The Impact of the Internet on Professional Relationships: The Case of Health Care

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This paper considers the impact of the internet on professional services, specifically healthcare services which have been characterised as asymmetrical in information and power distribution. For complex professional services the internet is primarily an information resource offering perceived parity with professionals. Based on interviews with healthcare professionals and website managers, this paper considers how professionals perceive the internet to be changing patterns of professional–consumer interaction and the nature of professional–consumer relationships. Manifest at service encounter level and health policy level, professionals perceived the evolving parameters of the consumer role to be generating a requirement for a fundamental revision of models of service delivery and professional roles.

INTRODUCTION

At the core of the ongoing information revolution impacting on post-modern societies is a fundamental change in individual consumer access to information resources. In particular the internet, with its unprecedented breadth of interconnected information, offers consumers access to specialist product and market information which has conventionally been confined to organisations and professionals operating within that market [Mittman and Cain, 1999]. The internet has variously been predicted to change working practices, lifestyles, personal relationships and even sense of community [Tambyah, 1996; Doherty et al., 1999; Jolink, 2000]. Yet many of these predictions have subsequently proved, along with some of the more high-profile internet companies, to be at least premature. What is clear, however, is that the internet has a number of core capabilities and by recognising what these capabilities are it is possible to secure a clearer picture of the likely impact of the internet on both consumers and organisations. One of the areas in which the internet is

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particularly valuable is in respect of consumer acquisition of information [Hogg et al., 2003]. Such enhanced access to information is viewed as strengthening the position of consumers relative to suppliers through allowing greater transparency in respect of service design, pricing and quality. For professional services, which have traditionally been characterised by informational asymmetries, this implies considerable challenges to the conventional patterns of organising and delivering services. This paper explores the particular impact of internet-empowered consumers in the delivery of professional services, specifically healthcare services. Based on in-depth interviews with healthcare professionals in both the UK and US, this paper examines the evolving nature of the relationship between professionals and increasingly consumerist patients and the implications of this change for the development of professional roles and organisation.

PROFESSIONAL SERVICES: INFORMATION, STATUS AND PROTECTIONISM

The history of professional services has been one of protectionism and privilege. The development of the traditional professions, what have been termed the 'status' professions of the church, the military and the law can be traced back to pre-industrial societies when these professions provided the younger sons of the aristocracy with a socially acceptable way of earning a living. However, with the growth of capitalist forms of organisation from the eighteenth century and the rapid expansion of industrial technology during the early nineteenth century there developed an expanding market for complex business services based on different expertise, leading to the development of a newer set of 'occupational professions'. These new, and initially lower status, occupational professions strove to be recognised as 'professional', perceiving that such status secured a privileged position in society, which in turn led to the ability to enforce exclusionary entry practices and protection from open market competition [Friedson, 1986]. They therefore sought to espouse the core characteristics of the older professions and organised their own training, credentials and in turn regulation of those 'approved' to practise that profession.

The basis of this professionalism was the possession of an expert knowledge base anchored in highly regulated tertiary education that distinguished the professional as a guardian of specialist information unavailable to the majority of consumers. Equally professionals were protected by law from non-registered individuals acting on such information, even where individuals had the necessary knowledge, thereby moderating competitive market forces. Consumer deference towards the professions and individual professionals has conventionally been based on historical social and cultural attitudes towards those individuals who possess knowledge that provided access to services that were otherwise unavailable. This is particularly true of healthcare, where medical professionals, as a result of access to knowledge that could literally make the difference between life an death, enjoyed a superior social position in the community [Parsons, 1995]. This was despite the fact that until the widespread introduction of modern pharmaceuticals from the mid-twentieth century there is little evidence of the medical profession actually doing much good for the majority of patients [Donabedian, 1980]. Status was consequently based on perceived capability,

rather than actual performance, with such perceptions being a product of the possession of 'scarce' knowledge. The organisation and delivery of professional services has consequently been based on an information asymmetry where the professional has superior knowledge and the consumer defers to this culturally established role [Jadad, 1998]. Since the final quarter of the twentieth century there have been increasing social and political moves towards the deregulation of professions. The restrictive practices which were central to the operation of the professions were fundamentally antipathetic to the free market ideals of the prevailing dominant political ideology. This deregulation, although limited, opened many professions to the market economy for the first time in the belief that consumer empowerment would create a competitive environment that would improve both the quality of service provided by professionals and reduce the costs of service provision.

