

Letter



Consumerism: a threat to health?

Tara Latimer et al.¹ recently stirred up the debate on health consumerism, so far seen as the promotion of patients' autonomy, and aimed at improving patients' choices about their own health.² These authors explain that health consumerism was turned into an instrument that, although wearing the clothes of patient-centred care, 'reflects a philosophy of libertarianism rather than a philosophy of patient flourishing'.¹

It is worthwhile describing what health consumerism, unlike patient-centred care, is; here some hints are proposed, although a deeper analysis is needed.

Consumerism in the economy is the response of the public to solicitations to buy unnecessary goods; in medicine it is not dissimilar. It is not surprising therefore that health consumerism dramatically increased the number of unmotivated patients' requests and doctors' prescriptions, due to the simple fact of their availability. This provoked a dramatic rise in over-prescriptions (e.g. the high amount of unnecessary analyses during pregnancy³ or the waste of antibiotics). And this turned patients into 'consumers' and hospitals into managerial factories, where treatments are not based on a therapeutic alliance, but on contracts. But contracts are the sign that a deal is based not on confidence, but on convenience; thus, modern medicine does not rely on a personal trust and reliability (you rarely know in advance the doctor you'll find in a hospital). In this scenario,

norms and prohibitions proliferated, protocols soared, got oversized, plethoric and eventually – being too many – useless and ineffective; if the aim of this proliferation was to avoid errors, they hit the opposite target: false reassurance, leading to distraction and, eventually, to mediocrity.

This is why health consumerism is a threat. Its main root – promotion of patient's autonomy – should be safeguarded, but it should be melted with great doses of patient-centred care, 'a relationship of trust between therapist and patient with its roots in virtue ethics'.¹

Declarations

Competing Interests: None declared.

References

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- 2. Schneider CE and Hall MA. The patient life: can consumers direct health care? *Am J Law Med* 2009; 35: 7–65.
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