

# The Curious Phenomenon of Doctor Shopping!

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## INTRODUCTION

In medical practice clinicians frequently encounter numerous unexplained symptoms or vague physical complaints as common clinical presentations. Very often, a difference of opinion exists between physicians and mental health professionals or patients and caregivers, as to what remains the underlying root cause of such physical symptoms, which appear in an apparently normal functioning body. These differences become a major cause for impaired doctor-patient and doctor-doctor relationships, and play a significant role in hindering implementation of psychosocial aspects of management.

There is no dearth of medical professionals in the country. Under conflicted circumstances or when a patient is unsure or dissatisfied with the ongoing treatment, s/he usually resorts to taking another consultation from a different healthcare professional, sometimes even allied medicines like *unani*, *ayurveda* or homeopathy. This behaviour is identified in layman terms as 'doctor shopping' and is widely acknowledged by healthcare professionals across the world. Many researchers have attempted to define doctor shopping in their own meaningful and relevant terms. For example, Lo and colleagues define it as 'the changing of doctors without professional referral during an illness episode'.<sup>[1]</sup> Macpherson quantifies it as 'three or more sites for consultations during a single illness'.<sup>[2]</sup> Pradel mentions 'simultaneous use of several physicians', whereas Lineberry defines doctor-shopping as 'visiting multiple physicians simply to procure more prescriptions'.<sup>[3]</sup> Hall and colleagues characterize this phenomenon as 'obtaining prescriptions for controlled substances from five or more clinicians during the preceding year'.<sup>[5]</sup> During these visits, the patient usually does not reveal previous consultations or his/her relationship with the primary healthcare professional.

The prevalence of doctor shopping varies from 6.3 -56%.<sup>[6]</sup> It is most commonly seen amongst people suffering from substance use disorders or illicit drug suppliers, or patients of somatoform disorders, hypochondriasis, factitious (Munchausen) or Munchausen by proxy disorder, or adult attention deficit disorders (causing indiscriminate use of stimulants). Thus, medicines commonly involved in prescription frauds are narcotics, stimulants, benzodiazepines and barbiturates and commonly come under thorough investigations by law enforcement officers especially in view of Mediclaim/ health insurance claims.

There are various reasons postulated to be behind doctor shopping, and can be broadly understood as physician and patient related factors. According to surveys, extended waiting hours, physician's strict attitude, inconvenient hours or location of consultation and insufficient time given during doctor-patient communication were amongst the most commonly reported reasons for patient dissatisfaction and attrition.<sup>[7,8,9]</sup> Patient-related factors include illness variables as well as psychological dysfunction. For example, symptom persistence, lack of understanding of one's diagnosis & treatment, and chronic course of illness amount to multiple consultations.<sup>[1,10,11]</sup> As per

Norton and colleagues, doctor shopping is indicative of an underlying psychiatric illness. Some have even found its association with “serious emotional problem within the family”.<sup>[12,13]</sup> Similarly, Fink and de Zwaan & Muller reported higher rates of multiple physician visits with somatic preoccupation and nonspecific emotional dysfunction.<sup>[14,15]</sup>

Some of these patients will visit multiple doctors as a 'new/ first visit' patient or 'visiting from out of town' patient who exaggerates or feigns symptoms and insists on prescribed medications for longer durations. Sometimes, it almost borders malingering of symptoms, specifically presented for procuring drug prescriptions. Physicians may hesitate from suspecting a malingerer owing to fear of falsely accusing a patient or judgement error in a genuinely suffering patient.

Another section of these patients visits multiple health care professionals with varying specialities (physicians, gastroenterologists, cardiologists, gynaecologists, neurologists, oncologists, plastic surgeons and ultimately psychiatrists), without specific requests for prescriptions or intent for material gains. These patients even spend enormous amounts of money and time in frequent consultations and repeated investigations, as they are unable to feel satisfied with the assessments and treatment plans offered by different doctors. The reason behind this behaviour is attributed to presence of underlying somatoform disorders, including hypochondriasis and/ or body dysmorphism, which present with somatic symptoms of anxiety, illness anxiety and reassurance seeking as behavioural symptom manifestation.

