

Doctor of Media and Communication Studies

Power to the Patient?

Studying the power balance between patient and GP in relation to Web health information.

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Abstract

Web health information is stated as converting the asymmetric power balance between patient and medical doctor. Is it or is the influence of health information retrieved on the Web on the power balance overestimated? To analyse the patient-GP relationship, this study applies the resource dependency theory (Emerson, 1962) that is part of the “social exchange theories”. This theory defines social power over actor B by actor A as the dependence of actor B on the resources of actor A. The dependence on a resource is directly influenced by the value and the availability of the resource for actor B and by the concepts of perceived risk, uncertainty, perceived severity and trust, and in an indirect way by the charisma and legitimate authority of actor A. A social relationship is mostly a matter of mutual dependence and a matter of balancing operations. In a situation of balanced mutual dependence, the intentions of both actors may be fulfilled. Each actor has ways to resist his dependence and the exertion of “resource power” can come with a cost. Resources of dependence and resistance on the macro-, meso- and micro-level are considered. The concept of information is discussed and the Web as a source of health information and how people seek health information is analysed. A mixed research method is applied consisting of an online survey for patients and non-patients, analysis of 24 patient-GP video-recorded consultations, ethnographic follow-up interviews with the patients and the GPs participating in the observations, three focus groups with patients and non-patients and two discussions with groups of GPs. The results show that the Web has the potential to narrow but not to bridge the information and knowledge gap between patient and GP, because health information is only one of the resources of dependence of a patient. The patient remains dependent on important resources of the GP other than information. So, despite health information through the Web, the patient-GP power balance remains asymmetric. Health information through the Web mainly influences the communication between patient and GP. For the patient-GP power relationship to be balanced, all resources of dependence must be considered, also those on the meso- and macro-level. Patient empowerment is a valuable concept but health information through the Web is not a silver bullet to achieve this.