specific criticisms engendered by the bad experiences.