User reviews of medical practice and the consumption of health

by

Michael Hardey

Michael.Hardey@hyms.ac.uk

Submitted in fulfilment of the requirements for the TASA Sociologists Conference

August 2008
User reviews of medical practice and the consumption of health

Introduction

Since then the 1990s Internet and the World Wide Web has become an established way of distributing and exchanging health information (Hardey, 1999; 2002). This has contributed to changing the traditional doctor-patient relationship and the way health care is organised. The recent transition from version one of the Web (or Web 1.0) to a significant new version (or Web 2.0) has made new social media available and opened up new possibilities for the distribution of health information. Academic and popular commentaries about Web 2.0 stress new modes of engagement and interaction, which promises to transform the way information is created and used (e.g. Beer and Burrows 2007; Surowiecki 2004; Tapscott and Williams 2006). One of the more significant new resources that have rapidly gained in popularity are those Web 2.0 sites that are organised around user reviews of products and services. Initially concerned with users’ accounts of their experiences with hotels and other tourist related facilities a growing number of sites are now available that offer reviews of medical practice and services. The purpose of this paper is to explore and question the role and impact of these sites on the public engagement with health information and the medical profession.

Web 2.0 and health information
There is a degree of marketing and other hype associated with Web 2.0 that was initially demarcated during a conference organised by O'Reilly Media in 2004 for an audience of Internet publishers, software developers and entrepreneurs. Although there is no single definition of Web 2.0 it is commonly seen to mark a move from ‘top down’ to a ‘bottom up’ forms of communication. What is called ‘user generated’ information is at the core of Web 2.0 and is the driver behind such resources as ‘Wikipedia’ and applications including Blogs and Social Networking Sites (SNSs). To put it simply resources like SNSs are only useful because people contribute information to them. A growing range of SNSs have been developed for specific health communities such as ‘PatientsLikeMe’, for those who have a chronic conduction and ‘TuDiabetes’, for people with diabetes.

A number of commentaries about Web 2.0 have argued that characteristics that include openness, sharing, globalisation and collaboration have given rise to the apparent ‘wisdom of crowds’ (Surowiecki 2004). Anderson’s treatise in his book, ‘The Long Tail’ and Tapscott and Williams’s, ‘Wikinomics: How Mass Collaboration Changes Everything’ broadly argue that user participation and user generated information promises to transform business and the way the public use and create mediated information. Others have argued that this shift to user generated information amounts to a ‘drumming down’ of culture (see Keen, 2007). Perhaps inevitably the term ‘Health 2.0’ has been coined and associated with do-it-yourself medical services. (Alsever et al, 2006)

Web sites formed around user reviews of medical practice are relatively new. They allow users to easily search for individual doctors and consequently to read/write comments about him/her. These user reviews may be framed by additional data about the practitioners including qualifications, telephone number and
photograph. On the simple basis of prominence on Google raking statistics the United States based ‘RateMD’ is the most visible user generated health rating site. It is part of rating site ‘empire’ that includes ‘RateMyProfessors.com’ (later purchased by Viacom International, ‘LawyerRatingz’ and thirteen other sites. Based in California, there are a growing number of reviews of doctors working in Canada as well as links to reviews of practitioners working in Australia and New Zealand and Britain. The RateMD claims it has 496,249 ratings of 142,310 doctors with hundreds of new reviews added everyday. Google advertisements are displayed and are apparently the main source of income for the site. Users can also purchase clothing resplendent with the site logo in what appears to be part of a boarder marketing strategy. Individual doctors are rated on a four point scale (with four being the top ranking) according to the criteria, ‘staff, punctual, helpful and knowledge’. This may be followed by a free–form narrative that is moderated ‘to avoid libel or simply far-fetched statements’. However it is noted that; ‘it is not possible for us to verify which raters had which doctors, so always take the ratings with a grain of salt. Remember, we have no way of knowing who is doing the rating - the doctor, other doctors, patients, dogs, cats, etc.’

