Is Patient's Preference for Medical Care Changing?

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Abstract

Background : An assorted group of 1000 army personnel below officer's rank was surveyed to find out its preference for medical set up between that of the Armed Forces and the civil.

Methods : Survey for preference of medical treatment was done based on a structured questionnaire. The sample was taken from different states of India covering the entire nation.

Results : 65% of the surveyed personnel preferred the Armed Forces medical set up to that of the civil. Yet 35% is a big number going for civil medical set up. About half of the above would choose alternative therapy like homeopathy and ayurveda.

Conclusion : Two issues come to notice. Whether there is any scope for introducing popular alternative therapy in the Armed Forces and does an improvement in the existing medical set up in the Armed Forces change the preference of the clients?

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Introduction

The Armed Forces Medical Services have one of the best organized medical networks in the country. It has a multi-tier system which gives access to patients even at the most remote areas till they reach the most modern Research and Referral Hospital in the country's capital. It has peace and field establishments to satisfy the needs of troops and their families scattered all over the country. It's bed population ratio and doctor-population ratio are better than the national average. In any national calamities, the Armed Forces Medical Services are the most sought after and the most relied upon. Yet a portion of our clients have a feeling that the services in the civil set up may be better. It is also well known that many of our clients, as in the case of general public, do consult alternative therapy practitioners. An attempt has been made to find out the proportion of the above categories of personnel with their reasons.

Material and Methods

About 1000 personnel belonging to different arms and services from different states of India covering the entire nation were surveyed through a structured questionnaire. They are of varying service seniority. They and the members of their families have been utilizing the facilities existing in different parts of the country both in the Armed Forces and in the civil. The questionnaire contained the educational state, the age, the background of origin, the preference for medical set up (Armed Forces and civil) with reasons in favour of both and finally preference for complementary medicine. The questionnaire was prepared both in English and Hindi and was circulated only to personnel below officer's rank. The

respondents were asked to choose between Armed Forces set up and the civil medical set up. They were asked to select any number of parameters of their choice without confining to just one. A pilot survey was conducted to check the utility of the instrument and understanding of the parameters of the study by the population. Thereafter the full-fledged survey was completed.

Results

Sixty five percent of the clientele expressed their loyalty to the existing establishment, as per the details given at Table 1. 35% of the remaining personnel chose to avail civil medical set up as in Table 2. Half of them however, would be consulting complementary medical practitioners like homeopathy (46%), ayurveda (47%), unani (1%) and acupuncture (1%). Reasons for choosing complementary medicine are given at Table 3. Education or age of the clients did not affect their preference significantly. 90% of the

Table 1
Factors preferred in the Armed Forces medical set up

Factor	Selection of preference	
	Number	Percentage
Better investigational facility	92	14.24
Better care	88	13.62
Inexpensive	88	13.62
Availability of specialists	85	13.15
Obligation	81	12.53
Better environment	67	10.37
Behaviour of staff	64	9.90
Easy access	42	6.50
Quickness of service	35	15.41
Any other (being our own system)	4	0.61

Table 2**Factors preferred in the civil medical set up**

Factor	Selection of preference	
	Number	Percentage
Better care	86	24.73
Better investigational facility	49	13.97
Better environment	45	12.90
Easy access	41	11.82
Inexpensive	37	10.75
Quickness of service	37	10.75
Better behaviour	30	8.60
Availability of specialists	23	6.45
Any other	00	Nil

urbanites and 80% of those with rural origin voted for allopathy.

Discussion

There are two things which stand out in the results. One is that 17% of our clients seek civil allopathic set up for better care, better environment, quickness of service and easy access (all totaling to 74%). It may be remembered that many of our personnel and their families do not have access to expected level of medical care provided by the Armed Forces in the immediate vicinity. It otherwise means that if we improve these factors, 17% of the clients may become loyal to the existing establishment. Interestingly, these are the same factors except easy access and quickness of service, which have been rated high in Table 1, by the customers who prefer Armed Forces Medical set up. So, in the final analysis, two factors which have to be improved considerably are easy access and quickness of service. Easy access and quickness of service are rated low along with behaviour of the staff, even by those who prefer Armed Forces Medical Services to civil medical set up (Table 1). It appears that there is a case to strengthen our peripheral medical set up for easy access, instead of planning to close down for low bed occupancy. There is also a strong case to improve the behaviour of the staff through systematic education. Waiting time can be reduced by the application of modern techniques.

The second point to be pondered is that 18% of the clients are protagonists of the complementary medicine / alternative medicine / unconventional medicine. It is a group of therapeutic and diagnostic disciplines that exists largely outside the institutions where conventional health care is taught and provided [1]. Although there are varieties of disciplines, the respondents in this study group chose homeopathy and ayurveda mainly. A few of them however mentioned about unani and acupuncture. Their reasons for choosing complementary medicines are: ease of treatment (36.23%), effectiveness of treatment (26.6%) and cheapness of treatment (13.04%). A significant number of them

Table 3**Reasons for choosing complementary medicine**

Factor	Selection of preference	
	Number	Percentage
Easy method of treatment	63	36.23%
Effective treatment	45	26.00
Inexpensiveness	23	13.04
Suggestion from friends	20	11.59
Chronic disease	8	04.34
No faith in allopathy	8	04.34
No treatment in allopathy	8	04.34

(11.59%) had influence from relatives and friends seeking complementary medicine (Table 3). A curious finding is that this study differs from other established studies where the top reasons for choosing complementary medicine are recorded as chronicity of diseases and disease where there is no satisfactory treatment in allopathy [2]. Table 3 reveals that three factors like chronic diseases, no faith in allopathy and no treatment in allopathy contributed to only 4.34% of the responses each. It means that our population may neither be earnest seekers who try different forms of therapy for intractable problems nor are eclectic users who choose different forms of therapy depending upon the individual problems [2]. As 18% of our population opt for complementary medicine, and a majority of them believe in the effectiveness and ease of treatment, is there any case for introducing complementary medicine or outsourcing it? It may require further studies. Although ayurveda has some scientific basis, many of the other branches do not have any anatomical, physiological or established clinical basis. However, experiments and research show that they are better than placebos and effective in certain situations [3].

Conclusion

A good percentage of clientele who are turning away from the Armed Forces Medical set up, can be brought back by improving the existing systems in terms of care, environment, investigational facilities, quickness of service and access and also probably by introducing or outsourcing some commonly used complementary medical practices like homeopathy and ayurveda. While the former is easy to implement, the latter may require detailed deliberations. This study is probably indicating a trend which is worth researching further.

References

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