For professions and professional organisations such deregulation and nascent consumerism has had profound implications for the delivery of services. These twin processes and resultant service delivery developments have been central to the increasing shift of professionals from self-employment to salaried employment [Abernethy and Stoelwinder, 1995]. In particular the increasing complexity of professional services together with the increasing costs of maintaining appropriate compliance and client management systems has been central in driving the emergence of large professional service organisations operating in a manner akin to established 'bureaucratic' non-professional service providers [Vermaak and Weggeman, 1999]. More specifically, the promotion of consumerist patterns of behaviour has forced a fundamental reconsideration of the potential contribution of marketing to professional services. Yet there has been a notable reluctance among professional service providers to embrace marketing concepts as a means of both understanding and managing the uncertainty inherent in this new environment [Witzell, 1991]. Available evidence [Laing and McKee, 2001; Paulin et al., 2000] suggests that the professions have largely confined themselves to the utilisation of selected marketing tools and the language of marketing, what Ames [1970: 93] referred to as the 'trappings of marketing' rather than a substantive adoption of core marketing principles.

This rejection of marketing as an appropriate activity for professional services is predicated upon the perceived need of the professions to protect their own 'special' relationship with their consumers from the commoditised relationship associated with non-professional services. Indeed, even the language of professional services implies a different relationship as professionals eschew the word 'customer' for terms such as 'client' and 'patient'; indeed using the word customer is antipathetic to many professionals [John, 1995]. At the core of this special relationship is the ability of professionals to use information to make judgements about the requirements of a consumer, that is, they alone can interpret the need and identify solutions. The underlying dimensions of this relationship has been examined by, for example, Hart and Hogg [1998], and there are indications that although it has evolved in the preceding two decades it remains an essentially paternalistic relationship because despite the increasing concern with customer care the foundation of the relationship remains the asymmetrical distribution of knowledge [Wolfe, 1998; Strasner et al., 1995]. For that reason the internet, which offers consumers a real opportunity to address

this asymmetry, will potentially have a more radical effect on the nature of professional services than previous regulatory developments. Deregulation and social change have created the context within which the internet-driven revolution can take hold; the internet, with its breadth of information and more significantly its scope for interaction among consumers through virtual communities and discussion forums, has the potential to redress the informational imbalance and empower consumers to challenge the established legitimacy of service professionals.

CONTEXT

The research reported in this paper focuses on the doctor–patient relationship and in particular examines medical and other health care professionals' views on medical information available over the internet and the effect of this information on the patient–professional relationship. Health care has been viewed as the archetypal professional service [Wilson, 1994], with the consumer perceived to be inexpert, lacking both diagnostic skills and knowledge of treatment options, while the professional is the expert possessing the relevant technical skills and knowledge. The consumer is viewed in such circumstances to be passive, to be a 'patient', deferring to the expert judgement of the professional and therefore limiting involvement to consenting to the professional's preferred option. Neuberger [2000: 7] argues that the traditional relationship between doctor and patient was one of 'deference, obedience and instruction'. Although the balance between the two parties varies according to the nature of the medical situation [Szaz and Hollender, 1956], the underlying format of the service encounter has been one in which power clearly resides with the professionals on the basis of their knowledge and access to information. The medical profession were largely protected from the limited deregulation of professional service markets in the last quarter of the twentieth century as the primacy of public safety dictated the need for a tightly controlled and highly regulated profession. Government attempts to introduce market mechanisms into the NHS in which the promotion of consumerist patterns of behaviour were central were largely unsuccessful, in stark contrast to the US where a market-driven culture has been long established [see Klein, 1995; Laing and Hogg, 2002].

There is, however, an inherent tension in the NHS system. Pressure on primary care services has led to the provision of an increasing range of services which consumers can use before, or instead of, visiting a doctor, for example NHS Direct, which offers both telephone and internet based medical advice services. Although most medical practitioners agree that these services are useful there have been concerns raised over the quality of the advice provided. Indeed, it has been suggested that the increasing number of self-diagnostic opportunities may be counter-productive as the early diagnosis of potentially serious conditions are missed [Neuberger, 2000]. The medical profession is therefore split between supporting measures promoting patient empowerment that reduce pressures on the service and at the same time condemning the provision of inappropriate advice. This dichotomy has been intensified by the explosion in the number of unregulated internet sites providing healthcare information and the concomitant scope for consumers to challenge health care professionals.

