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GENERAL PRACTICE - CONSULTATION AND OUTCOME:

A SOCIAL ANALYSIS OF THE PATIENT PRACTITIONER ENCOUNTER

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ABSTRACT

The thesis examines general medical practice with particular attention to patient outcomes. Sociological descriptions of healing are presented and compared with official views of medical institutions. A theoretical position is taken capable of interaction with the disciplines of both sociology and medicine. Definitions of health are reviewed and used to specify desirable outcomes to patient-practitioner encounters. The context of modern medical care is then discussed; the influence of the intellectual, social and economic environment on the development of medical care since 1800 are evaluated, and modern reformist pressure on medical practice is examined. From this discussion a list of qualities of interest in the sociological investigation of medical practice is developed.

A research project, undertaken in New Zealand, is described which gathered information on a random sample of 9477 general practice patient-practitioner encounters. A survey methodology was used with data supplied by practitioners. In addition, a patient survey was carried out in a sub-sample of 763 visits. Data on practitioner, patient, problem presented, process of the encounter and outcome was recorded. Outcome was measured as empowerment at the visit and improvement after two weeks.

The results of the project are presented and analyzed. It was found that most patients are satisfied with their consultation and that a majority have improved health state at two weeks. Much of the variation in improvement is explained by the severity of the problem and the age of the patient. Social variables make a small contribution to the prediction of good outcomes. In particular, empowerment at the consultation is related to improved subsequent health state. The influence of occupation, gender and ethnicity on problems presented to the practitioner and on outcome are discussed.

A proportion of patients had delayed obtaining medical care for financial reasons. This was associated with more severe problems and poorer outcome. A psycho-social approach to problems was rare and patient counseling did not appear to contribute to a sense of empowerment. Practitioners reported highest rapport with simpler consultations and rapport was negatively related to empowerment. The significance of these findings is discussed.

In a final section it is suggested that medical treatment and counseling may be antithetical skills and that both practitioner and patient may have vested interests in a materialistic view of the content of their interaction. The forms of social control implicit in the encounter are elaborated.

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