

Chapter 59

Toward an Informed–Patient Approach to E–Health Services

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ABSTRACT

With the expanding utilization of digital and technological media by public health providers and healthcare consumers, there is a need to evaluate the patients' role. There is good evidence of the growing acceptability of the Internet in seeking health information. This paper aims to evaluate the patients' role as an informed-patient. This role, albeit, with its limitations, affects the ways by which people consume health, consult their doctors and also influence health policy. This paper is a sociological and anthropological analysis of the effect of e-health services on the informed-patients' role and their ability to bring about social change through the Internet and their use of e-healthcare services. Through analyzing current literature and examples of health-related websites, this analysis focuses on informed-patients and how they are able to demand better health services for themselves and for their communities.

INTRODUCTION

This conceptual paper is a sociological and anthropological analysis of the effect of e-health services on the informed-patients' role and their ability to bring about social change through the Internet and their use of e-healthcare services through online community-growth dynamics. In this paper, the term e-health services refers to all new electronic means (the Internet and telecommunications) providing health resources, information and a platform for interaction between institutions, health professionals, health providers, health consumers and the public. Through examples of health-related websites, this analysis focuses on informed-patients and how they are able to seek health information and to demand

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better health services and standards for themselves and for their communities. This article focuses on the empowering role of the Internet for informed-patients to become active agents.

In the following sections, this paper provides examples from different websites to illustrate the use of e-health services, the social implications of this usage upon the physician-patient interactions and the limitations of the e-health services. The paper focuses on the basic interaction between physician and patient, in spite of the fact that *their* physicians are not necessarily the primary providers of information of health-services accessed from these online resources.

With the expanding utilization of digital and technological media by public health providers and healthcare consumers, there is a need to evaluate the patients' role. There is good evidence of the growing acceptability of the Internet in seeking health information (Ahmann, 2000; Diaz et al., 2002; Hardey, 1999; Nettleton & Burrows, 2003; Pemberton & Goldblatt, 1998). Murray et al (2003) argued that in the USA nearly one third of the population search for health information online. According to Schwartz et al (2005), it was estimated by the Pew Internet and American Life Project that on a typical day in 2004, 70 million Americans went online and seven million searched for health or medical information. The Pew survey also estimated that 75% of online men and 85% of online women had searched for health information at least once in the past. Consequently, Schwartz argues that as long as more people gain access to the Internet, the numbers seeking healthcare information are likely to increase. This rapid rise in health information technology (HIT) is reflected, for example, in American expenditure on the growth in health information technology- from \$19 to \$31 billion between 2000 and 2006 (Miller and West, 2009).

The question is: what makes the Internet more attractive than other media channels? Its attractiveness is intrinsic to its unique infrastructure. In their review, Azy and Fisher (2001), suggest that the Internet possesses a "Triple A Engine": affordability, availability, and anonymity: "*Affordability* refers to the Internet's low cost, which has permitted it to penetrate many segments of society. *Availability* refers to the Internet's ease of use at any time and in many locations. *Anonymity* refers to the apparent obscurity of the Internet's users" (2001:325). Azy and Fisher (2001) added a fourth factor used by King (1999), *Acceptability* which refers to the Internet's legitimacy; and, a fifth factor *aloneness*, which refers to the fact that the Internet is typically used privately "in unobserved human-computer transactions." (2001:325). These factors are most useful for healthcare information seekers.

Recent research has explored the effect of the availability of Internet-based health information on patients' healthcare education and knowledge. Studies found that a significant proportion of people rely on the Internet to make critical health decisions and often bring information retrieved from the Internet into medical consultations (Anderson, Rainey, & Eysenbach 2003; Friedewald, 2000). Fox and Rainie's (2002) study found that 61% of the American public said the Internet had improved the way in which they take care of their health: 93% of health seekers have gone online to look for information about a particular illness or condition and 65% of health seekers have looked for information about nutrition, exercise, or weight control. Azy and Fisher (2001) conclude that the advantages of Internet-driven educational technology are applicable to any area of instruction, but emphasise the benefits of its usefulness for sex education. It appears that the process of seeking health information takes the searcher through interactive and hyper-connective processes that address specific questions and motives, and engage behavioral-skills associated with particular concerns about well-being. In other words, we can, with confidence, and in complete privacy, look up readily accessible material in a comprehensible language about our deepest fears, most embarrassing illnesses and most personal of habits, for only a fraction of the cost our monthly telephone lines or electricity supply.

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