A Study of the Decision-making Process of the Medical Consumer based on Description Analysis of Personal Experiences of Illness

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Medical Information and Medical Consumers

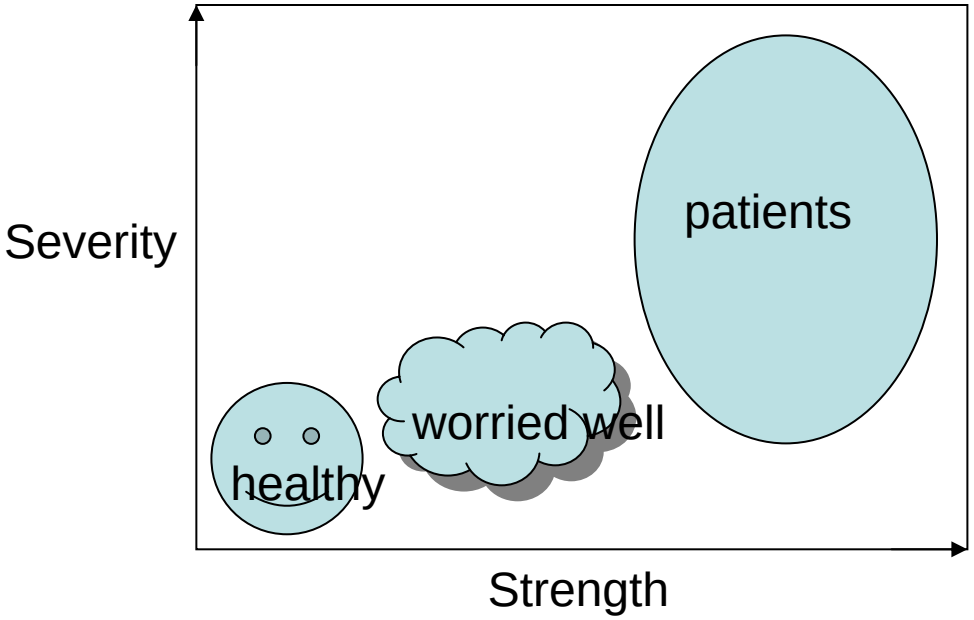
- Type of Medical information
  - Individual information provided by co-medicals during consultation
  - Public information placed on any public information networks
    ex. Medical Guidelines, Drug Package Inserts, Medical Textbooks

- Quality of Medical Information
  - Higher reliability; Evidence Based Information
  - Lower reliability

- Target of Medical information
  - Healthy human
  - Worried well, Underlying patient
  - Patient

Medical Information Needs of Medical Consumers

- Variation of medical information needs
  - strength of information needs
  - kind of information
  - dependence on the situation of the medical consumers
- Are certain symptoms caused by serious diseases?



２． Objective

Medical Information for Decision-making

- What is Decision-making point of Medical Consumers ?
  - Certain symptoms
  - Information
  - Families

- What is total negation point of Medical Consumers ?
  - living environment
  - self-diagnosis

- To clear the viewpoint to support medical consumers by information, which pushes out the medical consumers to medical consultation

Medical Information and Medical Consumers

- Information Source of the personal experiences of illness
  - Books; described the situation before the medical consultation
  - Records; 24 gross records from 12 books by 24 patients
  - Illness; rectal neoplasms
  - Author; medical consumers (excluded co-medicals), Japanese

- Extraction of description about decision-making
  - Symptoms
  - Patients’ thought process before medical consultation
  - Judgment to medical consultation

- Unification of description
  - Based on The Merck Manual of Diagnosis and Therapy
  - Based on The Merck Manual--Home Edition

- Interpret the behaviors

Symptoms and Signs

The right colon has a large caliber, thin wall and its contents are liquid; thus, obstruction is a late event. Bleeding is usually occult. Fatigue and weakness caused by severe anemia may be the only complaints. Tumors sometimes grow large enough to be palpable through the abdominal wall before other symptoms appear.

