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The Relationship Between Nonqualified Allopathic Medical Practitioners and Their Patients

DILRUKSHI ABEYSINGHE, M.Phil.

ABSTRACT

Objective: According to unpublished data issued by the Sri Lankan health authorities, approximately 40,000 individuals who are not medically qualified are engaged in allopathic medical practice in many parts of the country. Despite the existence of restrictive legislation for the regulation of allopathic medical practice, distribution of allopathic drugs, and their prescription, the presence of nonqualified allopathic medical practitioners (NQAMPs) shows that such legislation is not wholly effective. This paper does not look at the range of factors that creates the environment for the NQAMPs to continue practicing medicine. The main objective of this paper is to present a sociological analysis of the practitioner-patient relationship mainly from the viewpoint of patients who have consulted NQAMPs.

Materials and methods: Ten NQAMPs who practice allopathic medicine in the Ratnapura district and 350 patients who sought treatment from them were selected for the study. The in-depth interview method and observation method were used to collect qualitative information.

Results: A significant feature among those who visited NQAMPs for treatment was that 94% of employed patients were earning their living on a day-to-day basis. Of these, 88% had no schooling at all or had only a primary level education. Also among the patients who consulted NQAMPs was a small group (0.3% of 350) of those engaged in professions such as teaching and clerical work who earned regular monthly salaries and a few (0.5%) who had tertiary and higher education. This paper reveals the success of the NQAMPs in establishing a close relationship with these patients as compared to the allopathic medical practitioners in the formal healthcare sector.

INTRODUCTION

The nature of the relationship between the medical practitioner and the patient is considered an important factor influencing the utilization of medical services. Some authors view a good doctor-patient relationship as a prerequisite for optimal medical care.[1,2]

This paper presents a sociological analysis of the relationship between nonqualified allopathic medical practitioners (NQAMPs) and their patients. The viewpoints of the patients who consulted NQAMPs are extensively analyzed. These patients had also consulted allopathic medical practitioners in the formal healthcare sector on various occasions. Patients often compared the relationship they had with the NQAMPs with their relationship with allopathic medical practitioners. However, this study does not cover the views of allopathic medical practitioners in the formal healthcare sector. This was a practical limitation imposed by the difficulty of obtaining information from them.

NONQUALIFIED ALLOPATHIC MEDICAL PRACTITIONERS

Section 29 of the Medical Ordinance of Sri Lanka sets out the qualifications required to register as an allopathic medical practitioner.[3] The legislation makes it possible to differentiate allopathic medical practitioners from those

Department of Sociology, University of Colombo, Columbo, Sri Lanka.

practitioners who are not registered under the Medical Ordinance as not medically competent and legally not allowed to practice.

None of the NQAMPs selected for the sample was registered under the Medical Ordinance. They prescribe allopathic drugs and provide healthcare advice using medical instruments such as the stethoscope and sphygmomanometer to examine patients, without training at formal institutions such as universities. At times, they falsely claim to possess the required qualifications to practice allopathic medicine. One treatment provider selected for the sample carries out illegal abortions. Furthermore, two of them function as dentists, while engaging in general practice at the same time. However, they are considered in this study only as "general practitioners" because only those who were engaged in general practice come under this study. All NQAMPs selected for the sample had been engaged in various jobs connected with the healthcare sector before they had begun to work as full time treatment providers. Table 1 shows their occupations before they began to practice allopathic medicine, and the names by which they are discussed in this article.

All NQAMPs considered their knowledge of allopathic drugs recommended for various ailments the foremost qualification they have to practice allopathic medicine. The NQAMP who had served as a sanitary laborer has acquired that knowledge by assisting hospital staff in treating patients. Five NQAMPs in this study are registered as pharmacists under the Medical Ordinance. Two other NQAMPs who had worked as pharmacists but not registered under the Medical Ordinance had not received any formal training on pharmacology. They had only gained experience by working as unregistered pharmacists in pharmacies owned by someone else and based on instructions given by formally trained pharmacists. They had secured a basic knowledge of prescribing allopathic drugs by working in such a capacity. However, the two dental technicians evaded the question as to how they obtained training to practice allopathic medicine.

