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RESEARCH

The effect of Dr Google on doctor–patient encounters in primary care: a quantitative, observational, cross-sectional study

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Abstract

Background: Two-thirds of all patients search the internet prior to a health consultation.

Aim: To explore how searching for online health information before visiting a doctor influences patients' behaviour during the consultation.

Design & setting: A quantitative, observational, and cross-sectional study of 18–75-year-old patients who used the internet.

Method: Patients were recruited by social media for the quantitative study. This was followed by a qualitiative study of GPs who were questioned in focus groups. Two questions were addressed: What is the effect of searching online health information on the behaviour of the patients? How does the GP handle this information?

Results: Almost half of all responders (total *n* = 963) usually went to the doctor after the online information search but two-thirds were not reassured by the internet search. More than half of responders had more confidence in their GP after searching online. The older the responders, the more they went to the doctor after their internet search and the younger the responders, the more they were worried. The more frequently people consulted the internet for specific complaints, the more likely they reported reassurance.

Discussion: Patients usually made an appointment with their GP after the internet search. New symptoms are rarely noticed and the search usually did not lead patients to distrust their GP. The majority of GPs described positive effects of the online search behaviour on the consultation.

Conclusion: The emerging use of the internet for searching health information, commonly referred to as 'Dr Google', is not seen as a threat by GPs and leads to a better mutual understanding of symptoms and diagnosis.

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How this fits in

More patients are searching the internet before consulting their GP and they not only search for an online answer to symptoms but also to prepare for a consultation. GPs believe that this does not undermine the doctor–patient encounter and well-informed patients contribute in a positive way to the consultation.

technology, as a way to support and improve the diagnosis and management of conditions that can be dealt with at the primary care level, is essential in order to have a more effective health system, and is one of the greatest challenges in terms of innovation for PHC throughout the country. Studies of its effectiveness using robust methodology are required in order to ensure it is being used in the best possible ways.

The Brazilian Ministry of Health has recently produced guidance for health technology assessment for PHC in order to identify the types and characteristics of studies that should be developed to improve decision making at this level of care, such as the rapid appraisal of new technologies, the use of systematic reviews, and evaluation of budget impact. This guidance is in press and will be published in 2017.[11]

Challenges

The health system faces the challenge of implementing quality PHC throughout a large country with many socioeconomic differences and serious inequities in access to health care. The number of health professionals, including GPs, who have adequate qualification, are insufficient to provide universal coverage in every part of the country. The challenge also includes the delivery of effective interventions in remote areas, which are culturally and socially sensitive, and the coordination of long-term care between the primary and specialised care sectors, a challenge that is increased by the rapid ageing of the Brazilian population.

There has been an increase in PHC investment, but it is still insufficient. Programmes, such as the FHS, appear to be cost-effective; however, due to the current economic and political situation in the country, the achievements in PHC, and the remarkable health system reform in Brazil over the last two decades, are under threat. Strengthening PHC in Brazil, through these and other initiatives, is essential to guarantee the SUS principles of universal access, comprehensive care, and healthcare equity.

Provenance
Commissioned; not-externally peer reviewed.

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Figure 1. More Doctors Programme

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