This image of an emerging group of internet-empowered consumers challenging health care professionals is reinforced by anecdotal accounts in the letters pages of journals such as the *British Medical Journal* and *New England Journal of Medicine.* These letters from health care professionals describe consumers arriving for a consultation armed with reams of internet printouts [see Coiera, 1996; Eysenbach and Diepgen, 1998]. Problems have been identified, however, in the veracity of the information patients gather and the consequences for health care professionals of the need to address patient expectations arising from such information. As patients make increasing use of internet sites for obtaining information, the nature and reliability of the information becomes an increasingly significant challenge confronting health care professionals. Health care can thus be viewed as providing an ideal context within which to examine the impact of the internet-driven information revolution on the professional service encounter.

METHODOLOGY

This paper is based on qualitative research undertaken in the United Kingdom and the United States into medical professionals' perceptions of the impact of the internet on the delivery and management of health care. Alongside its broader conceptual objective of understanding the evolving nature of the professional service encounter in a post-modern context, the research aimed to move the debate regarding the effect of the internet on relationships in health care beyond the prevailing anecdotal accounts reported in medical journals. Although the research was UK-based, it was structured to include equal numbers of professional respondents from both the UK and the US, where it has been estimated that 38 per cent of the general internet user population actively seek information about health and medicines [FIND/SVP, 1999]

The research reported in this paper involved in-depth interviews with ten selected 'experts' in the evolving role of the internet in the delivery and consumption of health-care, specifically medical practitioners, medical researchers and web site hosts. The selected medical experts (practitioners and researchers) were identified through relevant professional bodies as key opinion formers with an interest in the effect of internet-informed consumers on professional–consumer relationships. The web-host 'experts' were selected on the basis of being hosts/managers of major, in terms of number of participants, health discussion websites. These interviews were conducted either face to face or, in the case of web site hosts/managers, online, with the aim of building a robust understanding of professional perceptions of emerging patterns of consumer internet usage, the impact of such data access on the behaviour within the service encounter and professional responses to such behaviour. The interviews were supported by observation of health-related discussion forums which enabled the content and dynamic of these forums as sources of consumer information to be analysed.

RESEARCH RESULTS: INTERNET AND PROFESSIONAL RELATIONSHIPS

The health care information available to consumers on the internet can be grouped into three categories: firstly, generic information about illness and treatments

available; secondly, product information regarding drug therapies, treatment regimes or service providers; and, thirdly, patient information focused on patients' experiences, support mechanisms and individual stories [Hogg et al., 2003]. Such information is provided by diverse parties ranging from professional organisations through pharmaceutical companies to individual service providers and ultimately other consumers. Consequently one of the key problems faced by consumers in interacting with such an information resource is the issue of the accuracy and quality of information available [Impicciatore et al., 1997; Wyatt, 1997]. It is, however, important to recognise that the health care information available via the internet is similar to such information accessible in other formats in so far as there are frequently divergent views on the validity of treatments. In this sense the internet merely serves to reinforce the contested nature of the discourse occurring between health care professionals and consumers. In the context of the internet this is exacerbated by patterns of ownership of internet-based health resources. Analysis of 423 health care sites based in the US and Europe (160 randomly chosen information sites, 148 news groups and 115 e-mail discussion groups) suggested that organisations that may provide biased information, in that they have interests in the sale of related products and services, own more than half the sites reviewed [FIND/SVP, 2001]. Only 48 per cent of the sites were owned by acknowledged 'credible' and independent authorities such as professional organisations, medical schools or government agencies. Such patterns of ownership and the consequent veracity of the information is fundamental to understanding professional responses to consumer usage of internet information.

Utilising Internet Health Care Information

This issue of the quality of health care information on the internet is acknowledged by health care professionals as a major challenge in managing the behaviour of internet-empowered consumers. In seeking to address the emergent problem, certain internet sites contain restrictions which can be either geographic (e.g. this information is for US residents only) or professional (e.g. this information of for medical professional only) but unless there is a detailed registration process these restrictions are essentially ineffectual. As one web site host stated: 'Our mission is to educate the physician and other healthcare professionals about hypertension although we do not have any information "walls" to restrict patient access to information' [Web-Host – US].

