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Patient Satisfaction as a Quality Metric Promotes Bad Medicine- In Reply

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Dr Wexler is concerned that efforts to curtail unnecessary antibiotic use may lead to lower patient satisfaction with care. Our study, which did not measure patients' experiences of care, does not address this concern directly.¹ However, the intent of our intervention was to influence clinicians and patients in a way that might improve both antibiotic stewardship and patient experience. By publicly posting clinicians' personal commitments to provide evidence-based care, we sought to enlist patients and clinicians in support of a common goal. Public commitments justify our future actions to others, leading naturally to understanding rather than dissatisfaction.² And, people who show consistency with their public commitments are evaluated more positively than those who do not.³

On the broader issue that Dr Wexler raises, we can offer some encouragement. First, most patients who seek care for acute respiratory tract infections state that they want a diagnosis, reassurance, and relief from symptoms—not an antibiotic.⁴ This is true even when patients request antibiotics discordant with guidelines. Second, even in the face of such demand, several studies have shown that satisfaction does not increase with receipt of antibiotics.⁵ Third, critical methodological flaws have plagued recent studies linking better patient experience to adverse health outcomes and additional costs.⁶

To date, the evidence suggests that efforts to improve antibiotic prescribing do not result in significantly lower patient experience ratings. Improving patients' experiences of care need not require that we abandon sound antibiotic prescribing principles.

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