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

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Abstract and objective

Medical professionals offer medical information to the medical consumer in various forms. However, the medical consumer is considered to be isolated from such medical information before and after medical treatment. This research aimed to examine medical consumer's decision about whether to seek a medical consultation by performing description analysis of the personal experiences of illness. It became clear that there were various thought patterns, which deny their certain symptom. It became clear that the viewpoint, which pushes out the medical consumer to medical consultation, is indispensable at offer of medical information to them.

Keywords:

decision-making, narration, negation, patients

Introduction

It is thought there are fundamental differences in the types of disease information needed by the consumer. Here, we analyzed medical consumers' own descriptions of their decision-making processes in cases of rectal neoplasms.

Methods

We examined patients' own accounts of their struggles against rectal neoplasms. As consumers of medical information, they described their thought processes from the onset of symptoms, before they had decided whether or not to seek medical advice. We unified descriptions based on "The Merck Manual of Diagnosis and Therapy", and analyzed:

- the time when the symptoms had appeared, and the condition of the patient at that time

- the use of logic to deny recognition of the condition

- the action taken to search information in order to resolve their uneasiness

- the point at which the patient sought medical consultation

We used the following books as the information source of the personal experiences of illness:

Books; Toubyo-ki (described the thought process before a medical consultation)

Records; 24 gross records from 12 books by 24 patients

Illness; rectal neoplasms

Author; medical consumers (excluded medical professionals), Japanese

Results

The typical symptoms of rectal neoplasms were frequently extracted as shown in Figure 1. A lot of patients recorded initial and typical symptoms in their descriptions before medical consultation. For example, "bleeding with defecation", "stool frequency", and "constipation". Such three symptoms had become the key symptoms led to consultation behavior. Common symptoms like "nausea" and "weight loss" were also extracted from descriptions.

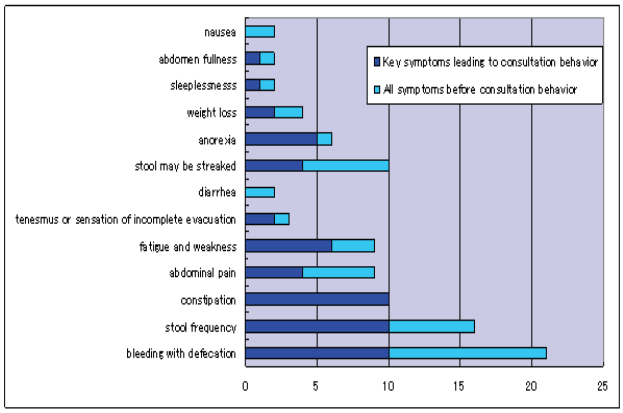
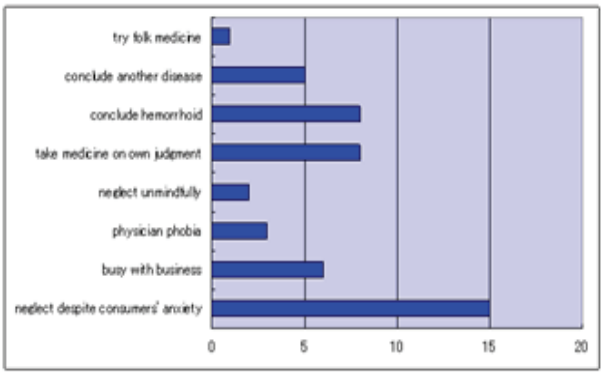


Figure 1 - Key symptoms of patients in all symptoms

The reason that these symptoms were neglected was shown in Figure 2. These were able to be greatly divided into two groups based on the reason and action. The first group consisted of patients who do no action irrespective of the existence of a reason, though it felt nervous on their symptoms. The second group consisted of patients who devised the disposal of their own judgment, without receiving medical consultation. Furthermore, informational participation was also accepted as a trigger to take

medical consultation behavior. Their information sources were poster, library, newspaper, or friends.

Figure 2 - Reasons for neglect symptoms and action



The decision-making actions taken by medical consumers are shown in Figure 3. The Figure shows the types of thought processes used to deny the symptom and also the initial triggers for seeking a consultation behavior.

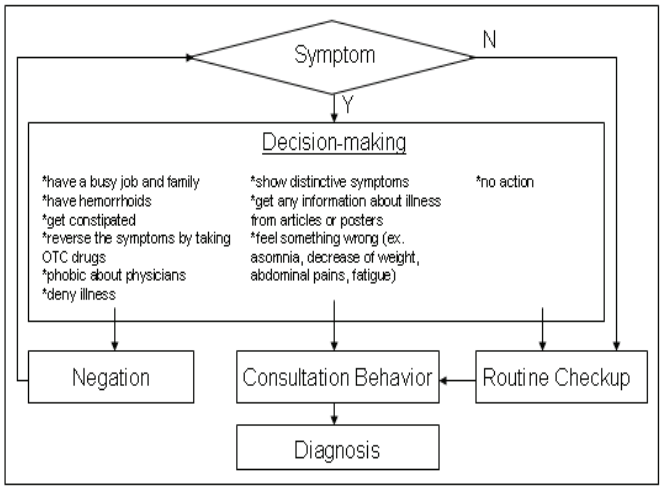


Figure 3 - Decision-making actions of medical consumers

Conclusion

Currently, medical information is offered mainly at the time of medical treatment, and the medical consumer is isolated from medical information before and after medical treatment. However, consumers 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 consumers' 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. These points are valuable to such research.

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