As a consequence of the permeability of website boundaries a range of mechanisms are being developed to rate the quality of health care information available on the internet and develop appropriate consumer indicators [Eysenbach and Diepgen, 1998]. One example is the US-based site www.quackwatch.com, a non-profit organisation that has as its mission to 'combat health-related frauds, myths, fads, and fallacies' and to improve the quality of healthcare information on the internet. However, the anarchic nature of the internet together with the increasing questioning of professional judgements by consumers must raise doubts about the impact of such initiatives, particularly given the perceived professional derision of such initiatives. Little evidence is currently available about how consumers interpret the validity of information on the internet prior to engaging with health care professionals, given that there are limits to what consumers can do to verify information in virtual

environments. In respect of consumers' usage of information, a Nursing Manager (US) explaining the problems encountered with patients interpreting information from the internet in terms of a mismatch of terminology regarding the quality of information, stated: 'I ask if this information is research based, and they say, oh, yes, it says 7 out of 10 doctors ... I have to explain what research is, it's not a pharmaceutical company's market research, it's clinical trials, they don't get it' [Nurse A – US].

Of particular significance in consumers' use of internet-based information is their scope to engage in discussion with professionals and other consumers outside the parameters of the 'primary' service encounter. The existence of such bi-directional information forums, by providing consumers with the opportunity to develop their understanding of particular medical conditions and securing alternative opinions on both diagnosis and treatment, arguably has the greatest potential to challenge the health care professional [Laing and Hogg, 2003]. One problem for consumers is the technicality of certain information which requires a knowledge base to interpret. Evidence suggests that patients are increasingly turning to each other for help with this interpretation rather than necessarily to professionals, the motives of whom many consumers increasingly question. This is a particularly powerful source because participants share personal experiences. Such emotional ties create a strong bond of credibility, and empathy, which could take precedence over the traditional consumer–professional relationship within the primary service encounter, which tends to be less personal. One interviewee suggested that this challenges the relationship between doctor and patient as patients are more willing to take the word of someone who has been 'through it' rather than a professional opinion. This must be seen in the context of the broader challenging not just of professional authority but also of established scientific paradigms and indeed the nature of knowledge in post-modern societies. A GP commented:

> I got into a heated discussion with a patient because, frankly, they would rather take the word of someone they had never met than listen to what I was saying. They claimed that this person had been through the op themselves [*sic*] so knew what they were talking about. I had to admit I had never been an inpatient – but you don't have to ... I've never had appendicitis but I can diagnose it and I know what needs to be done. [GP A – UK]

In addition the global nature of the internet not only offers consumers access to uni-directional information on health care from beyond the confines of their national health care system but also develops global communities of consumers with shared interests engaged in bi-directional information exchange, as such patients get information about treatments and drugs that are not available in their particular health system. One GP commented:

> I have tried to explain the system, but you try! tell a patient that I can't prescribe a drug because some government quango says I can't, they think I'm making a political statement, I'm just telling them how it works, we have prescribing restrictions and there is nothing I can do [GP C – UK]

This again causes tension in the relationship as the professional defends a system he or she does not necessarily agree with and the patient trust in the doctor is threatened. In the information age the gate keeping role of primary care professionals inevitably impacts on the credibility of such professionals with consumers who, correctly or otherwise, perceive advice service provision to be coloured by system-level requirements.

Influencing the Health Care Service Encounter

For professionals the ability of consumers to access information comparable to that available to professionals has fundamentally changed the format and dynamic of the service encounter. Specifically the role of the professional within the primary service encounter has shifted from being the pre-eminent provider of health care information to the interpreter and evaluator of information derived from multiple sources. In addition, the health system in the UK requires that access to specialist services and prescription drugs is controlled by primary health care professionals. Consequently, the role of the service professional may be seen as shifting from one of information provision to one of information evaluation and verification, and more significantly as the source of treatments for self-diagnosed conditions. A UK-based GP stated: 'They don't want me to diagnose anything, just confirm that they are right. And if I say they aren't they don't believe me anyway. I'm not a doctor to them, just a prescription provider' [GP B – UK].

