

PART V - Empowering Women as Health Care Consumers



Please read, Clancy, “How to Talk to Your Doctor: 10 Steps to Make the Most Out of Your Doctor’s Visit”.

Empowering women to take control of their health care is an important concept. People who have power are able to produce change. Therefore, to empower women in terms of being health care consumers would be a process that would give women the skills to educate themselves, give them the self-confidence to ask questions of those who have charge of their health such as doctors, nurses, midwives, hospital administrators, and so on. Someone who is empowered does not demonstrate “power over” an individual but rather gives them “power with” in the sense of being “equal to.” In the case of taking control of one’s health, empowerment provides an individual with the opportunity to be a partner in the quest for high quality health care. This section of the unit will look at ways in which women can become empowered as health consumers. While there are many ways that this can take place, learning how to be open and questioning when dealing with a health practitioner, and becoming knowledgeable about your health history are the two that will be discussed here.

Depending on how one views empowerment and what causes disempowerment, different strategies and methodologies at various levels have been attempted to foster women’s empowerment. The empowerment of women at any level is usually viewed as a long-term process. Some of the goals of empowerment are:

- to strengthen women in leadership and decision-making;
- to increase women’s access to education;
- to increase women’s access to, and control over, economic resources;
- to increase women’s access to health information and to women’s control over their own bodies;
- to improve women’s self-esteem and sense of personal power.

Having confidence in your health practitioner is of primary importance to anyone who is seeking information or treatment for a health-related problem. According to surveys done in the United State it appears that there is a growing dissatisfaction with medical doctors and a more educated population is questioning and even arguing treatment and diagnosis possibilities with their practitioners (Hunt 13). In an ideal world those who seek medical treatment would go shopping for a practitioner. Women would have options regarding their choice of a practitioner, a medical or holistic doctor? male or female? a midwife? a nurse practitioner? and so on. In large urban centres such as Toronto this may be possible. However in most areas in Ontario the choice is limited. In fact, one in seven people in Ontario are without a family physician.

Morton Hunt, in “How to Tell Your Doctor a Thing or Two,” argues that by “training, position and tradition, doctors tend to play the role of Wise Patriarch Whose Word is Law, and they expect their patients to be Good Children Who Obey Without Argument” (13). Such doctors consider the new breed of health consumer “difficult,” “troublemakers” and above all “bad” patients.

Certainly this is an overgeneralization. However, Hunt goes on to say that there is growing evidence to suggest that the “bad” patient is actually a better one, in terms of medical results than the so-called “good” patient, that is, those who are passive and compliant (14). Apparently the “bad” patient gets better quicker. The argument is that the “bad” patient is

actually the “active” patient and once they have had their questions answered they are more apt to carry out the doctor’s orders faithfully, while the passive patient is more likely to forget or to quietly disobey (14).

Hunt goes on to argue that following instructions is only part of it. The active patient actually has a better chance for recovery and for staying healthy because they are assuming a greater role in their own health care, or as Hunt puts it, the active patient becomes “an adult rather than a child in the doctor-patient relationship” (14). It means finding the best health practitioner that you can, but getting a second opinion if you feel in doubt about the diagnosis and treatment. It also means questioning all medications prescribed regarding their necessity, whether or not over-the-counter or natural alternatives exist, if the drug has any side effects and also questioning the need for surgery if that is a route that is to be taken. In general, Hunt claims, you put yourself in the position of the medical practitioner’s “partner, collaborator and equal” (14). In the long run it is this collaborative effort that will build a relationship between you and your chosen medical practitioner.

Never before has so much information been available to health consumers. Television reports, magazine articles, newspapers and the internet all carry health news and the latest in research findings. Just how accurate the information is can be questionable. In attempting to gauge the quality of breast cancer sites that are on the internet, Laurie Hoffman-Goetz found that the credibility of the sites varied greatly. Fewer than one-third of the sites identified references or sources for information given. The sources given to substantiate other information in some sites came from similar unreferenced web sites.

While Hunt’s advice to patients is worth noting, a more recent report in the Women’s Health Advocate Newsletter in April 1997 claims that practitioners today are more welcoming of patients questions than were doctors even ten years ago. The article argues that “paternalism is out; partnerships are in” (14). Today doctors are more attuned to the fact that the women they are seeing are among the best educated ever. Patient advocacy issues and patient satisfaction is a topic that appears more often than ever before in physicians’ publications.

There are many ways that women can assure themselves of a more satisfying relationship with their health practitioner and several suggestions as listed below:

- find a health practitioner in whom you have confidence;
- come to the appointment prepared;
- tell the truth;
- do your homework;
- don’t be afraid to question;
- consider a second opinion.

While all of these points are worth dealing with in depth, I will only look closely at two of them: “tell the truth” and “do your homework.”

First, it is important to be candid with your health practitioner. Be honest about your eating habits, the amount of exercise you do, whether or not you smoke, how much you actually drink and so on. If you have not been taking the medication prescribed during your last visit, or if you have altered the instructions, be prepared to admit it and to discuss why. For example, if you have difficulty swallowing pills, there may be another method of taking the medication that suits you.

Second, be honest about your family's health history. In her article "Trace Your Family Tree: Charting Your Relatives' Medical History Can Save Your Life" author Ruth Papazian claims that "when it comes to health, the apple doesn't fall far from the family tree" (14). In fact there is evidence to suggest that an astonishing number of health problems – from the rare to the common – have some sort of hereditary link (14).

Papazian would have each of us build a family health tree. Her argument is that such a tool could help you spot diseases that might be hereditary. If there is a health condition in your family tree you can discuss it with your health practitioner and decide on a course of action to spot the disease for early diagnosis and treatment thus greatly improving your chances for a cure.

IDEAS TO REFLECT ON

The reading for this section is entitled "How to Talk to Your Doctor: 10 Steps to Make the Most Out of Your Doctor's Visit" raises a number of interesting points about how women can improve the relationship that they have with their doctor or with other health care practitioners. As you read the article consider the following questions:

1. How can women improve the communication between their health care provider and themselves?
2. What does the author of this list mean when suggesting that we need to be honest with our medical practitioner?
3. What does the author mean when stating "It is kind of like going grocery shopping. If you don't write down everything you need, you will inevitably forget the milk or eggs?"
4. Why is it best to be nice to the office staff in the doctor's office?

A Final Note

Women play an important role in our society both as consumers and providers of health services. They are also activists within the women's health movement lobbying for improvements to a system that is under considerable stress. This unit has argued that the changes taking place in restructuring health care in Ontario specifically impact disproportionately on women as consumer and workers. Women, however, are not passive consumers or providers of health services. Their interest in alternative forms of treatment and their support of a care model of health services is challenging conventional medicine and empowering women.

*Ducking stool – a seat attached to a plank and formerly used to plunge women accused of witchcraft into water. If they bobbed to the top they were guilty; if they drowned they were innocent.

**Stake – women convicted of being a witch were tied to a stake and a fire was set beneath them.