

From Service to Commodity: Corporization, Competition, Commodification, and Customer Culture Transforms Health Care

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Corporate medical practice, a market economy, and a consumer culture are transforming health care. The service relationships of doctors with patients are now commodities. The doctor, directed by disease management protocols (to improve outcomes, reduce costs, and standardize care), is, in effect, providing programmed service commodities. In addition, medical-surgical specialties, now “packaged” for the care of body parts and conditions (as Breast, Stroke, Obesity, Aneurysm Centers), are also made service commodities, marketed by newspaper advertisements, TV, radio, and Internet to patient-customers in search of a healthy body. In sum, the promise of corporate practice in a competitive market economy is greater efficiency and productivity to reduce the costs of care that are a burden on industries and the state. Viewed from office encounters with patients, such transformation of services to commodities changes the doctor-patient relationship and the moral mission of care.

Key words: *corporate practice; costs and cost analysis; doctor-patient relations; health care market; healthcare industry; health services; marketing of health services; patient selection; priorities, health; rationing, health care*

Health care is changing, everyone agrees. Its many changes elicit divergent views among practitioners, organizational managers, social scientists, policy analysts, and of course, the public who seek medical aid. Some major directions deserve comment, namely (a) the corporate organization of medical practice, (b) the competitive market economy of health care, (c) the commodification of services, and (d) the customer culture of care. Corporate practices in a market economy are transforming health care services into medical commodities for a public eager to buy. How has this come about?

Corporate Organization

The change in medical practice from an individual to a corporate form has been reviewed in numerous commentaries (1-5). Physicians and other health professionals today have become salaried employees in the corporate organization of hospitals, group practices, and prepaid health maintenance plans (HMOs). Whether working for a profit or non-profit corporation, the practitioner, in caring for patients, is increasingly directed by standard guidelines that specify the optimal management of acute and chronic disease (6), for their diagnosis, prevention, treatment, and rehabilitation. In this patient care work, practitioners are

health care providers of such disease management programs, providing what may be viewed as service commodities for patients.

Competitive Market Economy

Not only is industry-financed health care organized in corporate practices but also these practices must now compete in a market economy, in effect, marketing the service commodities of practitioners. In addition, government-financed health care, once outside the market, is now in it. Government-financed health care is also being purchased in a competitive market; the government, like industry, is bargaining for service commodities at the best price (7-9). The market promise has been greater efficiency and productivity to reduce the costs of care that are a burden on business and the state.

Commodification of Care

With this shift to corporate practice in a market economy, health care has been transformed from a service relationship between doctor and patient to service commodities. Yet, this commodification is driven not only by corporate practices that sell their service commodities and by pharma-

ceutical corporations their products, but also by cultural changes in the public's view of the care of the body.

Customer Culture of Care

Even before today's service commodity marketing by the corporate practices, the public itself had already become a self-made market with its own do-it-yourself search for the healthy body and even a customer culture for health care services. That self-directed search came in the 60s with its antiauthoritarian, civil rights', and women's movements (10). Those movements drove the public in a healthy body search that, in turn, changed patient-doctor relationships: from going first to see the doctor for one's distress to self-examinations, self-help and treatment without consulting the doctor, and when seeking medical care, to a customer approach about the doctor's decisions. This democratization of the patient-doctor service relationship has occurred with the public increasingly aware of the body's risks for disease from (a) its own inherited genes, (b) its own biologically-based behaviors and habits, (c) its exposure to environmental-biological disease agents, and from (d) the health disadvantages of life in lower social classes. Today, in our shoppers' world for health care, health-aware patient-customers can find (with Internet, newspapers, magazines, radio, and TV), the medical information to diagnose, prevent, and treat those risks and the disorders they may be prone to get, and (at the drug store, clinic, hospital, group practice) the medical commodities for their care and cure.

Indeed, this public search for the healthy body today is expanded by patient-customers' (a) *self-diagnosis*, using home diagnostic and monitoring tests and technologies (11), (b) *self-treatment*, of risks and chronic disablements, using over-the-counter, non-prescription medication (12-13), and (c) *medical consultation-at-a-distance*, using information technologies (14-15), i.e., e-mail to the doctor or getting on the Internet, for professional direction and lay support via self-help groups in the management of their chronic disablements (16).

Service Commodities

Besides these purchases for self-care are several examples of professional services now marketed as service commodities (17).

Packaged Medical Services

Packaged medical services have been reorganized into disease "Centers", that "compartmentalize" or "bundle" services to focus on specific disease conditions, e.g., for breast disease, fertility, pain, weight loss, or cancer. In effect, services are designed for one disorder to make a niche in the market, one that is more *convenient for patients* and, presumably, more efficient and cheaper for purchasers.

Packaged Surgical Services

Besides "bundled" medical services are similar "Centers" of surgical operations, e.g., there spinal surgery, cerebral aneurysm, hernia repair, or facial improvement. These new medical-surgical service commodities are advertised widely on billboards, radio, TV, and newspapers. In addition, health care products, therapies, and relationships have become more widely promoted commodities.

Medications and Home Technologies

Drugs have always been commodities on the drug store shelf or doctor's dispensary, promoted by the prescription of the doctor and the advice of the pharmacist. Now the pharmaceutical and equipment industries can directly advertise not only their medications but also health care products (e.g., home technologies for diagnosis and treatment), and not from the drug store but with "advertising/education" in newspapers, TV, radio, and Internet (18).

Therapies

Increasingly, single specialty services (e.g., psychotherapy, physical, and rehabilitation therapies) are also marketed commodities, often restricted by managed care as time-limited programs for specific conditions, e.g., six visits for depression, low back pain, etc.

Relationships

While the doctor-patient relationship was once thought to be a long-term therapeutic service connection, it is no longer so. It has become transferable commodity, too, as patients may quickly disconnect themselves from the doctor, or when patients are disenrolled from their health plan by the employer or by loss of employment, the relationship is separated.

Transformed Care: a View from the Office

Do these marketed programmed service commodities for patient-customers change the doctor-patient relationship? Perhaps. Viewed from office encounters, doctors may become but advisors to informed customers seeking the needed medical commodities for providing a longer healthy life. Indeed, patients' self-diagnosis and treatment may not be to avoid the doctor altogether, rather to be better prepared for additional professional diagnosis and treatment, and, in coming to see the doctor, also searching for personal psychosocial support in coping with illness, so essential in the long term care of the chronically disabled (19). And if doctors, (or corporate practices) with their business marketing, only provide diagnosis, treatment, and prevention if paid their charges in the market economy, will the moral mission of health care then disappear (20)? Perhaps, since everyone in need may not want or be able to buy the commodity. Yet professional, business, and government investments in changing the social conditions and psychosocial factors that lead to illness and the public's avoidance of needed behavioral

change and health care could repair that moral mission. Unfortunately, that is not happening.

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