STUDY DESIGN AND METHODOLOGY

We carried out this study in the Ratnapura district of Sri Lanka. Fieldwork was conducted from March 2004 to September 2005 in three stages, the first of which was aimed at identifying the NQAMPs in the district. Based on the information provided by the Public Health Inspectors, fourteen NQAMPs were identified. Four of them expressed unwillingness to participate in the study. The sample consists of the remaining ten practitioners. Qualitative information was collected from the NQAMPs using the in-depth interview method.

In the second stage of the study we conducted a survey of patients who visited the treatment centers of the ten NQAMPs over a two-week period. When children were brought by adults for treatment, we interviewed the adults, since the decision to visit the NQAMP in such cases had been made by the adults. The number of patients interviewed at this stage was 3,812. The questions directed to the patients at this stage were not intended to elicit qualitative information on a broader basis, and hence, the structured interview method was used.

During the third stage of the study, the collection of qualitative information from patients was carried out on a broader basis. For this purpose, 350 patients, about 35 patients of each of the ten NQAMPs, were selected for an in-depth study. These 350 patients (hereafter referred to as the sample population) were selected from among the 3812 patients (hereafter referred to as the survey population) who provided information in the survey carried out in the second stage of the study. The sociodemographic characteristics of patients who visited the NQAMPs during the two weeks of the survey were diverse, and were given a reasonable representation in the sample using the stratified random sampling method.

The in-depth interview method was used to collect qualitative information from the 350 patients in the sample population. Based on the data collected from them at the survey, these interviews were carried out in their homes. The same respondent who provided data in the survey was the source of information in the patient sample.

ETHICAL CONSIDERATIONS

Collection of information from the NQAMPs was begun only after apprising them of the objectives of the study. All attempts were made to build a rapport between them and the researcher before the collection of such information.

Occupations of the 10 Non-qualified Allopathic Medical Practitioners before Practicing Allopathic Medicine

Occupation	*n*	*Name used in this paper*
Hospital sanitary laborer	1	Jayantha
Dental technician	2	Somasiri, Sarath
Illegal pharmacist (neither formally trained nor registered under the Medical Ordinance)	2	Nihal, Kumara
Pharmacist (formally trained and registered under the Medical Ordinance)	5	Perera, Kuruppu, Gamini, Rathnam, Vithana

Some treatment providers were either reluctant to answer certain questions or ignored them. In such instances, those questions were passed over and the interview was continued.

The true names of the NQAMPs have been changed in presenting the information regarding them.

RESULTS AND DISCUSSION

Patients feel free to communicate with NQAMPs

The manner in which a patient can communicate with a NQAMP is an important determinant to examine the nature of the NQAMP-patient relationship. One of the questions directed to patients for the purpose of eliciting information in that regard was, "Can you converse freely with Mr. X [NQAMP] on any matter that you consider is necessary and relevant to your illness?" The second question was, "Can you converse freely with the medical practitioner at the government hospital or at the dispensary [the allopathic medical practitioner in the formal healthcare sector from whom they had received treatment previously] on any matter that you consider is necessary and relevant to your illness?"

All the patients interviewed said that any matter relevant to their conditions could be freely discussed with the NQAMP. Some patients expressed admiration in this regard. "He is like a member of our family; we can discuss anything with him. We even discuss domestic problems with him. If we forget to ask something when he is attending on us, we can even ask him later," one patient said. All the patients who had visited the NQAMP for the first time spoke in positive terms of the friendliness shown to them by the NQAMP. One patient who visited Jayantha for the first time described the warm reception he was given: "He speaks very nicely to patients, he even asked about my other family members." Such statements were made of Jayantha, Gamini, and Vithana in particular.

