Family Practice Forum

Self-Care: An Educational Resource in Family Practice

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An important issue in family practice is the changing relationship between patients and physicians. As Fry[1] has stated,

> There are more and more demands from patients to be better informed about their own problems, about the nature, risks and outcomes of medical/surgical procedures, and more involved in their own care . . . the medical profession feels uneasy and threatened if it loses its distinct mystical, magisterial and dictatorial roles. It is anxious over the increasing volume and expense of medical complaints, litigation and costs against such actions.

My belief is that family physicians gain by encouraging patients to have more participation in their own care and that of their families. I first reported my experience with "activated" patients in 1971.[2] Classes in the United States and other nations have helped participants to do the following:

1. Accept more individual responsibility for their own care and that of their families
2. Learn skills of observation, description, and handling of common illnesses, injuries, and emergencies
3. Increase their basic knowledge about health promotion skills to improve their own health status and that of their family
4. Learn how to use health care resources, personnel, services, insurance, and medication more economically and appropriately

Green et al of Johns Hopkins have noted that ". . . the increased popularity of patient education programs and the growing awareness on the part of consumers shows that they are indeed capable of rational, sophisticated self-care."[3]

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Another explanation about the rapid development of self-care has been offered by DeFriese et al[4]: "It is a reaction against the over-medicalization of society; from this perspective, self-care is an 'alternative' to conventional forms of health and medical services."

Following World War II, improved technology has made dramatic changes in the way medical care is delivered. This technology is now making specific changes in the tools available to lay persons. Sobel[5] has stated:

> Until recently, the public has had few diagnostic tools at its disposal other than the thermometer. Lately, however, increasing numbers of home diagnostic tests, from pregnancy kits to blood pressure cuffs, have been marketed. The transfer of technology from professionals to the public is both promising and problematic. These tests hold great potential for empowering people in their own health care regarding earlier, more accurate diagnosis; from improving home monitoring of chronic diseases and for substituting cost effective self-care for more expensive professional care.

Three studies have focused primarily on the economics and cost effectiveness of self-care.

The Ohio Study

A program was developed and a controlled study undertaken of several hundred Blue Cross-Blue Shield participants in Dayton, Ohio. The experimental group experienced medical care cost decreases of $38 per family. The costs for the control group increased $21. An independent analyst with the Miami Valley Health Systems Agency reported that the program was cost effective (M. Evers, personal communication, November 1979).

The Idaho Study

Kemper[6] conducted a study that involved 217 enrollees who received their primary care from a health maintenance organization in Boise, Idaho. The experimental group that took the self-care training found costs were about 13 percent lower than the control group.

The Washington, DC, Study

This controlled study at Georgetown University involved persons who received Medicaid assistance. The major focus in the research effort was educational design and methodology, but there were some studies related to health care costs. Costs of drugs and laboratory tests and the number of primary care visits decreased 10 to 15 percent with the experimental group and increased with the controls.[7]

Professional Benefits

Two benefits accrue in everyday clinical settings from the expanded use of self-care. The first is improved public relations and professional satisfaction. The educational philosophy behind self-care creates a "health partnership," so necessary in these days of more complex treatment, chronic diseases, and multiple social changes. This partnership uses education as a regular clinical tool, tells patients what the professionals are doing and what is expected, and allows frank questions with honest, direct answers.

A byproduct is increased professional satisfaction through improved communication and quality of care. "Garden variety" illnesses and injuries frequently offer little challenge, and physicians lament, "No challenge remains in my practice." However, if such problems can be linked with lifestyle faults, family stress, and personal conflict, they can become teachable moments. With health behavior modification and improved communication to challenge physicians, primary prevention becomes an integral part of practice.

The second benefit derives from making medical records focus on prevention. The problem-oriented medical record developed in the 1970s gave birth to the well-known SOAP (subjective, objective, assessment, plans) process used in medical records. Since then, Weed[8] has pointed out that physicians should not only educate patients about their health problems but encourage them to keep and read their own records. ". . . (They) must be involved with organizing and recording the variables so that the course of recording their own data on the disease and treatment will slowly reveal to them what the best care should be . . . needless repetition of expensive and dangerous medical activities will be controlled."

I have used Weed's logic in developing the SOAP self-care system. With it participants learn skills in describing common health problems with the what? when? where? questions needed in developing their medical history (subjective); measuring vital signs and clinical events with thermometer, stethescope, sphygmomanometer, otoscope, and other medical equipment (objective); comparing such observations with self-care guide books (assessment); and planning home treatment and developing specific signals to determine when, and if, professional help is needed (plan).

Programs developed to enhance the capacity of lay persons to perform self-care skills have been viewed by some skeptics as efforts to take traditional functions away from professionals. It is more accurate to describe self-care education as enhancing the capabilities of lay persons to do for themselves *with training* what people have always done *without training*. Self-care can then be considered part of the health care system. It is neither opposed to nor the same as professional care. Self-care education can be used to enhance the changing relationship between patients and physicians.

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