

# Challenges Faced by Health Care Practitioners in Dealing with Internet Informed Patients

Abeer Anjum<sup>1)</sup>, Usman Mehboob<sup>2)</sup>, Mohammad Khursheed Alam<sup>3,4,5)</sup>

## ABSTRACT

**Objective:** The advancement of internet and technologies have opened up revenues for a number of businesses including healthcare. Websites like WebMD, Google health etc. offer symptoms and differential diagnosis to patients. In this era of modern technology, people believe everything they read on the internet and consider themselves more informed than specialists. These patients look up their symptom online, the cause of their symptoms and even probable diagnosis and management. Our study aims to explore the problems faced by health professionals while dealing internet health-seeking behavior of patients.

**Methods:** Eight General physicians and six Surgeons from different regions of Sialkot, Pakistan were selected via purposive sampling technique. Data was collected through semi-structured interviews over the phone with prior appointments. Manual qualitative thematic analysis was performed by transcribing the interviews and then codes, subthemes, and themes were generated.

**Results:** Five themes and fourteen subthemes were identified depicting the problems faced by Health care practitioners, namely: Threat to patient safety (self-diagnosis, self-medication, non-compliant to medicines, understanding issues regarding complications), difficult to counsel (opinionated patients, irrelevant information about procedures), Frustration (making own conclusions, lack of understanding), Professional disregard (as patients challenge physician authority, reluctant about diagnostic procedures, defamation, taking 2<sup>nd</sup> opinion online) doctor-patient relationship changes (information overload regarding history, lack of trust).

**Conclusion:** The drastic increase of patients' access to internet health information has caused unpredictable impacts on the doctor-patient relationship. Future recommendations have been suggested to overcome the challenges faced by health professionals due to the online searching behavior of patients and hence improving the health outcomes.

## KEY WORDS

doctor-patient relationship, surgeons, physician, internet informed patients

## INTRODUCTION

In today's world, the Internet suggests a wide range and easy access to health-related data, doctors increasingly have to face the patients who search online and bring their queries into consultations<sup>1)</sup>. Recently there is a shift of power from the uninformed patients to more empowered ones who can better take care of themselves<sup>2)</sup>. This information sometimes causes discomfort to the doctor as the patient might judge the ability of his doctor, or self-medicate, sometimes change their physician, or even misjudge or diagnose their disease. Due to all these factors, patient safety is compromised<sup>3)</sup>. At times, doctors are more likely to ignore or challenge the internet information that is brought into consul-

tation by patients. The unwanted information compromises the time of the doctor and other patients as well<sup>4)</sup>. At times it becomes difficult for a doctor to counsel the patient that whatever the doctor is saying is of complete benefit to the patient and sometimes the doctor-patient relationship is compromised<sup>5)</sup>.

However, informed patients can have a positive or negative effect on the doctor-patient relationship and their communication<sup>6)</sup>. At some point, informed patients communicate well as they have a clear understanding of their disease and treatment process and also the time of physician can be used more efficiently. Conversely, patients also have access to a pool of amateur content which is sometimes linked with misleading or unreliable information, and an expert's advice is misunderstood by the patients<sup>7)</sup>. So the use of internet in gaining medical information and its implementations by patients is a widely debatable area.

Received on May 24, 2022 and accepted on June 5, 2022

1) Medical Education, Khawaja Safdar Medical College  
Sialkot, Pakistan

2) Medical Education, Khyber Medical University  
Peshawar, Pakistan

3) College of Dentistry, Jouf University  
Sakaka 72345 Aljouf, Saudi Arabia

4) Center for transdisciplinary research, Saveetha Dental College,  
Saveetha Institute of Medical and Technical Sciences,  
Saveetha University  
Chennai, India

5) Faculty of Allied Health Sciences, Daffodil International University  
Dhaka, Bangladesh

Correspondence to: Mohammad Khursheed Alam  
(e-mail: mkalam@ju.edu.sa)