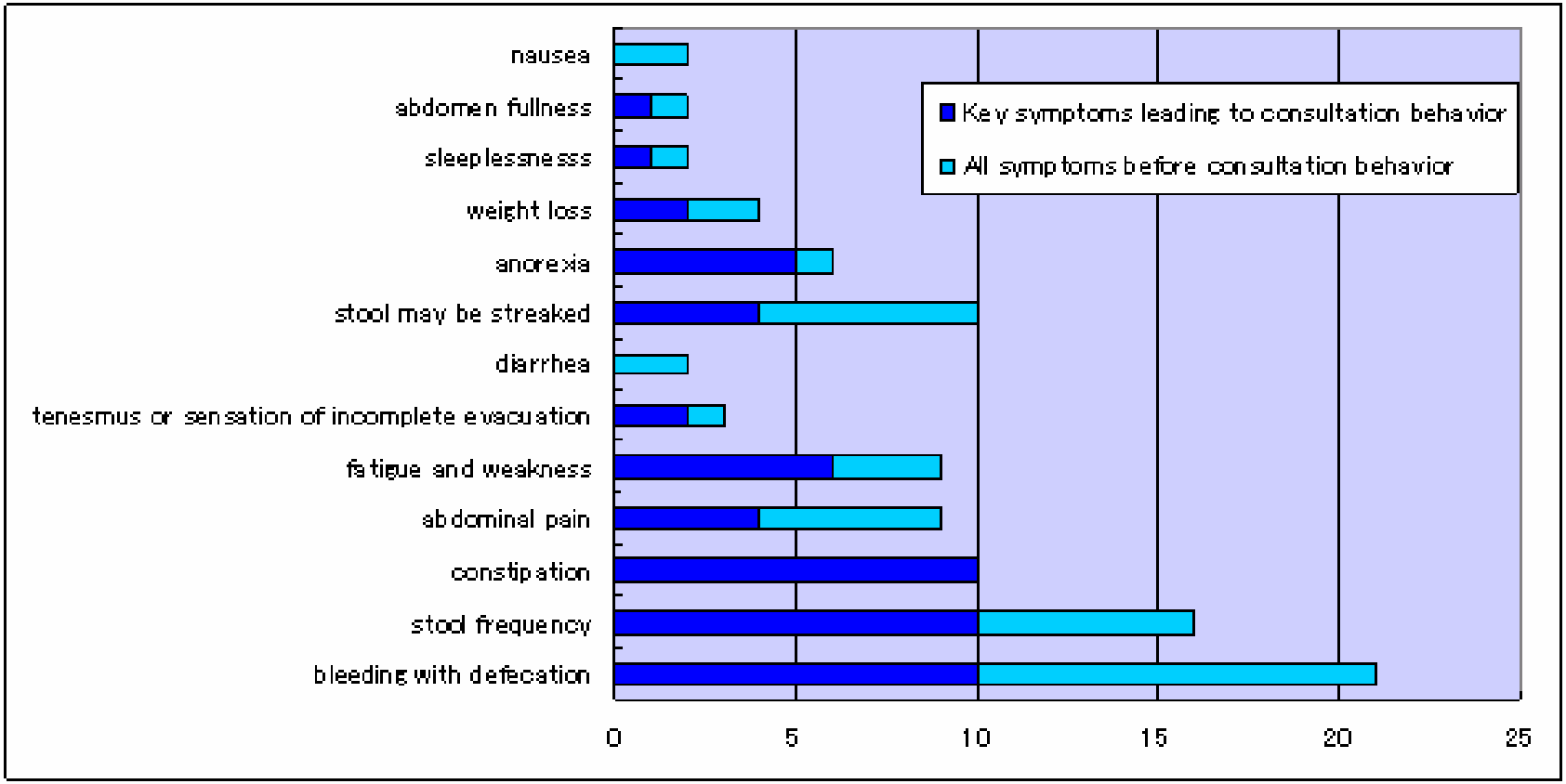
The left colon has a smaller lumen, the feces are semisolid, and cancer tends to encircle the bowel, causing alternating constipation and increased stool frequency or diarrhea. Partial obstruction with colicky abdominal pain or complete obstruction may be the presenting picture. The stool may be streaked or mixed with blood. Some patients present with symptoms of perforation, usually walled off (focal pain and tenderness), or rarely with diffuse peritonitis.

In rectal cancer, the most common presenting symptom is bleeding with defecation. Whenever rectal bleeding occurs, even with obvious hemorrhoids or known diverticular disease, coexisting cancer must be ruled out. Tenesmus or a sensation of incomplete evacuation may be present. Pain is common with perirectal involvement.

