
The quick and easy doctors

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There are many who think that it's a good idea to pay an unknown doctor three times the amount that a contract GP would charge for the same thing. How did we get there?



Photo: Sturlason

One of the country's largest daily newspapers promises its subscribers access to telephone consultations with a doctor if they are concerned about elements of their own health (1). For those who prefer to see the person they are talking with, there are numerous providers of video consultations. If you would rather meet someone in a white coat, drop-in surgeries are open in four cities. If leaving home is too burdensome, the Home Doctors can pay you a visit.

The list does not end here. One provider declares that they are the first in Norway to offer health checks by way of blood tests without a prior appointment, and the patients themselves can decide what tests to have taken (2). One of the latest additions to this industry is a specialised online option to purchase a certificate of absence from school, designed to relieve the GPs of a task that they dislike (3).

One of the largest providers claims that their intention is to solve a problem: insufficient accessibility to GPs (4). The services are designed around the patients' needs and life situation. They are intended to address health challenges that the patients perceive.

Willingness to pay and health anxiety are thus exploited. Often, the raw material that the providers monetise is not illness, but *concern* about illness. They have succeeded in making it easier for patients to contact a doctor. This despite the fact that Norway has one of the most extensive primary healthcare services in the world and is in the global forefront in terms of the number of doctors per inhabitant (5).

«More is not always better»

Who are the doctors who work there? We really do not know. The private healthcare market is largely unregulated, but many advertise their 'experienced general practitioners'. As a rule, we cannot know whether they are young doctors waiting to become specialty registrars, retired doctors who are taking a philanthropic approach, or seasoned specialists in general practice.

Perhaps we doctors should take a good look at ourselves and consider what we can do to protect our role and professional reputation? What effect does it have on the doctors' and patients' perception of the doctor's role when sick notes, prescriptions, medical certificates and other types of assessments can be ordered via a chatline or a telephone or video call with some stranger? The trust that people have in doctors, be they in the private or public service, is a key precondition for the ability to provide health care. However, trust has a short shelf life.

To private healthcare providers that offer easy drop-in services, the customer base is their daily bread. They make a living out of the patients' need for a quick answer. I have no reason to doubt the professional integrity of private service providers, but there is no escaping the fact that their existence depends on the service they provide and the demand that has been created. The more clinics, the better the availability. The more patients, the higher the turnover. However, more is not always better (6).

«Yes, they do get many problems 'out of the way' but they also create a lot of new ones»

In my surgery, hardly a single day passes without patients who want reassurance that they or their children are not ill. When they are told that their respiratory infection is harmless, they feel relieved. The natural thing to do is to provide them with a tool that they can use later to assess whether it is time to call the doctor or whether they can safely stay at home (7).

When we know that a large proportion of all health afflictions are self-limiting, when we know that most respiratory infections do not require drug-based treatment, and when we also know that these providers refer patients to their GP for the difficult consultations about addiction, serious illness and habit-forming drugs – what should be the role of these supplementary providers?

It is easy to start moralising over some colleagues' use of the title of doctor and their exploitation of patients' willingness to pay. It is, however, difficult to discern any really noble motivations among the providers of some types of private health services – those who issue a substantial invoice for a certificate of school absence for a patient whose hand they have never shaken, those who charge NOK 500 for diagnosing a urinary tract infection, or those who recommend a home visit to a child who has been coughing for less than a day. All these are issues that could have waited. All these are issues that the contract GP could have addressed, for less than one-third of the cost. It can easily be claimed that they are just skimming the fat. Yes, they do get many problems 'out of the way', but they also create a lot of new ones.

One risk posed by this type of service is its possible implication that the work of future contract GPs will exclusively involve time-consuming tasks that pay relatively less. This is not a positive contribution to an already strained contract GP scheme. It is quite conceivable that even more doctors will abandon their contract GP jobs in favour of working for an alternative healthcare provider. This is not a desirable development. But it is at least quick and easy.

LITERATURE

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