ORCID ID:

Mohammad Khursheed Alam: 0000-0001-7131-1752

**Table 1: Demographics of the participants of the study**

Designation	Setting	Male	Female	Qualification	Experience (average)
General physician	Periphery of Sialkot	06	02	MBBS: 03 Specialization: 05	8 years
Surgeon	Periphery of Sialkot	05	01	MBBS: 02 Specialization: 04	10 years

**Table 2: Problems faced by Health care practitioners in dealing with Internet informed patients**

Theme	Subtheme	Representative quote
Threat to patient safety	Self-diagnosis	"It irritates me that the patients who are over smart comes with a self-diagnosis and leave no room for discussion for further investigations or differential diagnosis." (Gp.01)
	Self-medication	"There is an emerging high ratio of patients coming with complications due to overdose of different medications taken as searched on the internet." (Sur.02)
	Non-complaint to medication	"Such patients usually stick to their information whether right or wrong and normally they are non-compliant to the medicines" (Gp.03)
	Understanding issues about complications	Google is not that bad but these patients are highly unlikely to understand the severity of complications in real aspect just by reading it on net" (Sur. 01)
Difficult to counsel	Opinionated patients	"It irritates me as the patient has read so many things which are not useful clinically or read them wrong or does not understands completely as there is a difference in bookish or googlish things and clinical practice." (Gp.04)
	Irrelevant information about procedures	"The patient comes with a list of irrelevant information and most minor complications of a certain procedure and they want to discuss every aspect whether it is under their understanding or not, thus wasting time of both patient and doctor." (Sur.03)
Frustration	Making own conclusions	"They sometimes irritate and bothers me, they are rigid about their believes" (Gp.05)
	Lack of understanding	"The difficulty is in terms that patient comes that patient says we have already used certain medicines and cream and are not willing to understand that there are several other medicines for the same disease so they create difficulties." (Gp.07)
Professional disregard	Challenge physician authority	"It becomes quite difficult to entertain patients who come with information obtain via internet because they think that information on the net is given by international doctors that are much more intelligent and experienced than the local doctors here". (Gp.08)
	Reluctant about procedures	"There are many difficulties because they already know everything. They are reluctant to most diagnostic procedures and want alternates as per information obtained from net." (Sur. 04)
	Defamation	"Patients already knows very much about the disease and treatment but they don't know the medical terms so it becomes very difficult to transcribe them every term they ask." (Gp.06)
	2 <sup>nd</sup> opinion online	"They argue with you about a certain treatment procedure and look online for 2 <sup>nd</sup> opinion instead of going to a real doctor thus delaying the treatment." (Sur.06)
Doctor-patient relationship	Information overload	"Patients' waste a lot of time by arguing or asking irrelevant questions and whatever information they have is always right to them" (Sur.05)
	Lack of trust	"Sometimes it becomes hard to convince such patients as they don't buy your arguments no matter how valid points you present to them; they sometimes don't trust their physicians."(Gp.01)

Also, the consequences will directly affect the health of patient as well as the relationship between the doctor and patient. Thus, in our study, we aim to explore the potential challenges faced by health professionals while dealing with internet-informed patients.

## MATERIAL AND METHODS

A basic qualitative study was conducted at Allama Iqbal Memorial Teaching Hospital for Health Care Practitioners from the periphery of Sialkot. The duration of the study was 8 months starting from June 2021 till January 2022. The entire search was conducted in accordance with the declaration of Helsinki. The study was approved by the Institutional review board (Reference number: ERC/04/20/11).

### Participants:

A purposive sample of eight general physicians and six surgeons was selected. General Physicians from the periphery of the Sialkot region were contacted because they are most likely to receive the bulk of rural patients who are internet informed but are uneducated otherwise. Surgeons were included in the study because they encounter the front-line problems regarding patient's attitudes towards medicals procedures.

