

**PHYSICIANS AND THE PUBLIC:  
CONVERGING VIEWS ON HEALTH  
CARE ISSUES**

**By Lynn K. Harvey**

Physicians occupy a unique position in the U.S. health care system as educators, researchers, administrators, and clinical decision makers. Because of this, they maintain an important minority perspective on health care and medicine, sometimes quite different from the public's. Nevertheless, surveys commissioned by the American Medical Association indicate that physician and public views are now converging on issues many consider critical.\* Where the physician perspective remains distinct from that of the general populace—including doctors' and patients' views of each other—reasons are not hard to find.

**Cost, Access and Quality**

Physicians and the public were asked in 1988 this open-ended question: "Thinking about everything that has to do with health care and medicine, what do you think is the main problem facing health care and medicine in the United States today?" A majority of the public (55%) spontaneously mentioned something about the cost of care, but physicians were less than half as likely (26%) to do so. The following year, 57% of the public and 29% of doctors cited costs as the main problem.

This gap between physician and public perceptions diminished in 1990. The proportion of the public saying costs were the main problem edged upward to 59%, but the proportion of physicians doing so increased more sharply to 39%. Another 18% of physicians said access to care (or the unequal distribution of physicians) was the main problem. The 18% "access" figure was up from 7% in 1988 and 14% in 1989. Public mentions of access during the two-year period remained constant at 6-7%. Thus in 1990, 65% of American adults believed that one of two interrelated issues—costs or access—was the main health care problem in the United States. And, despite their unique position and interests in the system, 57% of US physicians shared that perspective.

Like people in other professions, physicians generally pride themselves in doing high-quality work. Implying a similar perception, 85% of respondents in the 1990 public survey said they were satisfied with the medical care they received at their most recent physician visit. To explore such evaluations of quality in the context of the public's perception of the main problem—costs—physicians and the public were asked in 1990 whether they agreed or disagreed with the following statement: "All

things considered, the high quality of health care in the United States justifies the high cost of health care." Physicians, whose pride and income are both involved in this issue, were more than twice as likely to agree: 54% compared to 22%. Still, the proportion of physicians in agreement has fallen significantly. It had been 68% in 1978 and 64% in 1979, according to AMA-commissioned surveys taken in those years.

Individuals who disagreed that high quality justifies the high costs were asked whether they saw quality or cost as the main problem in the cost-quality imbalance. Six percent of physicians and 12% of public respondents said "quality;" 82% and 77%, respectively, said "cost." Among college-educated respondents in the public survey, 81% named cost the problem, virtually identical to the 82% of physicians who did so.

Sensitive to the issue of maintaining quality, about half of all American adults (49%), and four out of five physicians (81%), believed in 1988 that quality of health care was being hurt by attempts to control rising costs. It's not surprising that physicians would be more inclined to express this sentiment, since it's often non-physicians who are trying to control costs by influencing treatment decisions and otherwise regulating medical practice. Still, when physicians were asked to respond to this statement again in 1990, agreement fell to 69%, a 12-point drop from the 1988 level.

**Approaches to Solving Problems**

Majorities of physicians and the public agree that cost and access are the main problems facing health care and medicine. To what extent do they agree on possible solutions? First, they are virtually identical in their response to increasing government spending to assure access by the poor, even if taxes must be increased to do so. In 1989, 72% of physicians and 73% of the public supported that idea. Second, large majorities of both populations—in 1989, 70% of physicians and 79% of the public—support the notion of the federal government requiring employers to provide health insurance to their employees. At the same time, physicians, many of whom are owners of medical practices which are essentially small businesses, were significantly more likely than the public to say that such a federal requirement should make exceptions for small businesses or for part-time workers (36% versus 22%). They were also more likely, 27% to 19%, to reject the idea of a federal mandate entirely. Public respondents (57%) were much more likely than physicians (34%) to support the application of such a mandate to all employers. The proportion of the college-educated who selected each of these options fell between that of physicians and the public at large.

## Public Opinion on Health Issues/Harvey/cont.

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When both samples were asked in 1988 about ways of providing insurance for long-term nursing home care for the elderly, physicians and the public made similar responses on two out of the three possibilities being explored. Forty-one percent and 45% respectively said employers should provide such insurance even if doing so reduces salaries and wages. Forty-six percent of doctors and 50% of the public endorsed the idea of financing long-term care insurance through a special tax on everyone. However, while two-thirds (68%) of physicians said that people themselves should purchase nursing home insurance coverage, rather than expecting government or employers to do it, only half (52%) of the public agreed.

### Factors Pushing Costs Up

Despite the concern generated by incidents of serious medical malpractice, professional liability is one aspect of medicine where the public has expressed a position generally sympathetic with physicians. For example, 39% of American adults in 1990 thought that medicine was a worse career to be in than it was ten years earlier (a proportion remarkably similar to the 38% of physicians who would not recommend medicine as a career). In response to an open-ended follow-up question, 63% of those who said a medical career is less attractive now cited malpractice insurance or lawsuits as the reason. Much of the public seems to recognize that there's a connection between the overall cost of medical care on the one hand, and malpractice insurance rates, the number of suits, and the size of jury awards on the other. Seventy-five percent of physicians interviewed in 1989 said that the threat of malpractice suits caused them to do tests they might otherwise believe were not needed. A smaller but still substantial 61% of the public agreed that doctors do too many tests because of the fear of malpractice suits.

Physicians also sometimes feel pressured by patients to do more than they believe is necessary. When asked in 1989 whether patients generally demand too many services from their doctors, 48% of physicians, but only 21% of the public, said "Yes." Aside from the possibility that health care spending is being inflated by the provision of unnecessary services, the difference of opinion reveals a source of tension in the physician-patient relationship.

Sometimes, differing levels of physician and public knowledge show through in their responses. For example, half of physicians (51%), but 37% of the public, believed in 1989 that the federal government should increase its funding for biomedical research. But the numbers reversed when the question referred specifically to AIDS research. One year earlier 80% of physicians, compared to 68% of the public, said children with AIDS should be allowed to attend regular school classes.

### Misreading the Public's Call

Americans are plainly troubled by escalating health care costs. This doesn't mean that they are generally down on the medical profession. Many doctors, however, seem to make the connection and see their professional standing plummeting. In 1989, only one percent thought non-physicians respected physicians more than they had 10 years earlier; 25% said public respect had remained the same, while 72% said respect had decreased.

In marked contrast, 14% of public respondents said they themselves respected physicians more than they had 10 years before, and 56% said their level of respect had not changed; only 26% said they respected physicians less. Relative prestige rankings of occupations continue to place physicians near the top, and most American adults give their own personal physicians much more positive ratings than they give doctors in general.

Thus, it appears that many physicians are over-reacting. Feeling scrutinized in their practice, questioned in their expertise, pressured by high expectations in the face of attempts to control costs, and unappreciated for their many years of training and long hours of work, some no doubt see their sources of pride, self-fulfillment and livelihood as being under attack. The public's concerns, however, appear much more focused and limited, and on some of the issues they and physicians largely agree.

\*Data cited in this article are from telephone surveys conducted for the American Medical Association by Tarrance/SRI in January 1988 and by the Gallup Organization in January of 1989 and 1990. Interviews were completed with 1,000 randomly selected US physicians and 1,500 randomly selected US adults in each year.

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