Vague and fluctuating somatic symptoms, often dramatic, inconsistent or disorganized, along with a thick file of test reports including invasive investigations, and exaggeration of symptoms when attended to are some indicators of identifying this cluster of patients. Most of their reports will show normal findings, in contrast to the patient's clinical presentation. As a result, the patient will keep changing doctors and specialities of doctors in search of a convincing answer. A feedback of normalcy in the test reports and physical examination and diagnosis is perceived negatively by the patient and s/he will often move on to another 'better' doctor for repeating the process all over again. Sometimes, these patients create counter-transference in their treating doctors, who find them to be problematic, difficult to manage and a sheer waste of time and effort during their precious busy consultation hours. This in turn aggravates more specialist referrals from the doctors' end, further potentiating the cycle of 'doctor shopping'.

From the patient's perspective, when s/he experiences psychological distress of physical symptoms not responding to repeated evaluations and prolonged treatments, it also speaks of low self-esteem, low frustration tolerance, high vulnerability to stress and even underlying clinical depression or anxiety. But denial of a psychological cause and resistance for psychiatric consultation hinders an appropriate resolution of the same. Sometimes, physicians are partly to blame for this attitude in patients through insensitive labels of phrases like 'it's only in your head' or 'don't overthink it'. Such dismissive comments create a sense of rejection and anger in the sufferers and propel them towards another consultation in search of an answer from someone who understands them wisely.

In a study exploring the determinants of doctor-shopping, certain observations were made with regards to influencing factors. Age and gender both appear to play a significant role in the attitudes and expectations towards, and health service utilization by a patient. The findings state that male doctor-shoppers are more likely to be middle aged (OR=2.81) or have chronic medical illnesses (OR=3.08). Female doctor-shoppers are more likely to be younger (OR=4.25) or have acute symptom presentations (OR=2.12). Underlying illness significantly affects doctor-shopping in males, in both acute illnesses (OR=9.03) and chronic problems (OR=10.84). Female doctor-shoppers seem more likely to be dissatisfied with health services (OR=2.62) than males, and common determinants of this dissatisfaction were high expectation for information exchange between the doctor and patient (OR=2.92) and disappointment in receiving an expedite recovery from injectable treatments (OR=2.95). In this study, the reasons reported for doctor shopping were persistence of symptoms, lack of trust in doctor or medicines, dislike for the doctor's attitude, lack of professional referrals, and costs or inconvenience in availing services.<sup>[16]</sup>

Lineberry and Bostwick in their study, indicated doctor-shopping as a traditional method for acquiring drugs illicitly.<sup>[4]</sup> In a Norwegian study, Winther and Bramness found 9.5 times higher % of doctor-shopping in patients of addictive drug use than non-addictive.<sup>[17]</sup> Wilsey and colleagues reported that amongst such drugs prescriptions, opioids were the most common (12.8%), followed by benzodiazepines (4.2%), stimulants (1.4%), and weight-loss medications (0.9%).<sup>[18]</sup> Presence of mental health disorders, including alcohol dependence and other substance use disorders seems to increase the risk of such doctor-shopping, especially in young patients from lower socioeconomic strata of society.<sup>[19,20]</sup> A good rapport and trust in the doctor and positive experiences on the other hand, seem to help in prevention of doctor-shopping.<sup>[21]</sup>

Ready provision of prescriptions by health professionals has its peculiar perils. Hall and colleagues examined unintentional pharmaceutical overdose fatalities and found an evidence of doctor-shopping before death in 21.4% of the decedents.<sup>[5]</sup> With a pandemic of prescription drug overdose strangling the country's young generation, the authorities have made stringent drug dispensing regulations and mandated documentation of the same. Narcotic Drugs and Psychotropic Substances (NDPS) Act, 1985 by Parliament of India prohibits the production, possession, sale, purchase, transport, storage and consumption of any narcotic drug or psychotropic substances, including amphetamines and opioids. The punishment for violating the same varies from rigorous imprisonment between 1 and 20 years, to a fine of Rs 10000 up to 2 lakhs, depending upon the quantity of substance involved.<sup>[22]</sup> Hence, one must refrain from providing prescriptions without patient examination or providing them online without corroborative or reliable information, or having an oversight for red flags of doctor shopping. This will not only safeguard the healthcare professionals from incurring legal liabilities upon themselves, but also protect the patients from unwarranted costs or unintended harm.