### Data collection:

Semi-structured interviews were preferred to collect data in which a set of open-ended questions were asked from general physicians and surgeons on the telephone. The questions were validated by two experts in the field of medical education and piloted by one general physician and one Surgeon to ensure clarity. After taking informed consent from the members, an arrangement for the meet was settled agreeing to the

accessibility of the interviewees. The anonymity and confidentiality of participants were maintained.

### Data analysis:

Manual thematic analysis was done by following the six steps of Kiger<sup>8</sup>. All the audio-recorded tapes were transcribed on the same day by the first author and then sent to the second author. Transcripts were read several times to get familiarization with data then inductive coding was done through the first and second cycle of coding. The codes were merged to form subthemes and themes.

## RESULTS

Demographics of participants are shown in table 1. Majority of the participants were specialists in their field and had been practicing for over 5 years. The data collected by the researcher was open coded and subthemes and themes were generated and presented in table 2. Five main themes were identified from the data, i.e., 'Threat to patient safety', 'Difficult to counsel', 'Frustration', 'Professional disregard' and 'Doctor-patient relationship'. Each theme was subdivided into several subthemes and are presented in Table 2.

## DISCUSSION

Current results showed that there is a threat to patient safety as patients self-diagnose and take medicines on their own without considering the side-effects. The results are in accordance with a mixed-method study conducted in Brazil where doctors' concern was over unreliable information that resulted in wrong diagnosis and miss treatment<sup>9</sup>. Physicians are worried about the reliability of the available information which can misguide the patient, they do self-medicate and assume the wrong diagnosis that hinders the process of their treatment. The reason for this could be suggested in view of previous studies that indicate that patients generally do not consider consulting a doctor when the symptoms are mild, they only go to see a doctor when their pain or other symptoms become unbearable<sup>10</sup>. Self-medication and non-compliance to advice were also reported in a study conducted in Turkey where patients search on the internet and don't follow the medication as advised by GP<sup>11</sup>.

This study showed that patients stick to their own opinions and were difficult to counsel. This was similar to the study conducted at The University of Texas Austin where a physician was of the view that internet-informed patients believe that whatever they have searched is right, such patients are difficult to counsel<sup>4,12</sup>. People living in rural and remote areas of Pakistan have been treating their illnesses in a traditional manner with natural products instead of medicines. This tradition is long lived and is difficult to change<sup>13</sup>. These patients are already skeptical about modern medicine and have a hard time trusting their doctors. This may be a reason why these patients are difficult to counsel.

Patients with information overload are in a state of confusion in patients' minds. Conflicts between the patient and the doctor leading to frustration is strong problem<sup>12</sup>. An Indian study concluded that doctors do get irritated and frustrated because they are overworked and overburden so they don't have enough time to listen to a long list of false diseases created by the patient<sup>14</sup>. This modern era is full of anxiety disorders. Every individual is overwhelmed with his / her living conditions and we tend to take it out on others. It is really common for stressed patients to project their anxiety related matters in the form of anger towards their physician<sup>15</sup>. In such situations, physicians get stressed and frustrated while dealing with patients.

Lack of trust is also supported by a study in America where patients don't believe the information provided by the doctor and they have already made up their mind before approaching and resist the advice provided<sup>6</sup>. Also, patients doubt that treatment proposed by the doctor is either correct or not while suggesting treatment plans on their own and when it is refused by the doctor they get disappointed and don't trust<sup>17</sup>.

Our study results revealed patients' challenging physician authority, lack of trust, change of doctors and defamation all contribute to a professional disregard. Likewise, the reputation of a practitioner can be destroyed by addressing false lies or rumors from the patients' side<sup>18</sup>.

## CONCLUSION

The drastic increase of patients' access to internet health information has caused unpredictable quality impacts on the doctor-patient relationship. The doctors, at times do appreciate the searching behavior as it might save their time in consultations. On the other hand, sometimes, these patients are problematic, they don't trust their doctors, they stick to their conclusion that can cause frustration, and also patients are difficult to counsel.