Implicit in this is the shift of the health care professional within the primary service encounter from being the sole decision maker, albeit in varying degrees of consultation with the consumer, to being one of a number of advisors, both lay and professional, accessed by the consumer through these internet-mediated virtual parallel service encounters. In understanding this shift it is critical to place the impact of the internet as an informational resource within the broader context of increasing consumerism in professional services arising from both socio-economic and policy trends. The internet as an informational resource can thus best be viewed as facilitating the actualisation of latent consumerist behaviour in professional services rather than the primary driver in its own right. The nature of the system, however, remains that the medical professional is gatekeeper to many of the treatments.

The operational pressures which such changes place on health care professionals and which are manifest in the changing nature of the service encounter is evident from the following professional perspectives. 'Patients come into my office clutching pages of internet information. They are trying to play doctor, it takes time to re-educate the patient on side effects or formulary procedures – and why should I?' [GP D – UK].

This perceived professional resentment of consumers' adoption of a more active role in the process of diagnosis and treatment was a recurring theme in interviews with patients in both the UK and US.

> I say to them 'is this information research based? And they say oh, yes, 7 out of 10 physicians say ... they just don't understand what research based really is, its not an advertising slogan its real research but they probably wouldn't understand it anyway. [Nurse A – US]

One potential explanation for this tension in the consumer–professional relationship is that the consumer, despite lacking the underlying training, has an advantage relative to primary health care professionals because they are generally studying one condition while the professional must keep updated on a broad range of conditions and associated medicines and treatments. This is especially true in the UK health care system where there is restricted access to specialist professionals due to the general practitioner playing a larger role in treatment and acting as the 'gate-keeper' to secondary care.

This education conundrum underpinning the changing consumer–professional relationship is likely to continue as the pace and range of prescription drug treatments accelerates due to advances in drug development technology (i.e. biotechnology, genomic databases, computer-assisted drug design and combinatorial chemistry). These new technologies are drastically reducing the time of screening compounds and finding targets for new drug development. This in turn is likely to lead to an increased number of potential prescription products entering the market. The following comment illustrates health care professionals' frustrations with keeping abreast of developments in treatment regimes in light of increased consumer access to such information.

> I only have so many hours in the day, much of my time is taken with keeping up with insurance codes and running the office. I do keep informed through journals and sales reps, but patients are starting to walk into the office with experimental clinical studies and saying hey I want this today. [Physician A – US]

The key challenge for health care professionals is to utilise consumer knowledge in a controlled manner which enhances both the ability of the professional to deliver leading-edge services and the service experience of the consumer through developing effective means of tapping into this knowledge.

It would, however, be erroneous to suggest that health care professionals uniformly share such a perspective on the impact of internet-informed consumers on the nature of the service encounter. Rather, a number of health care professionals strongly argued that such empowerment by alerting consumers to symptoms of particular conditions at an earlier stage encouraged then to enter the health care system earlier than they might otherwise have done. Such behaviours have benefits not only for individual consumers in terms of improved outcomes but also benefits for the health care system through decreasing costly hospital care. This is evidenced by the following view: 'I think it is great that patients are educating themselves, it increases the traffic through my office [general practice] instead of the hospital' [GP D – UK].

This, however, requires the adoption of a broader systems-wide perspective on the delivery of services to individual consumers, specifically a perspective not confined to the parameters of the individual service encounter. Equally it presupposes that consumers will behave in a manner which takes cognisance of the nature and financial parameters of the health care system which they utilise. In this regard, a key danger is of consumers in publicly funded 'socialised' health care systems, for example the UK, drawing on consumer experiences and service offerings in privately

funded 'individualistic' health care systems such as the US. This is accentuated where politicians' espousal of individualist consumerist language is at odds with the social objectives of the health care system.

Influencing Health Policy

A key consequence of improved inter-patient communication is the ability to mobilise large groups of consumers across health care systems and national boundaries into pressure groups capable of effectively challenging the authority of the health care establishment. While such consumer pressure groups are not new in health care, what is new is the speed and ease of organisation, the breadth of information resources and expertise at their disposal, and their ability to transcend the boundaries of national health care systems. Specifically communities of consumers confronting particular health care conditions, or the effects of particular treatment regimes, have been able to mobilise both data and technical expertise to challenge prevailing approaches to treatment and the regulatory approval of therapies. Such groups of consumers sharing common experiences can connect and mobilise through virtual community forums with such forums offering consumers unprecedented power through the development of a virtual global lobbying capacity increasingly matching that of the established health care actors, notably the medical profession and the pharmaceutical industry.

