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EDITORIAL

Health information and the experience of health care

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Quantitative information is the "lingua franca" in health care. Health care professionals use numbers in implementing various tasks such as communicating with patients or with each other, making a diagnosis, prescribing treatments, monitoring the progress of therapy, prognosticating, reporting morbidities and mortalities, creating clinical practice guidelines, and evaluating interventions.

The way that most of research data are collected, analyzed, and reported in health care reinforces this. Doctors rely heavily on the brevity and efficiency of quantified health care information as a medium of communication and basis for decision-making when dealing with patients. When quantitative evidence is applied in clinical practice, there is great potential for important nuances to be lost in the process of framing clinical problems or dilemmas, seeking evidence, and then translating the evidence into clinical resolutions.

The point of health care is the promotion, maintenance, or restoration of well-being. This is very difficult to quantify. For instance, having pain with visual analogue scale pain score of 8/10 (severely painful) at home with the loved ones around can arguably be a better experience than having pain with a score of 5/10 (moderately painful) in a hospital ward. In the context of health care, numbers represent very complex experiences like pain, bleeding, inability to move, tendency to hurt oneself and others, loss of sensation, or inability to perform activities of daily living. Being unable to respond to any stimulus is scored as Glasgow Coma Scale 3/15. Having a seizure while at work is quantified as one morbidity. Loss of a loved one is counted as one mortality.

Unlike quantitative (numerical) information, which are mostly derived from surveys, existing records, clinical trials, or analytical studies, qualitative information are descriptive in nature.[1] Qualitative information can potentially represent and convey concepts or experiences that cannot be exhaustively articulated numerically.

In the patients' hierarchy of needs, quantitative health outcomes are rarely on top. When patients seek health care, they don't primarily intend for some numbers to change. Patients regard the outcomes of health care not so much for the quantitative information they carry as for the personal that the outcomes imply and for the overall experience of achieving those outcomes.

With the increasing availability of health information online, the gap between the amount of information the doctor has and the amount of information that the patient has gathered from the Internet becomes narrower. Open-access journals, websites with crowd-sourced health information, online patient group sites, and social media all support self-processing (or crowd-processing) of information that can eventually affect the experience of health care.

Because health care is primarily concerned with patients' well-being, institutions or health care providers need to commit to patient-centered approaches in health care delivery. We need patient-centered information formats and communication approaches that directly address patients' needs and desired outcomes.

The intention of evidence-based medicine (EBM) as an approach to health care is the integration of (usually quantitative) evidence, clinician's judgment, and patients' values and circumstances in decision-making in health care.[2] Yet many clinical departments and specialty societies (especially in the Philippines) limit the use of EBM to academic discussions that are hardly grounded on real clinical dilemmas. Most clinicians do use evidence–especially quantitative evidence–in making decisions. But when evidence is used in patient care, patients' values–especially on hierarchy of desired outcomes–are rarely given any consideration in decision-making.

The concept and practice of narrative-based medicine[3] (NBM) has also been with us for some time now. It is a medical care approach that recognizes the important role of narratives in attaining relevant, patient-centered health care outcomes.[4] Narratives of both patients and clinicians can facilitate accurate diagnoses, help in healing patients, reinforce health education, and generate rich research data.[5] As a communication

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practice, it is the closest to the mundane and practical approach to exchanging information in health care with the view of attaining our desired patient outcomes, especially patients' well-being.[6] NBM requires good attending and communication skills, especially among clinicians and researchers. Yet, NBM has hardly caught on among practitioners. Only a few clinicians act on opportunities to enhance their practices with stronger doctor-patient relationships.

In practice, EBM heavily relies on mostly quantitative information in approaching clinical dilemmas. NBM was propagated to offer an alternative to the dependence of EBM on systematically generated evidence in coming up with decisions on patient care.[7] The advocacy of NBM highlights the need to address the complex nature of doctor-patient communication that requires more than the exchange of quantitative information. Information exchange is vital to health care delivery but, to be able to truly connect with patients, doctors need to use an information format that enables articulation of concepts, experiences, actions, and meanings that are beyond quantification.

In health care research, there is a need to generate more qualitative information, in order to restore in evidence what is lost in the process of translating outcomes to numbers. Health information should be able to connect directly with patients' values. We also need ways to efficiently and effectively communicate qualitative information so that they will serve to improve health care.

There has to be a practical middle ground in the use of quantitative and qualitative information in health care. Many information need to be in quantitative form for conciseness and accuracy. Those information that are in qualitative form convey depth and meaning to conversations in health care. The right combination of quantitative and qualitative information exchange can hopefully result in more empathetic and satisfying health care service delivery, and in outcomes that are more congruent to patients' expectations.

Quantitative information is useful. Numerical data are compact, and can be used efficiently to deliver messages and accomplish several other tasks in health care. But quantitative information may not be enough to articulate certain messages and connect with patients. For patients, health-seeking is an attempt to preserve or restore well-being, hence the doctor-patient interface usually requires more than an exchange of quantitative information. Communicating using qualitative information makes conversations more reflective of real-world scenarios. The use of an appropriate mix of quantitative and qualitative information can help stakeholders communicate about what really counts in health care.

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REFERENCES

1. McLeod S. Qualitative vs Quantitative Data. 2008. Available from: http://www.simplypsychology.org/qualitative-quantitative.html.
2. Charon R, Wyer P. Narrative evidence based medicine. Lancet. 2008;371(9609):296-7.
3. Greenhalgh T, Hurwitz B. Why study narrative? BMJ. 1999;318(7175):48-50.
4. Trisha Greenhalgh (Editor) BHE. Narrative based medicine. November 1998, BMJ Books.
5. Charon R. Narrative medicine: a model for empathy, reflection, profession, and trust. JAMA. 2016;286(15):1897-1902.
6. Meza JP, Passerman DS. Integrating Narrative Medicine and Evidence Based Medicine: The Everyday Social Practice of Healing. CRC Press; 2011.
7. Kalitzkus V, Matthiessen PF. Narrative-Based Medicine: Potential, Pitfalls, and Practice. Perm J. 2009;13(1):80-6.