The following narratives are reproduced to illustrate the nature of the narratives written by users (2). Described on the site as a specialist in gastroenterology this doctor had attracted a number of similar reviews:

I had a terrible experience with Dr. Galib Ali. My gastroenterologist was away so I was sent to see him. I had been unable to eat and was rapidly losing weight.. He told me without any tests that i was anorexic. I knew that I wasn't because the symptoms were wrong. I weighed 34 kilo's. Thank goodness my gastro came back and i went to see him. He sent straight to the hospital for motility
tests. from the illness i had my whole digestive system had stopped working. i had a gastric pace maker implanted which saved my life just in time. (3)

However, most user reviews are far more positive. The following review is about family doctor in Victoria:

Fantastic doctor. could not be happier with this practice or this doctor. You feel you matter. I took a long time to find a doctor with some terrible experiences on the way and will now definately use this doctor ongoing. I am also in the health field so have seen doctors of every calibre over the years. This doctor is the best. Kind, helpful, knowledgeable and you come away feeling you matter. (4)

Reviews can have different views of the same doctor. For example, the two reviews below are about the same person:

Great Doctor knows his stuff and i like his forwardness he is very up front. (5)

In contrast:

His office was filthy with a VERY MESSY desk and the floor littered with files, blades and needles etc. Definitely a health risk! He also yells at his staff in front of patients. (6)

Location, health care systems and consumers

The majority of major Web 2.0 resources originate in the United States and most of the user review sites share this origin. This partly reflects the presence of the Silicon Valley and attendant expertise in information technology. It also reflects the importance of local and national regulations and jurisdictions in a ‘network society’ (Castells, 1996). Data might be free to ‘flow’ in global information networks but it is
ultimately anchored in material place or places. RateMD and other sites located in the United States are legally protected from such challenges to their user generated data. Passed by the United States Congress in 1996, Section 230 of the Communications Decency Act provides immunity from liability for those who publish through an ‘interactive computer service’ information provided by others. In other words owners of a user generated review resource are not legally responsible for the content provided by others provided they have mechanisms in place to prevent obscene or racist content.

The Australian Broadcasting Services Amendment (Online Services) Act (1999) offers a similar level of protection for site owners. Objections by the Australian Medical Association to sites such as RateMD extending reviews to Australia practitioners therefore have no legal power. An attempt by the Canadian Medical Association and the Canadian Medical Protective Association obtain the IP addresses of users, who it was claimed had written defamatory reviews of Canadian doctors also failed this legal basis. Oppositional acts have been attempted through the Internet. For example, a Google group named ‘I hate ratemd’ (6) suggests that doctors ‘locate your own name and leaving overwhelmingly positive posts. Get everyone in your practice to do the same…’. However, the RateMD sites dismisses such tactics and claims that ‘multiple patients’ submitting content ‘from the same computer’ will be identified and removed (7). A site launched in the summer of 2008 named, ‘iWantGreatCare.org’, that seeks to replicate the form of RateMD for Britain, has given rise to opposition amongst the doctors writing the medical Blogging community (8; for example 9; 10; 11).
Health, consumer reviews and medical practice

The changes in the practice of medicine and the organisation of health care in consumer societies has been so considerable that it has been argued that the medical profession has ‘reprofessionalised’ (Lupton 1997). The development and increasing popularity of user review sites considered in this paper reflect and reinforce a similar reconfiguration of the patient role. The formulation of the sick role conceived by Parsons (1951, 1975) is an idealist construct imposed by an expert led view of medical knowledge and information. In this model to be a patient is defined by illness or other incapacity that removes an individual from their productive social role. It is therefore a temporary state that is occupied until the individual can join ‘normal’ life and productive role expectations. It is also a role that requires adherence to expert instructions and advice in the context of an asymmetry in information and knowledge. The traditional image of the doctor-patient relationship is one of ‘deference, obedience and instruction’ (Neuberger 200:7). However, the social and economic conditions, which framed Parsons’s formulation of the sick role has changed with the move from Fordist to Post Fordist modes of acclimation.

