

Effects of the Internet on patient consultations

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Physicians are placed in a delicate situation when confronted with information that suggests approaches or diagnoses that they did not propose. Certainly when patients arrive with their own information, they are suggesting a new type of relationship with the physician by openly challenging the traditional authority of the health care provider.¹ This becomes a potential source of uneasiness, and sometimes even conflict, between the 2 parties because each is breaking the usual conversation rules that exist in a service relationship. Typically, the person seeking advice does not suggest his or her own solutions at the same time. Challenging medical authority is not new; what is new is that it is being challenged at the time of the consultation, which might alter how the meeting unfolds.¹

Why do patients bring documents?

One reason patients bring in outside “expert” opinions is that they genuinely believe their physicians do not have the information and they simply wish to provide it. Or perhaps, in their opinion, their physicians are not placing enough importance on certain aspects of their care. In this case, the physician’s reaction is more important; the relationship with the patient might be jeopardized if the physician does not pay attention. A hierarchy of possible scenarios is presented in **Box 1**. Although providing additional or alternative information could reflect doubt, it might also reflect the patient’s desire to be actively involved in his or her treatment. Physicians might feel the doctor-patient relationship is being questioned.² This reaction comes as no surprise—when patients do

Box 1. Reasons patients might provide outside information for physicians, in order of frequency: *In some cases, a patient might simply choose to stop coming to appointments, in which case they have likely sought treatment elsewhere.*

1. To inform the physician
2. To present alternative treatments available
3. To encourage the physician to consider other interpretations of their symptoms
4. To confront the physician’s decision
5. To express doubt over the diagnosis
6. To affirm that the physician is wrong

not blindly follow what their physicians say, this challenges a way of functioning in which the physician suggests a solution and patients accept it, at the very least during the consultation.

There are, however, some positive aspects of this new dynamic: 1) patients are talking openly, which gives physicians the opportunity to learn about any other treatments patients might be following; and 2) patients are suggesting a relationship in which collaboration will play a more substantial role. The latter is particularly important because it is an indication that patients want to be more active in maintaining their health and managing their care.

Reliability of on-line sources

It is often very difficult for a nonphysician to pick and choose among all the health websites available. This is even more troubling when you consider that these websites are among the most frequently visited types of Internet sources.³ In addition, websites that suggest solutions to health problems often mimic official sites of recognized organizations (government or professional bodies). For patients who are suffering and looking for solutions, these resources often suggest the miracle they have been searching for.

It is important to know how to make sense of all the material that can be accessed on the Internet and how to help patients make sense of it, without spending hours checking the information. Certain criteria can help: Do the authors have training recognized by a university or professional association? If there are references, where were they published? Evaluating the reliability of a website sometimes involves detective work. Obviously, the website’s affiliations provide a good indication of the reliability of its documents and its credibility—look for government, professional, or university endorsement. Further, there is a particularly useful tool developed by the Health On the Net Foundation. This nonprofit, non-government organization promotes and guides the deployment of useful and reliable on-line health information. This site can be used to find quality websites to suggest to patients.⁴

Even if the information taken from websites is of good quality, physicians must put the information into context and help patients interpret it. Although the reported information might be accurate, it might not apply to a particular patient or situation. Explaining

takes time, but when patients have made the effort to bring in materials that they think are relevant to their health problems, it is not acceptable for the physician to ignore them or reject them without review. In either case, such an attitude will be interpreted by patients as blatant disregard.

Opportunity for dialogue

When patients bring medical documents to their appointments, it is an opportunity for physicians to collaborate with them about the management of their health. Patients tend to search for information at the beginning of their relationships with their physicians or when new problems develop; once patients are reassured, requests for information usually decrease and physicians can focus on the treatment plan agreed upon. **Box 2** provides an example of the best way to have a conversation with a patient who has brought extra information to the physician's attention concerning an alternative treatment suggestion.

For patients with chronic diseases who are desperate to find solutions to their pain and discomfort, the search for "alternative" solutions might continue for a long time and can include visits to other

physicians (who might offer novel therapies) or alternative treatment centres. The important thing in these cases is to be accepting of patients' search for solutions and guide them away from false information and quackery. 

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References

1. Lowrey W, Anderson WB. The impact of internet use on the public perception of physicians: a perspective from the sociology of professions literature. *Health Commun* 2006;19(2):125-31.
2. Castel P. Le médecin, son patient et ses pairs: une nouvelle approche de la relation thérapeutique. *Rev Fr Sociol* 2005;46:(3)443-67.
3. Alexa. The Web Information Company [website]. San Francisco, CA: Alexa Internet; 1996. Available from: www.alexa.com. Accessed 2009 Dec 22.
4. Health On the Net Foundation [website]. Geneva, Switz: Health On the Net Foundation; 2009. Available from: www.hon.ch. Accessed 2009 Dec 22.

Box 2. Dialogue between patient and physician during a follow-up appointment, for which the patient has brought in information from an outside source

FP: Hello, Ms X. Today we had planned to follow up on your asthma, I believe. Is that correct?

Pt: Yes. I'm still coughing quite a bit and it's hard for me to sleep. I often wheeze. I have to use my inhaler often in order to function.

FP: The treatment that I prescribed to you last time doesn't seem to be effective?

Pt: I don't know; I read that the new inhaler that you prescribed could be dangerous. All these stories made me worry.

FP: What stories?

Pt: I went on the Internet and I searched for asthma and cortisone. I printed the articles I found the most worrisome. Look, Dr Vit says here that cortisone can cause damage and harden the arteries. I highlighted the important parts in yellow.

FP: Hmmm, it doesn't say "Dr" Vit but "D." Vit, and he writes that doctors recommend the product that he has developed. But this is the first time I've heard of it. Just a minute, I'll check. No, this drug does not appear in the *CPS*, a volume prepared by the Canadian Pharmacists Association in which you can find information about all the drugs available in Canada.

Pt: Ah ... even so ...!

FP: It means that we don't know what this product does. It has not been approved as a prescription drug in Canada.

Pt: But I have other articles here that say it's all right, and that standard treatments might be harmful.

FP: Well, I can't read all of this today, but what I have seen leads me to doubt the reliability of these articles. Could you leave your copies with me and I can give you a more informed opinion the next time we meet? In the meantime, because your asthma does not seem to be well controlled, I would like to explain to you again how the drugs that I prescribed work and why I would like you to take them. All right?

Pt: Okay, but I would really like your opinion on this product because it seems like it could be an alternative to cortisone, which scares me.

FP: I promise to look into it; in the meantime, let's continue as usual.

CPS—Compendium of Pharmaceuticals and Specialties, Pt—patient.