

## Public Health Series: The New Language of Healthcare

Some view healthcare as a normal commercial industry, subject to the same market forces that affect other fields (e.g., the auto industry). Others view healthcare as unique – resistant to normal market forces through regulation of costs, quality, and access. This dichotomy underlies many debates concerning healthcare reform, and is leading to a unique shift in the language of healthcare. More frequently, in both popular media and policy making, patients are now referred to as “consumers” or “customers” of healthcare. Doctors, nurses, and other practitioners are more commonly being grouped together, referred to simply as “providers.”<sup>1</sup> Healthcare services are becoming prepackaged goods, as opposed to a complex relationship between doctor and patient. This first article in HC Topics’ *Public Health Series* examines how this shift in vernacular is unsettling to those supporting the mission centered provision of services regardless of cost and distorts the very essence of healthcare.

Historically, healthcare was considered a “special” good, in which quality of care superseded general economic notions of the consumer-driven model of supply and demand. Proponents of consumer-driven healthcare seek to strip away any unique language and economic insulations, and instead apply market forces and commercial terminology to the healthcare industry. Traditionally, several factors insulated the healthcare industry from drivers of other ordinary commercial industries. Healthcare, when compared to other goods and services, has an inelastic demand. Price changes (even monumental rises in costs) have a lesser effect for healthcare demand than similar price changes on the demand of other products and services. This inelasticity stems, in part, from patients needing medically necessary procedures and being in a state of duress when medical decision making.<sup>1</sup> The rationale of the hypothetical consumer is often absent in patients’ medical decision making, as a substitute good is often absent and patients are eager to complete healthcare transactions sooner rather than later.<sup>2</sup>

Despite the inelastic demand of healthcare, proponents of consumer-driven medicine still seek to create a new, commercially-based vocabulary for participants in healthcare. Through a uniform set of terms, providers of healthcare begin to bare a resemblance to other industrial providers, and the grandeur that separates

doctors from other suppliers disappears.<sup>3</sup> Eliminating such a stigma allows proponents of consumer-driven healthcare to further their goal of allowing healthcare to be affected by normal market forces just as any other industry might and let success be determined by financial gains.<sup>4</sup> By referring to doctors and patients as providers and consumers, respectively, proponents of consumer-driven medicine are able to send a clear message that the healthcare industry, despite its unique attributes, is no different than any other. Proponents hold that by emphasizing doctors as providers, inefficient aspects of healthcare services may be diminished.<sup>5</sup>

Beyond differences in economic and political beliefs, opponents fear that market-based terminology will result in providers who lack the capacity to look beyond standard science and biology when practicing medicine.<sup>1</sup> Traditionalists explain that turning a “doctor” into a “provider” may eliminate practitioner’s humanity, creativity, and compassion; the attributes that set them apart from other professions. Such changes to generic terminology reduces the humanistic factors necessary to be a successful caring practitioner.<sup>6</sup> Opponents fear that using commercial, industrial terms to simplify the patient and doctor relationship will emphasize too greatly the financial aspect of healthcare and lead to an overall decrease in medical quality in an attempt to control costs.<sup>7</sup> In the next article of the *Public Health Series*, HC Topics will examine current strategies to reduce continual disparities in healthcare.

1 “The New Language of Medicine” By Pamela Hartzband and Jerome Groopman, *The New England Journal of Medicine*, Vol. 365, No. 15, October 13, 2011.

2 “Patients Are Not Consumers” By Paul Krugman, *New York Times*, April 21, 2011, <http://www.nytimes.com/2011/04/22/opinion/22krugman.html> (Accessed 10/20/11).

3 Pamela Hartzband “The New Language of Medicine,” October 13, 2011.

4 Ibid.

5 “Are ‘Patients’ the Same as ‘Consumers?’” *The Wall Street Journal*, April 22, 2011, <http://blogs.wsj.com/health/2011/04/22/are-patients-the-same-as-consumers/> (Accessed 10/20/11).

6 Pamela Hartzband “The New Language of Medicine,” October 13, 2011.

7 “Doctor and Patient or Provider and Consumer?” By Katherine Hobson, *The Wall Street Journal*, October 13, 2011, <http://blogs.wsj.com/health/2011/10/13/doctor-and-patient-or-provider-and-consumer/> (Accessed 10/20/11).



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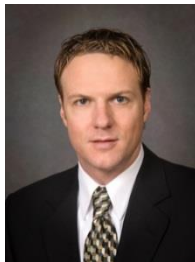
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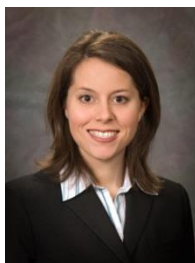
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