

Health and the Internet—changing boundaries in primary care

Mary Malone, Ruth Harris, Richard Hooker^a, Tina Tucker^b,
Nuttan Tanna^c and Sasha Honnor^d

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Background. Little is known about the frequency with which information from the Internet is presented by patients within primary care consultations or the subsequent impact that it may have on those consultations.

Objectives. The aims of this study were to describe the frequency with which Internet information was presented within primary care consultations in one inner-city health authority and to describe the characteristics of the subsequent consultation from the perspective of the health professionals involved.

Methods. A postal survey was used to estimate the frequency of Internet information presentation and eight in-depth interviews were used to obtain health professionals' perceptions of the consultations that followed.

Results. Presentation of information from the Internet was relatively infrequent within primary care at the time of the survey (November 2000 to March 2001), but frequencies of presentation were higher for GPs than for any other health professional group. Health professionals have stereotypical views of Internet users and fear for their own professional status in relation to the Internet-informed patient or client.

Conclusions. Although presentation of information from the Internet to date remains relatively infrequent, health professionals appear to feel threatened by it and adopt strategies that minimize its impact on the subsequent consultation.

Keywords. Communication, Internet, patient empowerment, primary care, professional boundaries, professionalism and professional insecurity.

Introduction

The Internet is a major new source of health information with the potential to enhance the patient agenda in health care provision.^{1,2} It has the potential to alter the nature of some service delivery and to create a generation of informed service users who may challenge traditional doctor–patient relationships.² Primary care, with its essentially 'generalist' focus, may be at the forefront of such alterations.^{3–7} Little is known, however, about the frequency with which information from the Internet is actually presented within consultations in primary care or, indeed, about the impact this

information has on the interaction which ensues. This short report describes a two phase multi-method study that examined both of these important issues.

Methods

In the first phase (November 2000 to March 2001), a brief postal questionnaire was sent to all 272 health professionals within a random stratified sample (by practice patient list size) of one-third of all general practices within a UK inner-city Health Authority. In phase two of the study (June–August 2001), in-depth interviews, incorporating critical incident analysis, were conducted with eight health care professionals purposively selected from within the initial sample. Descriptive statistics were used to analyse survey data, while qualitative data were analysed using the constant comparative technique.⁸ Disaggregation of qualitative data was followed by identification of key issues, categories and themes.⁸

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Florence Nightingale School of Nursing, King's College, London, ^aHolland Park Surgery, 73 Holland Park, London W11, ^bLaw Medical Practice, Wrotesley Road, Kensal Rise, London, ^cMenopause Clinic, North West London Hospitals NHS Trust, Middlesex and ^dKensington Park Medical Centre, London W14, UK; E-mail: mary.malone@kcl.ac.uk

Results and discussion

Almost three-quarters of respondents ($n = 134$, 74%) had indeed been presented with information retrieved from the Internet during a consultation at some point in time. However, only 5% of respondents were presented with information retrieved from the Internet more than six times per month. Frequencies of presentation were higher for GPs than for any other health professional group (see Table 1).

Data from phase two identified three main categories: 'legitimacy' and 'non-legitimacy' of presenting information from the Internet, plus 'handling the situation'. The subcategory 'anxiety/neutrality—the personal/professional voice' informed each main category. The theme 'impact on professional role and function' united both categories and subcategory. It was

seen as 'legitimate' to present information on matters of acknowledged controversy (e.g. MMR vaccine), but presentation of information on 'cosmetic' or 'insubstantial' health concerns was regarded as 'non-legitimate'. Patients presenting the latter were typified as 'the worried well', those whom the Internet served merely to enhance 'unfounded' health anxieties. Internet users were seen as 'demanding'.

Patients using information from the Internet to self-diagnose and to identify appropriate treatments in advance of consultations were viewed particularly unfavourably by all health professionals. Those patients with an already established diagnosis using Internet information to improve their management of conditions or symptoms were, however, viewed much more favourably. In these cases, information from the Internet was seen as both complementary to professionally led

TABLE 1 Data from phase one of the project: frequency of consultations, health professionals' access to the Internet, Internet use by health professionals and views of the effect of information from the Internet on subsequent consultations in primary care

Average number of times per month patients presented information from the Internet during a consultation				
No. of consultations/month	GPs	Nurses	Other HPs	All
Up to 100	1.95	0.97	1.0	1.26
101–300	1.43	1.61	0.75	1.44
301–500	2.38	2.06	0	2.27
>500	1.82	1.71	NA	1.72
Total (for all caseloads irrespective of size)	1.90	1.57	0.85	1.68
Extent of health professionals' access to Internet				
	Yes has access	No access		
All health professionals	88%	12%		
GPs	90%	10%		
Place of access				
	Clinical practice	Home		
All health professionals	50%	70%		
GPs	58%	75%		
Frequency of Internet use by health professional				
	Once a week or more	Less than once a week		
All health professionals	81%	19% (12% do not use at all in a 'typical week')		
Effect of information from Internet on subsequent consultation				
	Has a considerable effect on consultation	Affects consultation 'to some extent'	Internet information has no effect	
All health professionals	5%	80%	15%	
GPs	3%	86%	3%	

NA = no health professionals in this category seeing >500 patients a month.

clinical decisions, and potentially enhancing patient well-being as well as the doctor–patient relationship. When information from the Internet was presented prior to diagnosis, it was seen by the health professional as potentially misleading for the patient and time-consuming for them as clinicians.

Health professionals described admitting their relative ignorance to Internet-informed patients and offering them a follow-up consultation at a later date. Additional consultations, however, led to an inevitably increased workload while admissions of ignorance in the consultation itself contributed to a professional ‘loss of face’. There were obvious difficulties and frustrations in offering a ‘generalist’ service when the Internet potentially makes everyone, but most importantly makes the patient, a potential ‘specialist’. In the face of this, many health professionals described feeling ‘disempowered’ and even at times ‘professionally insecure’.

Positive statements about the potential for health gain were mixed with ambiguity about what future use of the Internet might hold. In some cases, positive and negative feelings were juxtaposed even within one sentence of a response. Concerns were also expressed not only about the sheer volume of information available on the Internet but also the variation in its quality over different sites and its usefulness to either or both parties.

Conclusion and recommendation

In conclusion, the impact of the Internet on consultations in primary care can only be expected to increase. This will necessarily have implications for all clinical roles.⁹ ‘Generalists’, such as health professionals in primary care, may feel particularly vulnerable when faced with patients who have ‘specialist information’ that they (the patients) have retrieved from the Internet. This study identified a variety of strategies, some helpful and others less so, used by health professionals within

such consultations. More guidance and clearer protocols are needed in order to encourage flexibility and responsiveness to such new challenges.¹⁰ In this way, the potential which the Internet holds for supporting evidence-based practice and optimizing client-centred care can be realized more effectively.

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