As doctors or caregivers or even probable patients, we must be

watchful for the warning signs of imminent doctor shopping, psychologically or ulteriorly motivated. You may observe that your loved one mentions feeling unhappy with ongoing medication or it's not working like it used to be before, and wish to seek another doctor for consultation. They may miss work or parties or gatherings due to their persistent unexplained complaints. They may behave erratically; have mood swings or anger outbursts. For picking up underlying drug addictions, look for red flags like bloodshot eyes, unkempt hygiene and general decline in overall appearance. At times they may even mention of facing financial issues like debt or unpaid loans and ask for borrowed money. Besides these, there are subtle indicators of doctor shopping for underlying drug addictions that we may casually overlook. For example, frequent excuses of losing medications, visiting far off doctors, asking for specific brands of medications of a specific dose, asking for longer duration of prescriptions and defensiveness on being questioned about any of these.

What seems to be a sensible and rational approach in handling such cases in clinical practice is to remember the basic guiding principles of doctor-patient relationship. Working patiently on establishing trust and rapport with the patient is of prime importance. Explain the mind-body paradigm to the patient, while discussing the biological interactions between emotions and bodily changes. Remember to validate the patient's symptoms as real ones, and get minimum investigations with minimum medicines prescribed at a fixed schedule. It is wise to refrain from prescribing medicines for SOS use by the patient who can misuse them as per need, while the onus of its consequences lies on the treating doctor. Rather, maximizing the role of psychosocial modalities like physical exercise, proper nutrition and hobbies or relaxation in daily routine, would be a more effective component of the complete treatment plan. Discourage emergency visits and schedule regular follow ups. When appropriate, we can even gently communicate with the patient about what doctor-shopping means, and how it is not helpful in the long run.

Following the tenets of preventive healthcare, early recognition of patients with somatization tendencies can be beneficial for initiating effective treatment early in the course of illness. Scheduling appointments in a time contingent manner and avoiding repetition of tests despite patients' demands will help in not exacerbating the disorder. Investing in motivational conversations at primary contact with the doctor and offering counselling or psychotherapy inputs over time can be recommended.

The increasing use of mobile devices in today's era makes multiple parallel consultations or online doctor-shopping a continuous activity.<sup>[23]</sup> What appears to be a comprehensive and resourceful interface on the surface, continues to remain a potentially dangerous, unreliable and irresponsible platform beneath. Hence, as healthcare professionals, we need to be more watchful for suspected doctor-shopping behaviour, while being meticulous with online consultations and impeccable with the patient's clinical record keeping.

To conclude, let us remember that seeking contentment is human nature. Patients can be prone to engage in doctor shopping for their own personal reasons. It is prudent to remember that not all doctor shopping is driven by suspect

motivations. Having a careful demeanour, non-judgemental approach and solution-focused attitude will help minimise the magnitude of this complex problem.