This type of development is significant in that it is illustrative of internet-based consumer groups not only challenging the expertise and power of the individual health care professionals responsible for the actual service delivery process, but also challenging the manufacturers who provide both the products and much of the technical data utilised by health care professionals. The relative immunity enjoyed by those elements of the health care supply chain which have conventionally been one step removed from the service encounter is effectively eroded by such developments, confronting these actors with the need to engage directly with health care consumers rather than solely engaging with service professionals within the supply chain. More fundamentally it challenges the control conventionally enjoyed by health professionals and pharmaceutical companies over the treatment evaluation process, constraining the freedom of both parties and forcing a rethink of product and service development processes within healthcare.

The emergent capability of such consumer communities has important implications for key aspects of the health care delivery process beyond the front-line service encounter, extending consumer influence right down the health care supply chain. At the extreme this encompasses effective consumer 'control' over the drug formulary approval process, an aspect of health care conventionally immune from consumer involvement. For example, if consumers in the UK identify that particular drug therapies are available in the US, such virtual consumer communities can facilitate the development of effective coalitions of consumers in the UK to bring pressure on the NHS for the acceptance of particular drugs. The following view clearly illustrates the capacity of such communities to inform and influence consumers: 'The pressure is enormous to prescribe what they ask for, they quote all this stuff at you and they know exactly what they want because they've done their homework. That

flu drug was the worst, I'm fed up with hearing that you can get it in Aus – and most of them haven't even got flu in the first place!' [GP E – UK].

These virtual consumer collectives represent a fundamental challenge to the position of the established actors in the health care delivery process and hence a need for a fundamental reappraisal not only of the process of product and service development, but more broadly approaches to the rationing of health care provision. This increasing reach of consumer power poses major difficulties for health policy makers in managing resource utilisation as informed consumer expectations come in conflict with politically driven public health objectives. The internet thus has significant implications for the level of consumer pressure that can be applied on health care professionals, pharmaceutical companies and ultimately governments.

CONCLUSIONS

Professional services have been slow to react to the internet revolution, perhaps because of the inherent challenge it implies to their professional authority as gatekeepers to specialist knowledge. Clearly the internet, with the breadth of healthcare information available with relatively low acquisition costs and its capacity to generate consumer interaction, has the potential to change the nature of the professional service encounter. Indeed Ham and Alberti [2002: 341], discussing the doctor–patient relationship, describe the effect of the erosion of information asymmetries as being '*akin to the impact on the clergy of the translation of the Bible from Latin to English*' (author's italics). Service users are hence better placed to engage in an informed dialogue with the service professional, and ultimately to adopt the consumerist behaviour which has lain at the core of successive health care reform initiatives. The internet, by challenging professional authority anchored in specialist knowledge, forces a fundamental redesign of the health care service encounter. The challenge for health service professionals is to understand the behaviour of these emerging health care consumers and to integrate their needs into the encounter by acknowledging their altered role and in turn developing a new type of relationship. It would be erroneous to assume that the impact of the internet on health care consumption and hence service professionals is confined to the front-line service encounter. Rather the impact of internet-empowered consumption permeates through the health care supply chain impinging on both product and service development processes and the formulation of health policy.

Once the power offered by access to specialist information is realised by the consumer it is unlikely to remain unused. For professional service providers in fields such as health care, the significance lies in the current focus on redesigning the traditional service relationship from a paternalistic towards more participatory style [Toop, 1998], only addresses part of the consequences of the erosion of information asymmetries. Rather, consumers both individually and collectively need to be treated as co-producers [Wikstrom, 1996] contributing to the primary service encounter. This process of contribution, what may be termed contributory consumption, is distinct from previous patterns of service co-production where the extension of the consumer role was driven by the service organisation. The core characteristic of

contributory consumption is the dominant role of consumers in determining the parameters of their extended role. If the power of patients to contribute to the service encounter can be focused as a means of enhancing outcome quality as well as service satisfaction, rather than a source of tension and conflict, the consumer–professional relationship has the scope to develop into a genuine partnership involving the sharing of information and the shared identification of service options with a consequent significant impact on trust, commitment and compliance.

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