



Do online reviews diminish physician authority? The case of cosmetic surgery in the U.S.



Alka V. Menon

1810 Chicago Ave, Evanston, IL 60208, U.S.A

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ABSTRACT

This article analyzes the substance and perception of online physician reviews, which are qualitative and quantitative assessments of physicians written and shared by patients, in the case of U.S. cosmetic surgery. Like other cash-pay medical specialties, cosmetic surgery is elective and paid for largely out of pocket, with patients having latitude in their choice of surgeon. Drawing on qualitative data from interviews, observations of an American Society of Aesthetic Plastic Surgery professional meeting, and online reviews from the platforms RealSelf and Yelp, I identify two interdependent contributors to physician authority: reputation and expertise. I argue that surgeons see reviews overwhelmingly as a threat to their reputation, even as actual review content often positively reinforces physician expertise and enhances physician reputation. I show that most online reviews linked to interview participants are positive, according considerable deference to surgeons. Reviews add patients' embodied and consumer expertise as a circumscribed supplement to surgeons' technical expertise. Moreover, reviews change the doctor-patient relationship by putting it on display for a larger audience of prospective patients, enabling patients and review platforms to affect physician reputation. Surgeons report changing how they practice to establish and maintain their reputations. This research demonstrates how physician authority in medical consumerist contexts is a product of reputation as well as expertise. Consumerism changes the doctor-patient relationship and makes surgeons feel diminished authority by dint of their reputational vulnerability to online reviews.

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As online reviews expand in the medical arena in the U.S. (López et al., 2012; Mueller et al., 2013), cosmetic surgery is a good case for examining their effects on the doctor-patient relationship. Free from the mandate of a physician referral and other constraints normally imposed by insurance, cosmetic surgery is notable for its pronounced medical consumerism. Surgeons compete to attract patients through word-of-mouth referrals and marketing amidst recurring professional debates about the appropriateness of advertising cosmetic procedures (Sullivan, 2001). This study investigates whether online reviews of physicians by patients diminish physician authority. I find that reviews can potentially diminish physician authority, changing the doctor-patient relationship. However, I also show that in practice this effect is minor, and that many cosmetic surgeons interpret reviews as a greater threat to their authority than is actually the case.

As with other physicians, the authority of cosmetic surgeons is rooted in patients' dependence on physicians' specialized

knowledge and training (Starr 1982)—their expertise—but also on physician reputation. Based on an analysis of reviews coupled with observation of an American Society of Aesthetic Plastic Surgery meeting and interviews with surgeons, I argue that reviews shift the balance of authority in the doctor-patient relationship by providing patients with a means to damage physician reputation. Reviews by patients asserted their lay expertise as consumers, reduced information asymmetries between patients and surgeons, and evaluated surgeons. Even as review content mostly reinforced and complemented physician expertise, surgeons perceived reviews as introducing third-parties (i.e., review platforms and prospective patients) into the doctor-patient relationship, and feared that negative reviews would scare away prospective patients.

In contrast to health information websites that have previously been studied (Adams, 2013), some review platforms in the U.S. exist largely outside conventional institutional channels of insurance companies, hospitals, or the state. Without such alliances or direct financial ties to medical industries, these platforms offer patients leverage on their providers in the unequal doctor-patient

E-mail address: alka.menon@u.northwestern.edu.

relationship. However, reviews make cosmetic surgeons only superficially accountable to patients on the aesthetic outcomes as well as the service aspects of their practice: I show how surgeons adjusted their practices to avoid reputational harm and maintain their authority.

1. Online evaluation: authority, expertise, and reputation

1.1. Authority, expertise and reputation in medicine

In analyzing how cosmetic surgeons are evaluated by patients, I consider expertise and reputation as contributors to physician authority. Starr (1982, 9) describes authority in medicine as “the possession of some status, quality, or claim that compels trust or obedience.” Building on Weber, Starr sees physician authority as rooted in the perception of the legitimacy of the doctor’s instructions (which derives from their training, credentialing and expertise) and the dependence of patients on physicians. Authority is a power relation based on differential knowledge, with the doctor retaining power due to her “superior competence” (Starr, 1982, 11). Cosmetic surgeons are medical practitioners vested with authority and credentialed by the American Medical Association and state licensing boards. As cues alongside established signals of expertise such as credentials, reviews give patients some power to shape the perception of the legitimacy of a physician and reduce the dependence of patients on any one physician.

