centre for research on families and relationships

Parents, Doctors and Personal Care

This research briefing reports on some key findings from a study of doctors and patients relationships in general and family practice medicine. The study examined how patients, all parents with young children, and general practitioners (GPs) defined what personal care means to them, what importance and value it holds, and how this varies by patients' health and their family and social circumstances.

Key Points

- Both parents and GPs emphasised the importance of relationships between one or a small number of doctors over time, where the patient and doctor got to know one another and shared a mutual trust
- Personal care was found to be of continuing importance and value to both parents and GPs and reported to be beneficial to both improved health outcomes and to patients' experience of care
- Parents reported personal care as being beneficial in supporting and sustaining family life, especially in difficult life circumstances
- The level of importance of personal care varied depending upon patient circumstances and the nature of the health problem at hand
- Patients, in particular, referred to their family and social circumstances as making personal care more or less important:
    - It was more important during pregnancy, when parenting young children and when caring for adults with health problems, or when dealing with chronic, debilitating, complex, and some, though not all, sensitive health issues
    - It was less important, irrelevant and, sometimes, undesirable when dealing with more minor and everyday ailments, acute problems, and some, though not all, sensitive or embarrassing problems. Speed of access to the first available practitioner or choosing an unknown practitioner for anonymity was then preferred
- Parents want and need personal care to be on offer as part of a range of primary care services in the 21st century. This should not be diluted in preference for speed of access to the first, often unknown, healthcare practitioner

Study aims and methods

Personal care has been thought about in many ways including the patient-doctor relationship, the doctors' interpersonal skills and communication with the patient, the doctor as 'drug' in the medical encounter, patient-centred medicine, holistic or whole person care, and continuity of care and carer. In research and practice definitions are usually practitioner or researcher-driven rather than derived from patients themselves.

Although the idea of personal care sits at the heart of the tradition of General and Family Practice medicine in most Western societies, including the UK, there is little research that has explored both patients' and doctors' definitions of what it means, whether it is of continuing importance as part of current and future primary care services and, in what circumstances it is most beneficial. The study with young families reported in this briefing was undertaken in Lothian, Scotland, and arose directly as a result of widely-expressed concerns that changes both within society and the organisation of the NHS were leading to the demise of this aspect of care.

Using qualitative methods, twenty-nine patients, all of whom were parents with children aged up to ten years old, and twenty-three GPs were interviewed. All were individual interviews, except for six couple interviews carried out with parents. Sixty-one in-depth interviews in total were carried out. Most parents were interviewed twice with a gap of about two weeks between to enable them to consider more fully the idea of personal care and so that more detailed information could be elicited. Indeed, this research method allowed participants to give detailed descriptions of times when they had and had not been given what they considered to be personal care. Some of these examples had coincidentally occurred in the intervening two weeks and this added to the richness of their descriptions.

Participants were drawn from seven general practices of varying sizes and in areas with a mixture of high and low levels of social deprivation. Parents talked about personal care in relation to their own healthcare, as well as in the parenting role with their children and in other caring relationships more generally. This briefing focuses mainly on the findings from patient interviews where they talked about their parenting and other caring roles. This sheds light on the relevance of personal care by GPs to the support and sustenance of family life.

Main findings

The meaning of personal care

Parents, as well as GPs, mainly defined personal care as that given by one or a small number of practitioners within a relationship built over time in which mutual knowledge and mutual trust are developed. This definition is referred to as 'relational continuity'. One important aspect of this is that many thought it was important, in certain circumstances, for the doctor to hold information about the patient as an individual, including her medical history, personality type, views and preferences; the patient's family history, relationships and current domestic situation; and the patient's wider social and economic circumstances. Knowledge about a patients' family circumstances was particularly valued:

> *'… if you're talking to somebody [you know], then I think the information they give to you is geared towards you as an individual because they know you and they know your family.'*

> *'The difference is that they know you. That they know you and they know your family and they know your circumstances and there is just, there is a relationship, there is already a relationship and any visit for whatever reason builds on the relationship and adds to what you know about them and what they know about you.'*

Within this relationship it was thought important for the doctor to have a particular consultation style characterised by the patient being dealt with in a generally respectful way, being taken seriously and not having her concerns dismissed, being regarded as an individual with treatment specifically tailored to her particular needs and preferences, and the practitioner showing a genuine concern for, and commitment to, the general welfare of the patient and her family. Having continuity of care with the same practitioners alone without this consultation style was not considered to constitute personal care.

> *'It [personal care] is not something that would necessarily follow [from always seeing the same doctor]… if the doctor doesn't make someone, it has got to come from the doctor, too, of relating to the person they're dealing with… if you've got the kind of doctor who is very aloof and not really listening, he could see you twenty times and it wouldn't make any difference because they're not interactive…'*

Likewise, for most participants, seeing a doctor for a one-off consultation, even with this personal consultation style, was not usually considered to constitute personal care. Some participants thought that personal care could be provided through whole practice care, defined as well co-ordinated and friendly care given by the whole practice and not just by an individual healthcare practitioner within a consultation. However, usually this was not regarded as essential to or a substitute for the main way that personal care is provided; by the known practitioner(s) over time in the context of an ongoing, trusting and well-informed relationship.

