

## Patients, clients, doctors and providers: is it just a question of terminology?

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### Abstract

*With the modernization of healthcare and management of a Hospital as a business, There is the risk of changing the words "patient" and "doctor" into "client" and "provider", risking the humanitarian care, trustworthiness, and doctor-patient relationship. Using first and last names could be an option for communication. (Gac Med Mex. 2016;152:387-8)*

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### Introduction

Shortly after starting the Hospital Management Master's Degree program studies, I couldn't help but be surprised on how easily terms such as patient and doctor are interchanged by client and provider, respectively, as seen from a hospital's managerial point of view; but, how feasible is it changing these terms?

Let's start by reviewing the definitions of each one of these terms according to the *Diccionario de la Real Academia de la Lengua Española* (Dictionary of the Royal Academy of Spanish Language)<sup>1</sup>:

- Patient: Person who physically and bodily suffers, and especially one who is under medical care.
- Client: Person who assiduously makes use of services provided by a professional or company.
- Physician: Person who is legally authorized to profess and practice medicine.
- Provider: Person or company that provides or supplies everything that is necessary for a purpose to large groups, associations, communities, etc.

Based on these definitions, we would think that changing these terms is possible, since a person who seeks health or who offers a health-related service might well be a patient-client or a physician-provider, respectively.

The first ones to use the word "client" were female nurses around 1970<sup>2</sup> to apply it in persons who attended a medical service for routine check-up and considered themselves healthy people. Subsequently, psychiatrists considered that the use of the word "client" instead of "patient" might help people in the management of mental diseases such as schizophrenia, since the word "patient" as such, involves a sick person<sup>3</sup>.

From a hospital's managerial focus, a patient is a passive subject that requests a service, and a client, a person who demands a service and actively participates in his/her treatment<sup>4</sup>. On the other hand, the physician becomes a health provider for the hospital system.

This managerial focus entails the risk of losing the humanitarian sense and emerges as a globalization and competitiveness demand in search for productivity

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and quality, risking that the term “client” as a substitute for “patient” makes for personal treatment and direct trust on the doctor to be lost<sup>5</sup>.

In the literature, quotes are mentioned that explain the context by themselves: “Medicine has aspects that place it in the rank of activities that demand vocation of a higher category, and being a doctor requires a sublime vocation quality”<sup>6</sup>.

Paul Krugman, 2011 Nobel Prize on economy, wrote an article in the *New York Times* on April that same year, where he explains that the act of receiving medical care cannot resemble a commercial transaction, to start with because many medical decisions are made under conditions where the patient is impaired, under stress, and is not comparable with a client who goes shopping. The doctor is trusted as an expert on the subject to make decisions on behalf of the patient, as a person of trust and not just as a health provider.

Another article of Harvard’s Business University states that health cannot be reduced to a business, neither the doctor can be seen as a provider who sells health-related services to a consumer of social values<sup>7</sup>.

There are many points of view against and in favor of this terminology, many related opinions, but little investigation. In 1997, Dr. Peter Wing, a Canadian orthopedist, published a study where he interviewed 101 people attending the column clinic of Vancouver, asking if the persons who attended the clinic desired to be referred to as clients or patients. Out of 101 patients, 74 preferred the use of the word “patient”<sup>8</sup>.

Similarly, a study was conducted where 100 physicians of 4 different specialties and 100 psychologists were asked which words did they use in their communication, and doctors were found to address their patients by surname, whereas psychologists do it by first name; none of the interviewed physicians used the word client and, similarly, 100% of the physicians preferred the use of the words “physician/doctor” to refer to themselves and none preferred the word “provider”<sup>3</sup>.

Interestingly, a 2002 study where the dissatisfaction level of physicians with their job was assessed, described that one of the factors affecting their work-related performance and satisfaction was the lack of professional recognition and loss of humanitarian relation associated with being seen as providers of services and not as doctors<sup>9</sup>. Patients have also referred preferring to see their doctors as medical figures and not as providers of services<sup>10</sup>.

Over the years, medicine has changed and, with this, the concepts and practice of medicine have changed from a benevolence-based medicine to one with a managerial focus. The use of these terms can work adequately for a manager, but not so for a physician or a patient who, ultimately, if we further adhere to the strict sense of the definition of the word, is an individual who approaches a physician in search for health.

The use of the words “client-provider” could be adopted by some medical specialists, such as those who practice psychology and psychiatry, or in the management of healthy patients, being very careful not to get lost in mercantilism and rescuing that culture of the patient-doctor relationship, personal trust and humanitarian treatment. Furthermore, alternatives can be used to refer patients by their full name and, in this personalized form, leave this language controversy behind.

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