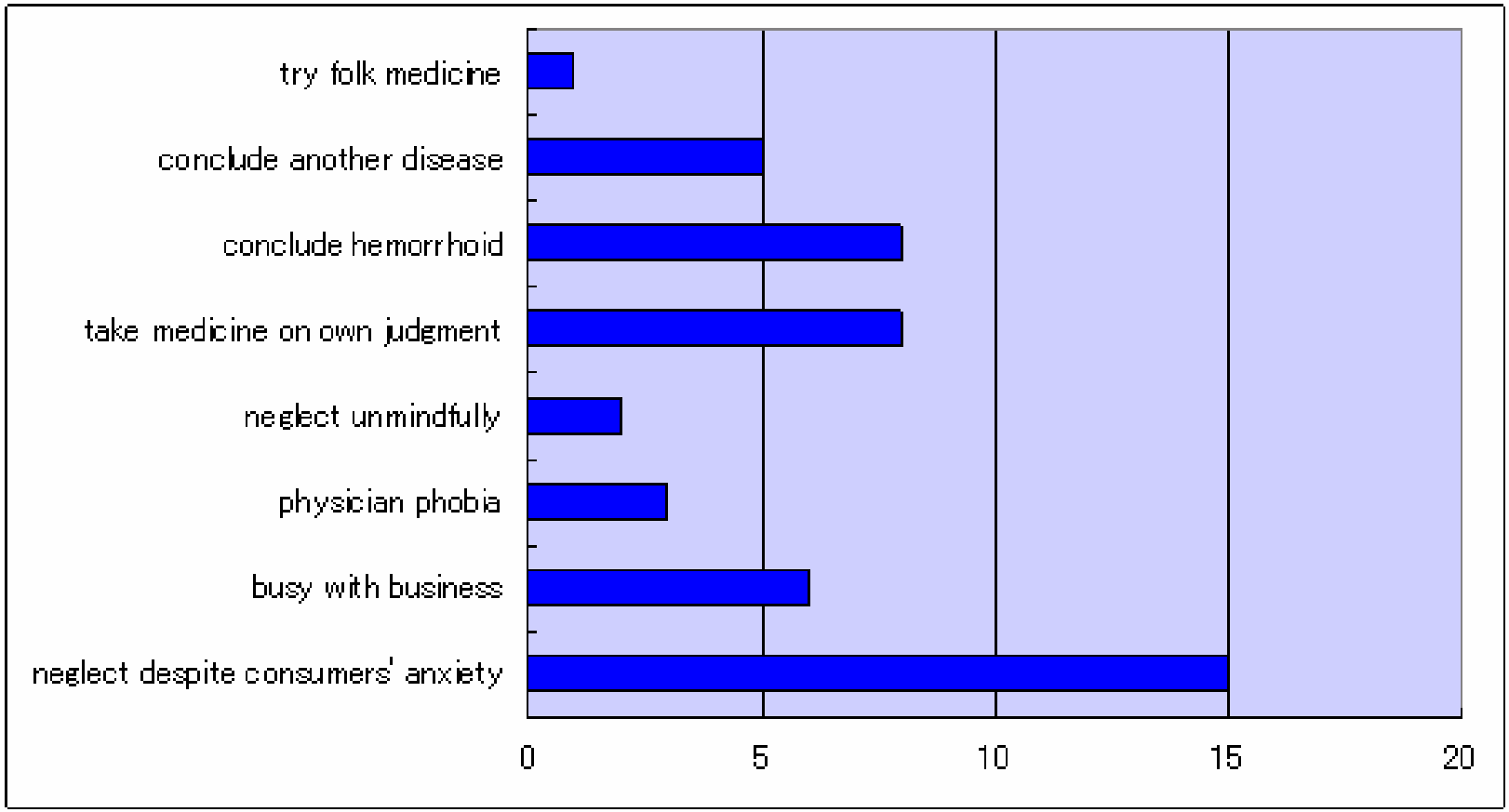
(Source: The Merck Manual of Diagnosis and Therapy)

4. Results

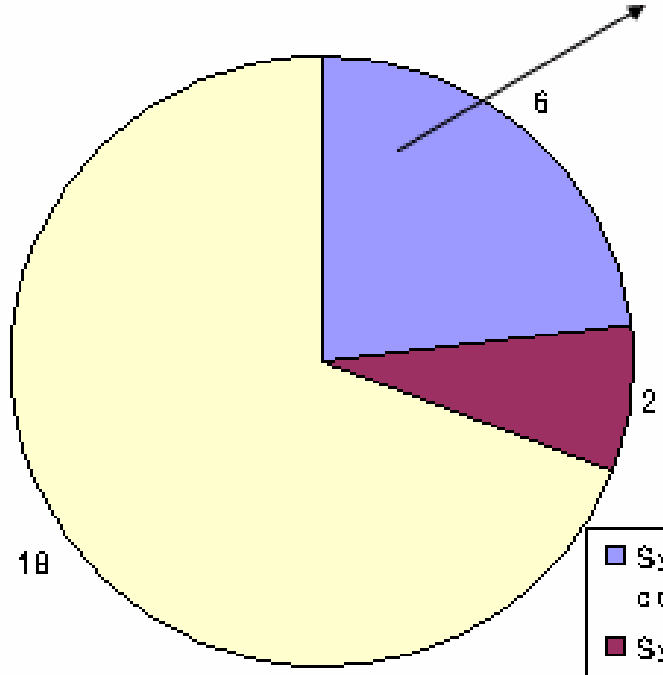
Key symptoms of patients in all symptoms