Cosmetic surgeons are experts in the sense that they are “sponsored intellectual[s]” with the weight of institutions supporting their claims to knowledge and ability (Fine and Xu, 2012, 153; Eyal, 2013). This expertise is not solely the province of the credentialed expert but rather as “a network linking together agents, devices, concepts, and institutional and spatial arrangements” (Eyal, 2013, 863), including medical schools, professional organizations, and mastery of special equipment in the case of cosmetic surgery. Patients are also part of the web of expertise, possessing a lay, embodied expertise rooted in their personal experiences in selecting a surgeon, undergoing a procedure, and recovering from surgery (Prior, 2003; Barker, 2008). “Expert” patients contribute information about their health experiences online largely for the benefit of other patients (Lupton, 2014; Adams, 2011), but their assertion of their expertise has been met with some skepticism by doctors (Fox and Ward, 2005; Broom, 2005).

Though patients have a form of expertise, they often have limited ability to evaluate the technical expertise of physicians. Patients rely instead on “the stature of the expert” in selecting a surgeon (Fine and Xu, 2012, 154). A surgeon’s stature, or reputation, is a function of their public persona and service orientation as well as their technical skill. Reputation is “a socially recognized persona” (Fine and Xu, 2012, 177) or, for our purposes, collective representation of ability and competence. Patients shape their surgeons’ reputations by writing reviews and word-of-mouth referrals. Surgeons may try to enhance their reputations through branding. Due to medical privacy laws and the anonymity of online review platforms, patients can anonymously enhance or damage surgeons’ reputations by writing reviews reflecting their satisfaction with surgeons’ actions.

1.2. Online health information and lay expertise

Recent research describes the development and sharing of patients’ lay expertise through the internet. This literature investigates patients’ strategies for gathering information, the communities that they form, and the knowledge claims they make based on their health experiences (Barker, 2008; Foster, 2016). Lay expertise in this case stems from experience as an informed patient

undergoing treatment and experience as a consumer purchasing a medical service (Epstein, 1995; Broom, 2005). Cosmetic surgery reviewers are not only patients and consumers but can also inhabit a third role as producers of online health information (Lupton, 2014). Patients exhibit expertise as informed or reflexive consumers, participating in a larger project of monitoring health professions even as they compare notes on procedures that offer the best value for money (Henwood et al., 2003; Lupton, 1997; Adams, 2013). By influencing surgeons’ reputations online, patients can assert themselves without having formal authority over physicians and/or financial resources.

Nevertheless, research suggests that the advent of the internet has not decisively given patients the upper hand. Information asymmetries and power differentials between physicians and patients persist (Conrad et al., 2016). Health information websites have generally re-affirmed conventional medical expertise, even as doctors regard their advent with mistrust (Song et al., 2012; Chiu, 2011). Moreover, in contexts where healthcare is subsidized or provided by the government, writing reviews can be cast as a civic duty (Adams, 2013). Health information websites depend on patients to contribute for free, potentially exploiting patients’ efforts (Lupton, 2014). While health information websites position themselves as leveling information asymmetries, scholars suggest that most such websites ally themselves with existing medical institutions, ultimately upholding physician authority (Adams, 2011).

1.3. The authority of online reviews and their reputational effects

For most online health information websites, third-party companies provide platforms for users to share information with one another. Companies guarantee the authenticity of users but not the validity or accuracy of the information they host (Jeacle and Carter, 2011; Orlikowski and Scott, 2014). Review platforms supplant expert, impartial, third-party critics such as ranking organizations or travel agencies (Lamont, 2012). Rather than offering objective evaluations of quality (De Langhe et al., 2015), reviews supply patients’ subjective evaluations, shaping physicians’ reputation without necessarily challenging physician expertise. These reviews derive their authority from volume, with “unregulated contributions by anonymous consumers trump[ing] the legitimized authority of experts and critics” (Orlikowski and Scott, 2014, p.869).

Both the quantitative and qualitative aspects of reviews contribute to their authority. Authority can stem from abstract, complex numerical ratings, averaged and standardized to provide an ostensibly objective approach to trust and evaluation, as shown by Espeland and Sauder (2016) in the case of academic rankings and Porter (1995) in government cost-benefit analysis. But the qualitative, personal, embodied-based narrative comments are also authoritative, even when they contradict quantitative ratings (Orlikowski and Scott, 2014). In evaluating surgeons and giving advice to prospective patients, reviewers subjectively provide “authoritative opinion ... which has its origins in the ‘authenticity’ of the opinions offered” (Jeacle and Carter, 2011). Thanks to a technical tool and standardized commercial product, reviews allow the introduction of others into the doctor-patient relationship.

1.4. Medical consumerism and cosmetic surgery

While cosmetic surgery is unique in the extent of its consumerism, medical consumerism is an increasingly important feature of modern medicine according to theories of biomedicalization (Clarke et al., 2003). Cosmetic surgery consists of invasive and elective aesthetic procedures, such as breast augmentation, requiring a high level of surgical skill/expertise. Without standardized diagnoses or insurance codes, cosmetic surgeons have

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