The patients who thus described their experience with the NQAMPs compared the same with medical practitioners in the formal healthcare sector. Eight percent ($n = 28$) stated that they could discuss their illnesses freely with allopathic medical practitioners in the formal health care sector from whom they had received treatment previously. Patients who expressed this view were of different educational levels and engaged in different occupations.

The overwhelming majority, 92% ($n = 322$), said that it was not as easy to discuss any matter relating to their illnesses with allopathic medical practitioners in the formal healthcare sector as with the NQAMPs. Of those 322 patients, 7% were unable to give a clear reason. The remaining 93% gave various reasons that can be categorized under two themes—hesitation and time constraints.

Some patients were hesitant to speak in front of allopathic medical practitioners in the formal healthcare sector. A 43-year-old farmer who visited Gamini said, "The doctor at the hospital is good and very kind, but I feel more comfortable talking to Mr. Gamini." The patient was unable to explain why it was so easy but, unlike with Gamini, he was reluctant to go into details about his illness with the doctor at the hospital. Some patients think that the doctor might be annoyed or displeased if they ask questions or try to secure details of their maladies. Therefore, they hesitate to go into details about their own illnesses. These people were employed as laborers, small-scale cultivators, and traders as well as teachers and clerks.

According to some patients, allopathic medical practitioners do not have much time to spare, since they are required to treat the large numbers of patients who visit government hospitals. According to some patients, overcrowding and busy schedules of the doctors at government hospitals created a fear that prevented them from conversing freely with doctors about their illnesses. One female patient who talked about the doctors in government hospitals said, "When there is a long line of waiting patients, even the doctor would want to deal with the patient quickly and send him away. He is therefore unable to ask details about the patient's condition. However, since there are fewer patients at Dr. Kuruppu's, it is easy to converse with him on any matter. Besides, Dr. Kuruppu likes to speak with patients."

The reasons so expressed by patients restrict opportunities for them to discuss their problems with the allopathic medical practitioners in the formal healthcare sector and secure information regarding their illnesses.

As mentioned earlier, a majority of patients who visit NQAMPs are people who earn their income on a daily basis and are low-income earners. Apparently, patients from a low socioeconomic background find it easier and more comfortable to talk with NQAMPs. It is argued that the lack of power of socioeconomically disadvantaged groups is further entrenched through their interactions with powerful doctors who try to maintain the status quo.[4] Some studies have found that when patients belong to social backgrounds not necessarily similar to those of the doctors, they look like strangers to one another.[5–7] Therefore, the doctors would naturally encounter various difficulties in dealing with the patients. However, as mentioned earlier, the present study could not solicit the views of allopathic medical practitioners in the formal healthcare sector about their patients.

On the other hand, the NQAMPs are engaged in practicing allopathic medicine, yet have had no formal training in allopathic medicine, unlike qualified allopathic medical practitioners. The fact that doctors are socially designated as professionals is a vital consideration with regard to their role and relationship with patients.[8] One of the objectives of the educational program for members of any occupational group is the encouragement of cultural and professional socialization of the individual.[9] Formal professional training contains induction into the norms, codes, and rules

that govern the occupational behavior of new entrants to the profession as well as the development of a group culture.[9] When this induction occurs to a high degree, the code of ethics and ideology transcend not only the work situation but extend beyond it to define a status and style of life of universal relevance in all aspects of life.[10] This, however, does not mean that all members of a professionally trained group conform to a common pattern of behavior or belong to a common collective culture. However, the professional group culture of medical practitioners can operate in such a way that they distance themselves from patients who come from a different cultural background. According to Freidson, the educational difference between a patient and a practitioner is not a problem when compared with their cultural differences.[11]

Jayantha mentioned that his experiences with medical professionals and patients at the time he worked as a sanitary laborer were considered when he himself started practicing medicine. Jayantha said, "Although some doctors conversed with patients in a friendly manner, the patients have problems in getting closer to them. Patients are afraid of doctors who wear ties and speak English. When I was working in the hospital [as a sanitary laborer], some patients used to discuss such problems with me."

