



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



EPF SPRING CONFERENCE

The Empowered Patient: A benefit or a liability?

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SHOULD THE HEALTHCARE PROFESSION BE THE GATEKEEPER OF ALL INFORMATION?





INFORMATION REVOLUTION

- **PATIENT CENTRED VISION**
- **PATIENT RIGHTS**
- **PATIENT SAFETY**
- **PATIENT AUTONOMY**
- **PATIENT INFORMATION**
- **SOCIETAL EVOLUTION PUSHED BY POLITICIANS AND THE PUBLIC ALIKE**
- **PHYSICIANS ARE SUPPORTIVE**



INFORMATION REVOLUTION

- THE INTERNET REVOLUTION
- INFORMATION HAS ALWAYS EXISTED
- **REAL REVOLUTION:**
AMOUNT OF INFO, SEARCH ENGINES
PRICE OF INFORMATION, ACCESS,
AVAILABILITY, UBIQUITY



INFORMATION REVOLUTION

- INFORMATION CAN COME AS RAW DATA OR IN STRUCTURED FORM
- EDUCATION LEVEL, LANGUAGE SKILLS, ACCESS AND SPEED OF ACCESS, NEEDS AND EXPECTATIONS ARE ALL INDIVIDUAL
- « **THE** » PATIENT DOES NOT EXIST
- CITIZENS OR PATIENTS?



INFORMATION REVOLUTION

- INFORMATION IS TARGETED AND PURPOSE-RELATED / SWITCH FROM THE HEALTH CARE PROFESSIONAL TO THE PATIENT
- FINE LINE BETWEEN ADVERTISING AND INFORMATION
- **WHO PROVIDES INFORMATION?**
- **FOR WHAT PURPOSE?**
- **WHO VALIDATES THE INFORMATION?**
- **WHO DECIDES ABOUT PRIORITIES?**



APPLICATIONS

- PATIENT-PHYSICIAN RELATIONSHIP IS CHANGING BUT REMAINS ESSENTIAL
- NEED OF A REAL-TIME AND PERSON TO PERSON CONSULTATION
- INTERACTION BETWEEN A PATIENT AND HIS PHYSICIAN IS COMPLEX AND INVOLVES MUCH MORE THAN INFORMATION EXCHANGES
- THIS COMPLEXITY CAN NEVER BE OBTAINED BY VIRTUAL EXCHANGES



APPLICATIONS

- PATIENT HAS INFORMATION AND IS MORE RESPONSIBLE, BUT ON AN INDIVIDUAL LEVEL
- DIFFERENT PATIENTS / DIFFERENT NEEDS
- CONSULTATION BECOMES MORE TIME-CONSUMING, MORE EXPLAINING AND FEEDBACK NECESSARY, BUT.....
FINANCES, DEFENSIVE MED, DIAGNOSTICS



APPLICATIONS

- PHYSICIANS ARE NOT TRAVEL AGENTS OR BANK CLERKS
- THEY CAN NOT BE ELIMINATED IN A COST CUTTING MOVE TO STREAMLINE THE HEALTHCARE SECTOR
- THEIR ROLE HAS TO ADAPT TO THE PATIENTS' NEW PROFILES



WARNINGS

- WHO PROVIDES INFORMATION?
- WHAT IS THE PURPOSE OF THIS INFORMATION PROCESS?
- NEW DISEASES, NEW TREATMENTS
- HYPES: MELATONIN, DHEA, OMEGA 3
- DIAGNOSTIC WHOLE BODY SCANS



WARNINGS

- **EBM, EVIDENCE BASED MEDECINE**
ONLY 25% OF MEDECINE IS COVERED/
COUNTRY AND SYSTEM SPECIFIC
LARGELY OPEN TO INTERPRETATION
- **GUIDELINES, ALSO COUNTRY AND
SYSTEM SPECIFIC/NOT THE HOLY
GRAAL. A SYSTEM OF EXCEPTIONS**



WARNINGS

- **GUIDELINES, WHO ARE THE MAIN PLAYERS, HOW ARE THEY DISSEMINATED?**

THE BIG MARKETS

- **DIABETES, HYPERTENSION, CARDIOVASCULAR PREVENTION, DIGESTIVE SYSTEM DISEASES**



WARNINGS

- **RARE DISEASES**, WHY ARE SOME DISEASES OVEREXPOSED AND OTHERS IGNORED?
- BIGGEST PROFITS ARE MADE IN CANCER CARE
- **OTC AND VIRTUAL SITES**, TO TAKE FINANCIAL PRESSURE OUT OF SYSTEMS: AUTONOMY TO PAY



A NEW ROLE

- PATIENTS HAVE A RIGHT TO ASK FOR A PERSON TO PERSON CONTACT
- PATIENTS HAVE A RIGHT TO SELF DETERMINATION
- PATIENTS HAVE A RIGHT TO CONFIDENTIALTY
- BUT: CITIZENS ARE SUFFERING FROM INFO OVERLOAD AND ARE OFTEN INVERSING DIAGNOSTIC LOGIC



A NEW ROLE

- PATIENTS AND THEIR PHYSICIANS HAVE DIFFERENT BUT IMPORTANT ROLES TO PLAY IN AN EVOLVING RELATIONSHIP BASED ON FACE TO FACE CONTACT
- THE VIRTUAL CONSULTATION IS NOT DESIRABLE, ONLY IN EXCEPTIONS



CONCLUSIONS

- PHYSICIANS ADAPT TO THEIR PATIENTS AND SUPPORT THEM
- PATIENT AUTONOMY REQUIRES PHYSICIANS AUTONOMY
- INFORMATION ALONE IS NOT KNOWLEDGE
- **WHO IS THE GATEKEEPER OF INFORMATION.....??????????**