Health care systems and the status of the medical profession have occurred in the wake of Post Fordist supra-national trends. Under these conditions health per se has taken on a new significance as symbolising and enacting conformity with social and economic values (Frank, 1991a). Whereas the sick role was focused on incapacity what Frank calls the ‘health role’ reflects individuals responsibility for establishing a healthy lifestyle and avoiding illness or loss of their productive capacity (e.g. Coulter and Magee, 2003). The call for citizens to have ‘carefully thought out’ personal ‘wellbeing plans’ captures the way health is inserted into citizenship and normative productive relations (Dawson, 2007:17). Under such conditions ‘bodies
are in’ (Frank 1991b) as both the site of self-care and as a visible indication of conformity with healthy choices. As Shilling (2003) claims the body ‘appears to provide a firm foundation on which to reconstruct a reliable sense of self’ (2). The achievement of this is manifest in personal wellbeing or ‘a state of virtue’ which maximises and individuals productive capacity (Furedi 2004). Those who fail to achieve such a state or risk undermining their productive capacity through ‘wrong’ choices (for example by eating and drinking in ways that make them obese) may be penalised. The health role makes explicate this link between the ‘responsible citizens’ and their social and productive roles. Not all or possibly the majority of people are informed, empowered, articulate, and demanding citizens envisioned in policy documents. Such characteristics may reflect a middle-class and de-politicise ‘entrepreneurial self’ seeking to maximise their wellbeing (Petersen and Lupton 1996). However, the health role is pervasive and while individuals may embrace or reject it such acts will reflect and shape their social lives (Monaghan and Hardey forthcoming). The sick role remains but is relegated to the to the margins and access to it closely monitored and often stigmatised (Nettleton, 2004).

A number of well publicised instances of professional misconduct and negligence has contributed to an increased scepticism about doctors. Such cases have also resulted in reforms to complaints procedures and changes to medical education and assessment (Bailey and Boyd 2006). This does not imply that trust between patient and doctor has been undermined but rather that patients, as consumers, are aware that their doctor may be fallible, the science on which their practice is base sometimes suspect and the health care system potentially flawed. In other words as well as being vigilant of their own health individuals must also vigilant about the nature and quality of the medical expertise they may call on for advice. Consumer
reviews of doctors and health care services examined in this paper reflect the demand for information about health practitioners and organisation. Writing in the context of a different context Bauman (2001) notes:

The consumer market offers choice complete with the reassurance that the choice is right: the authority of experts and of the recondite knowledge they are trusted to possess, or the authority of great numbers of satisfied buyers, or the authority of huge demand exceeding supply, tend to be as a rule attached to the products on the department stores’ shelve. (p.25)

There are parallels here in the manner that that user review sites display information. Such information is based on ‘the authority of experts’ in that it is those who have/are experiencing the services that write the reviews and contribute to the rating scores. I would not want to follow the similarities with a department store too closely but an implication is that some users will be disappointed if the doctor or service they choose fails to live up the expectations raised by the information read on the review sites.

Conclusion

The potential impact of the Internet on consumers was originally noted in the 1970s but comes to the fore under Web 2.0 (McLuhan and Barrington 1972). Policy and cultural discourses about wellbeing, healthy bodies and lifestyles being forged out of the choices of responsible citizens highlights risks of a loss of productive capacity by making a poor choice of doctor or medical service. However, despite rhetoric in medical training about the patient as a ‘responsible’ and ‘empowered’ consumer who is expected share care with their doctor there, is evident opposition amongst
practitioners to user review sites. Moreover, this opposition reflects the health care
systems in which individual doctors practice. For example, there is less obvious
objections amongst those working in the United States compared to Australia, Canada
or Britain. The previously private doctor-patient relationship and care on a hospital
ward or in a clinic is now open to collective assessment and scrutiny. Whether this
exposure the ‘wisdom of crowds’ enhances or detracts from public trust in doctors
and health care services remains to be seen.

Notes


2. All extract from the Internet are reproduced as they appear. The URLs have been
noted and in the case of the RateMD site relate to locations within that site.

[accessed August 2008]

August 2008]

August 2008]


References