## REFERENCES

1. Sechrest RC. The internet and the physician-patient relationship. *Clinical Orthopaedics and Related Research*. 2010; 468(10): 2566-2571.
2. Kilbride MK, Joffe S. The new age of patient autonomy: implications for the patient-physician relationship. *Jama*. 2018; 320(19): 1973-1974.
3. Bleiker J, Knapp K, Morgan-Trimmer S, Hopkins S. "It's what's behind the mask": psychological diversity in compassionate patient care. *Radiography*. 2018; 24: S28-S32.
4. Herrmann-Werner A, Weber H, Loda T, et al. "But Dr Google said..."—Training medical students how to communicate with E-patients. *Medical Teacher*. 2019; 41(12): 1434-1440.
5. Benetoli A, Chen T, Aslani P. How patients' use of social media impacts their interactions with healthcare professionals. *Patient Educ. Couns.* 2018; 101(3): 439-444.
6. Barayev E, Shental O, Yaari D, et al. WhatsApp Tele-Medicine-usage patterns and physicians views on the platform. *Israel journal of health policy research*. 2021; 10(1): 1-9.
7. Gordon NP, Crouch E. Digital information technology use and patient preferences for internet-based health education modalities: cross-sectional survey study of middle-aged and older adults with chronic health conditions. *JMIR aging*. 2019; 2(1): e12243.
8. Kiger ME, Varpio L. Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical teacher*. 2020; 42(8): 846-854.
9. Wang J, Ashvetiya T, Quaye E, Parakh K, Martin SS. Online health searches and their perceived effects on patients and Patient-Clinician relationships: A systematic review. *The American journal of medicine*. 2018; 131(10): 1250. e1251-1250. e1210.
10. Sridhar SB, Shariff A, Dallah L, Anas D, Ayman M, Rao PG. Assessment of Nature, Reasons, and Consequences of Self-medication Practice among General Population of Ras Al-Khaimah, UAE. *Int J Appl Basic Med Res*. 2018; 8(1): 3-8.
11. Drug VL, Chirila I, Albusoda A, et al. How the Internet influences the relationship between outpatients and gastroenterologists: A multicenter study. *The Turkish Journal of Gastroenterology*. 2020; 31(1): 17.
12. Lakhtadyr T, Dzevulska I. MEDICAL EDUCATION IN THE CONDITIONS OF DISTANCE LEARNING. Paper presented at: I 73 International Research-to-Practice Conference on 'Climate Services: Science and Education': Conference Proceedings. Odesa: Odessa State Environmental University, 2021. 144 p. ISBN 978-966-186-162-52021.
13. Deml MJ, Buhl A, Notter J, et al. 'Problem patients and physicians' failures': What it means for doctors to counsel vaccine hesitant patients in Switzerland. *Soc. Sci. Med.* 2020; 255: 112946.
14. Chellaiyan VG, Nirupama A, Taneja N. Telemedicine in India: Where do we stand? *Journal of family medicine and primary care*. 2019; 8(6): 1872.
15. Tatebe L, Swaroop M. Disruptive physicians: How behavior can undermine patient safety. *Vignettes in Patient Safety*. 2018; 2: 273.
16. Eriksen MB, Frandsen TF. The impact of patient, intervention, comparison, outcome (PICO) as a search strategy tool on literature search quality: a systematic review. *Journal of the Medical Library Association: JMLA*. 2018; 106(4): 420.
17. Lu X, Zhang R. Impact of physician-patient communication in online health communities on patient compliance: cross-sectional questionnaire study. *J. Med. Internet Res.* 2019; 21(5): e12891.
18. Harbishettar V, Krishna K, Srinivasa P, Gowda M. The enigma of doctor-patient relationship. *Indian J. Psychiatry*. 2019; 61(Suppl 4): S776.