Reasons for neglect symptoms and action



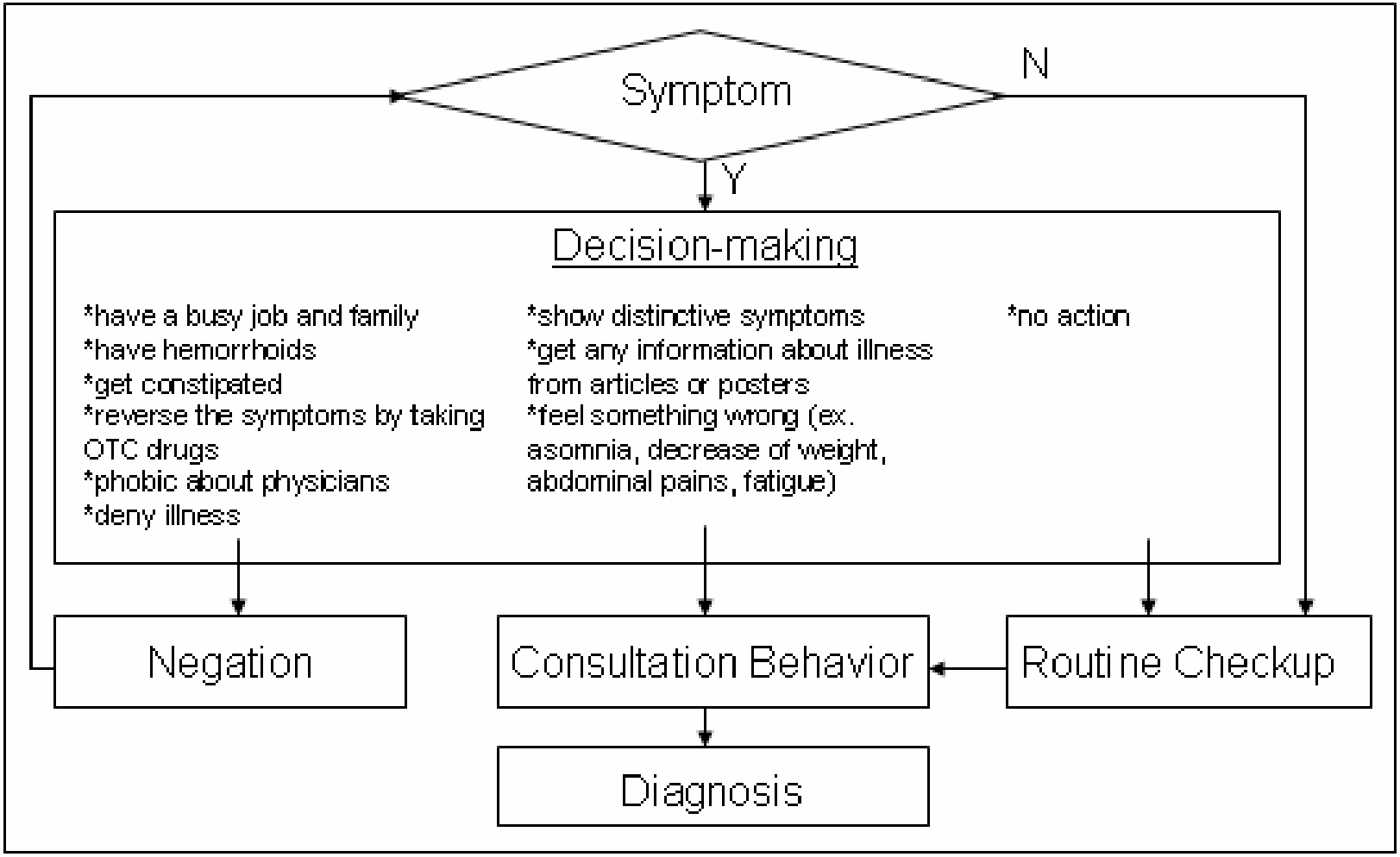
Influence of information on consultation



Information Sources	
A sick friend	1
Newspaper articles related illness	1
A Poster in the clinics	2
Medical books at libraries	1
Excerpts from a Family Medical Dictionary	1

4. Results

The behavior pattern and decision-making



Conclusion

Summary of results

Number of symptoms lead to consultation behavior	24 /64
Number of symptoms did not lead to consultation behavior	40 /64
Number of negation with or without any anxiety and reasons	26 /48
Number of trying any medicine on own judgment	22 /48
Case of Information with symptoms lead to consultation behavior	06/24

Conclusion

Currently, medical information is offered mainly at the time of medical treatment, and the medical consumer is isolated from medical information except medical treatment. However, consumers have a need to make decisions by using information-seeking behavior before treatment. This need to seek prior information is thought to be a serious consequence of patients' isolation from medical information.

In this research, from patients' personal experiences of illness we extracted their illusions and the causes in relation with medical consultation. We also illustrated the process of decision-making used by the medical consumer before medical consultation. By using these results to develop ways in which medical information is offered to medical consumers, we should be able to prevent problems such as delays in initiation of medical treatment, or the misguided use of folk remedies, in advance.

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