



Factors influencing Doctor Shopping by Afghan Community Members

**A report for the Afghan Community Health and Wellbeing Needs
Project**

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About the Researcher

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Background

Link Health and Community (Link HC) is a registered community health service providing an extensive range of health services within the City of Monash and surrounding areas.

The Link HC Strategic Plan for 2016-2020 has a vision of 'healthier people participating in their communities' and a mission 'to provide integrated health and community services in Melbourne's east and southeast'.

Link HC's programs have been developed to meet the health needs of its local population and to provide accessible and affordable health and social services particularly to those most in need. The programs provided by Link HC are supported by funding from the Victorian and Commonwealth Governments (Link Health and Community, Annual Report, 2013).

Link HC has been conducting a study of the health and wellbeing needs of the Afghan community in Monash, Kingston and Greater Dandenong. During the course of stakeholder consultations and discussions with general practitioners, it has been reported that some Afghan community members in the Dandenong area have been seeing different, often multiple, general practitioners without informing their primary doctor. This has created problems for GPs: in managing their patients' health care, providing appropriate diagnoses and continuity of care; maintaining accurate health records, and in billing with Medicare. It has also raised concerns about the possible misuse of prescription medications. 'Doctor shopping' is most commonly associated with prescription shopping for drug addiction.

The aim of this report is to provide some insights into why these behaviours may be prevalent in the Afghan community.

Introduction

Almost 25% of Australians were born overseas in countries where their languages, norms, cultures, beliefs, attitudes and even health systems are different from Australia. This may lead to problems for some in using medicines safely and effectively and in utilising the healthcare system. These issues might be more prominent among those with poor English proficiency and people who are socially isolated (Medicines Talk, 2010).

Patients may be disadvantaged by 'doctor shopping' or 'prescription shopping' which carries penalties for people suspected of obtaining more subsidised medicines than they medically need. Prescription shopping is when a patient unknowingly or deliberately gets more medicine than they need. They will visit many doctors without telling them about their other consultations (Commonwealth Department of Human Services 2016). Patients may be unaware that they may be reported for prescription shopping through the Medicare system.

They may also be denied the medicines that they need to treat diagnosed illnesses or conditions.

As these behaviours have serious adverse consequences, it is important to understand why they might be happening.

Possible Factors Influencing 'Doctor Shopping' Behaviours

There may be a number of different reasons and factors influencing such behaviours which are not related to drug abuse. These observations are largely based on the practical knowledge and experience of the author, working as a medical practitioner and health sector advisor in Afghanistan.

Second opinions and preference for a female GP: Afghan community members may be interested in getting a second opinion which is an acceptable behaviour to some extent. For some Afghan women, changing doctors may reflect their specific needs. For example, for common diseases or illnesses, they normally see a GP irrespective of the doctor's gender, but for gynaecological problems they prefer a female doctor.

Limited knowledge of effects of multiple drug use: Another factor may be people's beliefs about medicine. Many people from CALD background do not have any understanding about multi-drug toxicity, or drug interactions between herbal medicine and prescription and over-the-counter medicines. Hence, they tell neither their doctors nor pharmacists about the use of such drugs. They might also be reluctant to disclose this drug use because of fear of disapproval. If they go to different doctors they will not be subject to such disapproval.

Unfamiliarity with treatment regimens: Some people of CALD background who do not have experience of Western style medicines, may not know about the appropriate routines for use of medications. For instance, they may not be familiar with the use of vaccinations or other medications, in prevention rather than the treatment of illness. Some may be thinking that injections could be given once only. Some people could also place certain meanings on the colour and size of medicines. For example, in some cultures red coloured tablets indicate strong medicine (Medicines Talk, 2010). Therefore, when the doctors do not know their patients' beliefs and way of thinking, the prescribed treatments may not meet their patients' expectations. This might contribute to the patient changing their doctor frequently.

Patterns of use and access to medicines in Afghanistan: Patterns of medicine use and beliefs about access to medicines amongst members of the Afghan community in Australia have been largely influenced by conditions in their home country. For example, in Afghanistan most medicines are available at local markets without medical prescriptions. Drugs are also sold

via various outlets such as governmental pharmacies, private pharmacies and even through unregistered lay people on the roadsides. Only narcotic drugs and anaesthetics are sold by prescription from hospitals. Anecdotal evidence suggests that such patterns of free drug availability, combined with poor health literacy, may contribute to drug abuse, drug reaction and resistance, and lead to poly-pharmacy in individual people. Based on the author's practice experience in Afghanistan, such patterns also encourage some Afghan doctors to prescribe more drugs in the hope of achieving the desired treatment goal. These have also prompted the tendency or expectation of obtaining multiple medicines from doctors in Australia among Afghan patients and may contribute to the behaviour of changing service provider more often, if multiple prescriptions are not issued.

