

How the poor find a doctor

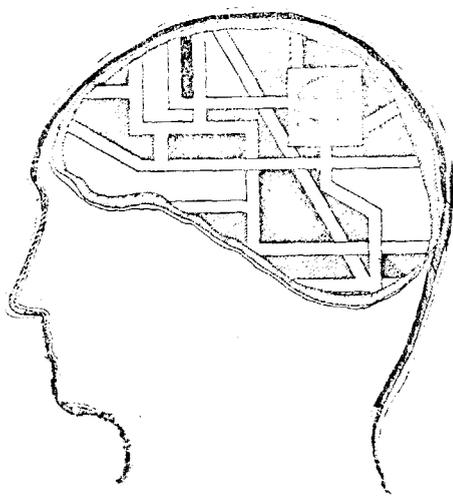
There's more than one way to get medical attention, a recent survey confirms.

by AMITAI ETZIONI, PhD

Contrary to widespread supposition, the poor know more about the health facilities in the localities where they live than do members of the middle class. And both groups, moreover, are more concerned about medical costs than are people who sit on hospital boards.

These are among the rather surprising findings of a recent in-depth survey made for HEW.* The study is based on a series of interviews with 616 people, a random sample of residents in a "typical" urban area.

*Interorganizational Relationships and Consequences, 1975, HEW grant No. 17159 to the Center for Policy Research, Amitai Etzioni, PhD, principal investigator.



When asked where they would go for routine health care, a majority of middle-class persons said they would call their private physician and let him take it from there. They further indicated that they would follow the same path in the case of "serious" health problems and, of course, when they needed surgery.

Among the poor who participated in the survey, only a minority would seek a private physician in case of illness. The majority would go either to a hospital emergency room or outpatient department or to a clinic—depending on the nature of their complaint.

Only in case of a full-fledged emergency do persons of all economic levels think first of a hospital, and then usually the nearest one.

The impression poor people had of hospitals and other health facilities in their immediate area was surprisingly clear and included cost levels, quality of care, and the attitude of the staff.

Many details in the "health map" followed by the poor were inaccurate, and some were simply wrong, but these respondents had sufficient correct information to enable them to find their way around when they sought help for medical problems.

Most poor people questioned, for instance, knew that free x-rays could be ob-

tained at a certain city-financed clinic and that the ER of one hospital had a longer waiting time but "nicer" doctors and nurses than a neighboring ER.

In addition, the poor were adept at "working" the system to get what they wanted. For example, most were aware that if the drug they favored or the certificate they desired was unavailable at one hospital, they might well get it at another.

"See Your Doctor"

Among the poor or near-poor, those with access to Medicare, Medicaid, or Blue Cross were more like middle-class patients; i.e., physician oriented rather than institution oriented.

Most middle-class patients tended to carry a referral mechanism in their minds: "When a nonemergency health need arises, see your doctor. He will take it from there." Even the small group who said they'd consult a second authority for a major decision would consult a private practitioner.

Like a person with a poor memory but a well-stocked and well-indexed library, middle-class patients knew how to find and evaluate the health services they needed ("ask your doctor"), but not the location and detailed features of the facilities.

On one matter, both the poor and the middle class were uninformed. Only 20 of the total of 616 persons could name the members of community-based hospital advisory boards, knew the views of "their" representatives on these boards, or even were aware that the boards existed.

The patients' lack of knowledge in this area is unfortunate, for in a number of ways, their judgments and those of their representatives on hospital boards differed significantly.

While 42% of the board members surveyed urged "doctors to be more respectful and more dedicated," for instance, only 17% of the members of the community reported such a view. Though only 13% of the board members in the survey favored more individualized treatment, 36% of the community at large advocated it. Especially striking was the finding that the community was three and one-half times more concerned about the cost of care than the board members.

Finally, the mental capacity and organization of the patients played a significant role in how they handled health problems. It is well known that about 10% of all Americans in all social strata suffer serious mental difficulties, and an additional number have less serious problems affecting their ability to seek and find appropriate channels of medical care—a factor which should be recognized by health professionals.

In sum, the study showed that both poor and middle-class persons had a similar ability to gain medical attention. The two classes differed principally in their approach to the problem of securing health care; the poor were their own guides in searching out the particular types of medical attention they needed, while the middle class sought guidance from their private physicians. ■

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