The dress of the NQAMPs did not conform to any definite or accepted code. Some authors point out that symbols such as the physician's white coat bring the wider values of the society directly into the doctor-patient interaction.[12]

The recognition that group members have roughly similar educational and socioeconomic backgrounds, and the fact that they are united by common professional bonds and their participation in the same specialist associations, contributes to the development of a sense of a common identity.[9] The NQAMPs do not share a common background and this does not help them develop a professional identity, unlike formally trained medical practitioners. Accordingly, it cannot be said that a NQAMP will develop the same mentality that a formally trained and qualified doctor conforming to a legally constituted procedure will have about himself as a doctor. In addition, engaging in the practice of allopathic medicine as a NQAMP is illegal.

Moreover, NQAMPs do not enjoy the material privileges to maintain the high social status that medical professionals do. Except for Jayantha and Rathnam, the NQAMPs do not own private vehicles. Somasiri, Gamini, and Vithana have motor bicycles that are widely used by villagers for their transport. The other NQAMPs use public transport. The lifestyle of the NQAMPs has not distanced them from their patients.

Did easy communication with NQAMPs when compared with the allopathic medical practitioners persuade the patients to visit NQAMPs? Of the patients interviewed, 46% said that due to unrestrained communication, it was more convenient for them to consult NQAMPs when they wanted to know details about their illnesses. This is a strong reason that motivated them to visit NQAMPs. It shows that NQAMPs share whatever their understanding is about health and illness with their patients.

Attention Paid by NQAMPs to patients and their illnesses

The other criterion used in the present study to determine the nature of the relationship between patients and the NQAMPs was the degree of attention paid by NQAMPs to patients and their conditions.

All the patients said that they were satisfied with the attention paid by NQAMPs to their conditions. One female patient said, "Dr. Gamini places his stethoscope and examines the patient very well. He is in no hurry like the DMO [District Medical Officer] at the government hospital to send away the patients quickly."

There were several reasons given by patients as to why they were satisfied with the attention they received. Among them were: the lengthy discussion the NQAMP had with the patient on his or her condition; inquiring about personal details of the patient and his/her family; the NQAMP's keenness to talk with the patient; his cordial greetings and mannerisms; his clarifications about the condition of the illness; the patient's satisfaction with the physical examination and the instructions given as to how the drugs were to be taken, along with dietary instructions.

The patients were also asked whether they were satisfied with the attention paid to them by the allopathic doctors in the formal healthcare sector who treated them previously as compared with the NQAMPs. In reply to this question, 88% of patients said that they were more satisfied with the care and attention given by the NQAMPs than by doctors in the formal healthcare sector. This gives rise to the notion that compared with NQAMPs, formal healthcare sector allopathic medical practitioners paid less attention to patients and their conditions. This alleged lack of attention by doctors in the formal healthcare sector restricts opportunities for patients to discuss their problems with them and secure information regarding their illnesses. A study carried out by Gillespie on cancer quackery reveals that quacks reassure and treat their clients with personal attention that many physicians fail to provide.[13]

Patients are not satisfied with allopathic medical practitioners in the formal healthcare sector due to a number of reasons. First, the doctors often do not question the patients at length on their illnesses. Second, the doctors often explain things to patients regarding their condition using medical language. Third, patients are not satisfied with instructions given to them and the investigation procedure followed.

It is clear from the above that allopathic medical professionals in effect prevent patients from freely approaching them, and this creates a wide gap between them. The patients' satisfaction with regard to the care and attention paid by NQAMPs encourages them to visit NQAMPs, as 61% of patients stressed.

CONCLUSION

Patients' satisfaction with the attention paid to them by the NQAMP and the latter's success in establishing a close relationship with their patients in comparison with allopathic medical practitioners can be seen as significant challenges to the profession. It shows that medical professionals have not been able to maintain their monopolistic privilege of practicing medicine.

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Address reprint requests to:
Dilrukshi Abeysinghe, M.Phil.
Department of Sociology
University of Colombo
Columbo 3
Columbo
Sri Lanka

E-mail: dilrukshiabeysinghe@yahoo.com