Cultural beliefs about medicine: A story of an Afghan man who had come to Kabul city from one of the remote areas to seek medical treatment from one of the medical specialists provides some insights into these behaviours. He was examined and prescribed only two drugs based on the diagnosis of his health problems. Once the patient took the prescription to the nearest pharmacy shop, he realized that only two drugs had been specified. He became upset and threw the drugs away, saying that although he had many problems, the doctor had only prescribed him two drugs. He disposed of the medicine and left the clinic blaming the doctor for what he considered to be the doctor's ignorance about his illness.

Based on observations in medical practice in Afghanistan, it would seem that the majority of illiterate people in Afghanistan believe that there are strong links between the preparation of medicine (tablet, capsules, syrups and injection), the availability of medicine in the nearest pharmacy, and the drug quality and effectiveness. For example, if a medication is found everywhere in all pharmacy shops they believe the drug might be of low quality. According to some, the harder the drug is to find, the better the quality might be. Some people also believe that medicine by way of injection is of better quality than medications in syrup form, and that capsules are more effective than tablets. It is also falsely believed that loose-packed tablets are less effective than tablets that are sold in strip and coated forms.

Conclusion: In summary, free drug availability in market, poly-pharmacy, and the misbeliefs about the type of drug preparation could be some of the contributory factors in encouraging Afghan community members to seek medical services from different GPs.

Importance of Cultural Awareness

Doctor-shopping behaviours can be exacerbated by lack of awareness about cultural differences and failure to use professional interpreting services by general practitioners (Medicines Talk, 2010).

Health service providers need to examine culturally based concepts and expectations of medication. Some people believe that if drugs are not prescribed, they are not getting

adequate care. Some people from different cultures and ethnic groups also fear that Western medicines are addictive (this is true in relation to opioids, tranquillisers, depressants and stimulants). Moreover, some groups of people have a conception about the 'cold' and 'hot' properties of drugs and prefer to take 'cold' drugs when they feel hot and vice versa. This might have originated from the different side effects of different types of drugs. For example some drugs can cause flushing of the face and a feeling of warmth. Other drugs might be considered cold in nature. For instance, when people suffer from fever they prefer to take cold drugs such as analgesics.

Doctors should further explore the patients' and caregivers' beliefs around use of medicines with some culturally relevant questions. Use of appropriate questions would help doctors assess their patients' beliefs, expectations, behaviours and their level of literacy about Western medicines. Doctors should make sure that patients are informed and understand the recommended dose of any medications, based on body weight, possible drug interaction and the reasons why patients are given only one medicine. In other circumstances, the reasons for not prescribing medicine at all need to be fully explained (Dimensions of Culture, 2014). Doctors familiar with such kinds of beliefs might improve the efficacy of treatments, and reduce the number of unnecessary doctor visits as well as frequent changes of doctor which could be misconstrued as 'doctor shopping' associated with drug addiction.

One of the most important factors that a provider should take into account and explore is the role of heritage consistency. This describes the extent to which a person's lifestyle indicates her/his traditional culture. If someone is very consistent and strict with her/his heritage, for instance, the person will maintain more of the core values, beliefs, attitude and behaviours and will deviate less from that cultural heritage compared to those who are inconsistent in their ways of living. It means the more one acculturates to Western society, the less consistent they might be with their own original culture. Therefore asking relevant questions by the general practitioner that disclose heritage consistency among patients would be helpful in determining the level of patient's heritage consistency, and the likelihood to which they might adhere to practices and norms regarding health care in their home country. This might alert GPs to the behaviours and attitudes outlined above. In turn, this might allow GPs to better manage their patients by improving knowledge of their treatment and may ultimately lead to reduced doctor-shopping.

The Need for Further Research

Attitudes, beliefs and behaviours combined with low levels of education and health literacy among Afghans can be seen to contribute to patterns of changing health service provider frequently here in Australia. There are many studies about ways of improving access by refugees to general practice services but little has been mentioned about how to change refugee health seeking behavior characterized by frequent change of service provider.

Further research and study is required to determine the factors contributing to these behaviours and to identify the best ways to address the issues.

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