## REFERENCES

1. Lo AY, Hedley AJ, Pei GK, et al. (1994), Doctor-shopping in Hong Kong: implications for quality of care. *Int J Qual Health Care*;6:371–381
2. Macpherson AK, Kramer MS, Ducharme FM, Yang H, Belanger FP. (2001), Doctor shopping before and after a visit to a paediatric emergency department. *Paediatr Child Health*.;6:341–346
3. Pradel V, Delga C, Rouby F, Micallef J, Lapeyre-Mestre M. (2010), Assessment of abuse potential of benzodiazepines from a prescription database using “doctor shopping” as an indicator. *CNS Drugs*;24:611–620
4. Lineberry TW, Bostwick JM. (2004), Taking the physician out of “physician shopping”: a case series of clinical problems associated with internet purchases of medication. *Mayo Clin Proc*;79:1031–1034
5. Hall AJ, Logan JE, Toblin RL, et al. (2008), Patterns of abuse among unintentional pharmaceutical overdose fatalities. *JAMA*;300:2613–2620
6. Hassan N, Ismail SB, Noor SH. (2005), Doctor-shopping behaviour amongst adult patients attending family medicine clinic, Hospital Universiti Sains Malaysia, Kubang Kerian, Kelantan. *Int Med J*; 12:251–257
7. Yeung RY, Leung GM, McGhee SM, Johnston JM. (2004), Waiting time and doctor shopping in a mixed medical economy. *Health Econ*;13:1137–1144
8. Feroni I, Peretti-Watel P, Paraponaris A, et al. (2005), French General Practitioners' attitudes and prescription patterns toward buprenorphine maintenance treatment: does doctor shopping reflect buprenorphine misuse? *J Addict Dis*;24:7–22
9. Kasteler J, Kane RL, Olsen DM, Thetford C. (1976), Issues underlying prevalence of “doctor-shopping” behavior. *J Health Soc Behav*;17:329–339
10. Hagihara A, Tarumi K, Odamaki M, Nobutomo K. (2005), A signal detection approach to patient-doctor communication and doctor shopping behaviour among Japanese patients. *J Eval Clin Pract*; 11:556–567
11. Sato T, Takeichi M, Shirahama M, Fukui T, Gude JK. (1995), Doctor-shopping patients and users of alternative medicine among Japanese primary care patients. *Gen Hosp Psychiatry*;17:115–125
12. Norton J, de Roquefeuil G, David M, et al. (2011), The mental health of doctor-shoppers: experience from patient-led fee-for-service primary care setting. *J Affect Disord*;131:428–432
13. Woollcott P Jr, Aceto T Jr, Rutt C, Bloom M, Glick R. (1982), Doctor shopping with the child as proxy patient: variant of child abuse. *J Pediatr*;101:297–301

14. Fink P. (1993), Admission patterns of persistent somatization patients. *Gen Hosp Psychiatry*;15:211–218
15. de Zwaan M, Muller A. (2006), Doctor shopping: the difficult-to-manage patient. *Wien Med Wochenschr*;156:431–434
16. Lo, A. Y., Hedley, A. J., Pei, G. K., Ong, S. G., Ho, L. M., Feilding, R., & Daniel, L. (1994). Doctor-shopping in Hong Kong: implications for quality of care. *International Journal for Quality in Health Care*, 6(4), 371-381
17. Winther RB, Bramness JG. (2009), Prescription shopping of addictive drugs in Norway. *Tidsskr NorLaegeforen*;129:517–520
18. Wilsey BL, Fishman SM, Gilson AM, et al. (2010), Profiling multiple provider: prescribing of opioids, benzodiazepines, stimulants, and anorectics. *Drug Alcohol Depend*;112:99–106
19. Chenaf C, Kabore JL, Delorme J, et al. (2016), Incidence of tramadol shopping behaviour in a retrospective cohort of chronic non-cancer pain patients in France. *Pharmacoepidemiol Drug Saf*;25(9):1088–1098
20. Sorbero ME, Dick AW, Zwanziger J, et al. (2003), The effect of capitation on switching primary care physicians. *Health Serv Res*;38(1 Pt 1):191–209
21. Siu JY. (2014) “Seeing a doctor is just like having a date”: a qualitative study on doctor shopping among overactive bladder patients in Hong Kong. *BMC Fam Pract*;15:27
22. <http://nicfs.gov.in/wp-content/uploads/2017/01/Narcotics-Drugs-and-Psychotropic-Substances.pdf>
23. Faulds, D. J., Mangold, W. G., Raju, P. S., & Valsalan, S. (2018). The mobile shopping revolution: Redefining the consumer decision process. *Business Horizons*, 61(2), 323-338