The importance and value of personal care

Parents and GPs similarly outlined numerous significant benefits they considered resulted from personal care. These benefits were in relation to both improved health outcomes and a better experience of the process of care. Most examples of the benefits noted by parents were explicitly related to the fact that the usual doctor holds knowledge of them and their family and of their wider life context. This was regularly described as allowing the patient to feel able to discuss some (though not all) sensitive issues and to generally give more information; to getting a quicker and more accurate diagnosis; to

more individually appropriate treatment; to the improved capacity for monitoring and management of a treatment plan; to greater trust in the doctor being fostered; to the patient being more involved in negotiating and being committed to the treatment plan; to the patient being enabled to establish herself as credible and trustworthy and to be taken more seriously; and, generally, to obtain the most efficacious treatment.

Parents and children's health

Parents noted that personal care resulted in significant benefits for enabling them to take care of their children's health. For example, the known GP would recognise and trust in the parent's knowledge of her children and this would result in providing them with the care they needed:

> *'… because one of the things that I think that's based on is the fact that the doctor has to trust me. I'm a parent and I know my children inside out, and I know if there's something wrong…'*

Similarly, another parent described a benefit of personal care as improved speed of access to services and in saving time when at the consultation. In this example, the parent linked its importance to facilitating her in undertaking her family responsibilities in the context of a generally busy life:

> *'Eh, the doctor knows the two of them [her daughters] inside out… she knows it's going to be either 'A' or 'B' between asthma and periods… you're only in about five minutes because you don't have to go through the whole history of them… I think that is a major advantage because when I work full-time, I don't have time to sit for half-an-hour in a doctor's surgery. You just go in, get seen, get what you want and out the door…'*

However, participants did not regard personal care as being equally important in all situations. Its importance was described as varying depending on patient circumstances and the nature of the health problem at hand.

Personal care and long term problems

As indicated by the benefits of personal care described above, most participants regarded it as being at a premium when parents and their children or other family members are suffering from health problems that elicit strong emotions. Examples of these include when a diagnosis is elusive or when facing multi-faceted psycho-social or long-term mental health problems, for conditions that are serious, life-threatening or terminal in nature, as well as for some, though not all, problems of a more personal or embarrassing nature. One parent of a child with a chronic, disabling condition from birth that posed a daily challenge to the family, stated that personal care was essential to her in caring for her daughter and in dealing most effectively with healthcare services:

> *'We actually see the woman doctor, Dr. [S], just because I've really built up a relationship with her, and she now knows all [her daughter's] funny things, and because [her daughter] had a lot of symptoms that are not normally possible, I don't have to explain all these things. So, it cuts out, for somebody like with me with very complicated symptoms, it cuts out having to explain every time…'*

Parents spoke generally about the importance of personal care in supporting and sustaining family life, and of it being of particular benefit when facing difficult life circumstances. Parents and GPs also deemed pregnancy to be a time when personal care has most value. Its importance was also highlighted when parenting young children generally and when having a caring role for adult family members.

Compromise for emergencies

It was considered to be relatively less important or irrelevant for acute or more common, everyday problems. Parents reported regularly trading-off personal care in order to get speed of access to any health care practitioner for emergencies or for ailments for which 'any doctor will do':

> *'… if it's a sort of urgent appointment or something, I would see any of the doctors at the practice.'*

This trading-off activity was most evident in the accounts of parents registered with large practices than it was from those registered with the small practices.

Anonymity

Parents also pinpointed a few situations where seeing their usual practitioner is undesirable and disadvantageous. These include, for instance, when consulting about some embarrassing or intimate problems, for instance, gynaecological examinations when there is a gender issue or about venereal disease. At these times, seeing an unknown doctor in the practice or having anonymity from another part of the healthcare system, such as a Well Woman Clinic, is preferred.

Conclusions

Policy and research implications

This study suggests that internal audit and review, as well as external research of the current GP contract, which sets the policy framework for primary care services, should further explore and address the following important issues:

- As personal care is mainly defined, experienced and valued as that provided in the context of an ongoing patient-doctor relationship, characterised by the patient and doctor knowing one another, policy and organisational arrangements that support and incentivise such care are essential to future primary care services. Whilst improving communication skills of all practice staff is important, these wider structural factors also need to be addressed.
- Speed of access to any healthcare practitioner should not be prioritised over seeing the known practitioner

within a reasonable timescale. Particular attention needs to be paid to how large practices, where there is evidence that patients are forced to do more trading-off activity than in small ones, can be better organised to offer more accessible personal care, which provides better support to families.

- Similarly, as personal care is of greatest benefit to those with chronic and debilitating conditions and to families facing particularly difficult life circumstances, dilution of such care is likely to most adversely affect families from disadvantaged social groupings. Particular attention also needs to be given to how personal care can best be offered in areas of high deprivation.
- However, as the level of importance personal care holds is variable and is dependent on circumstances, it should continue to be offered by the NHS as a core platform of care, as one of a variety of co-existing models of health care from which patients can choose, depending on those circumstances and their needs and preferences at any given time. Only then will primary care be meeting the stated commitment to put patients' perspectives at the forefront of setting priorities for and the development of future health services *(Scottish Executive, 2001; RGCP, 2001).*

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