

DOCTOR ATTITUDES

TOWARD A. C. S. AND ITS PROGRAM

Report Based on 471 Personal Interviews With
Doctors During the Summer of 1955

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I N T R O D U C T I O N

Early in 1955, the National Opinion Research Center received a grant of funds from the Health Information Foundation to conduct a research study on public attitudes and behavior with respect to health and medical care. The major objective of this research was to find out why some elements of the population receive a great deal of medical care, while others -- comparable to them in terms of age, income and other demographic characteristics -- make very little use of available medical facilities. An important secondary objective was to assist the public relations efforts of the many groups and agencies concerned with health by ascertaining those areas of public ignorance and error which are amenable to correction through improved information.

During June, July and August 1955, 2,379 individuals, selected by probability sampling methods and representing a cross-section of the U.S. adult population, were personally interviewed by the NORC field staff. The interview was a comprehensive one, averaging between two and three hours in length, and inquiring into people's knowledge, attitudes, experiences and beliefs with respect to health, illness and a broad range of medical personnel and facilities: doctors, hospitals, druggists, dentists, voluntary health insurance, public health facilities, etc. In the course of this interview, respondents were asked to name their "regular doctor" or the doctor they "would probably call" if they got sick,

From the names thus provided, a panel of approximately 500 doctors was selected by systematic sampling methods, and these were subsequently interviewed on a different questionnaire. While some of the questions

on the two interview schedules were identical, in order to contrast popular vs. medical opinion, the larger part of the doctor questionnaire dealt with the physician's own attitudes toward his practice, his ratings of local medical facilities, his behavior in certain situations, and his opinions concerning other groups and agencies in the field of health. Included among the questions asked of this panel of doctors were several asked specifically on behalf of the American Cancer Society, and a number of others which bear on matters of concern to ACS. It is these questions which provide the subject matter of this report.

It should be emphasized that the ACS questions were imbedded in the general context of the interview, and their sponsorship was never revealed to the responding doctors. If any doctor expressed curiosity about the purpose or sponsorship of any question, he was told only that the study was conducted under a general grant from the Health Information Foundation, that many groups and agencies in the field of health were consulted in the design of the survey, and that results would ultimately be made generally available to all. There is no likelihood, therefore, that any doctor withheld his frank opinions on the Society and its program for fear of offending one of its representatives or agents.

The sample, selected as it was from the "regular doctors" named by the general public, has several unique advantages over the usual sample drawn from medical association listings or telephone books. For one thing, it automatically excludes physicians who have little or no contact with the general public, and specialists who see a patient only one time or for one condition. Moreover, the doctors who serve many families in an area are more likely to have been drawn for the panel than doctors with only a small practice.

While full details of the personal characteristics of this sample are presented in an appendix to this report, the following figures may be briefly mentioned. Seventy-three percent of the doctors describe their practice as a general one, 23% say it is concentrated in one of the specialties, and 4% say it is "both." Internal medicine, surgery, and obstetrics and gynecology comprise virtually all of the specialties mentioned. Twenty-seven percent of these doctors are under 40 years of age, 34% are between 40 and 50, and another 39% are 50 or older. The median annual income of the group is \$15,350 with about a third earning \$20,000 or more, and about 20% earning less than \$10,000. The majority practice in metropolitan areas, though a fourth are located in rural areas, and approximately a fifth in small towns.

The questions which were asked specifically for ACS were designed by NORC and approved by the Society's Department of Public Education. Interviewing was conducted by members of the permanent NORC staff, each of whom has been personally recruited and trained. The total interview averaged an hour and a half in length, and there is every indication that doctors responded freely and frankly. No substitutions were allowed for the doctors originally selected, and it is pertinent to note that in spite of the length of the interview and the busy days of most general practitioners, only 8.5% of the doctors (one in twelve) refused their cooperation in this study. Of those interviewed, 93% were described by interviewers as cooperative, with 3% "neutral", and only 4% hostile to the interview.

The frank responses of a representative national cross-section of practicing physicians to these questions about the ACS program were intended to provide crucial information on a very significant problem.

Surveys among the general public and reports from local committees permit a fairly accurate assessment of the Society's progress in encouraging the public to recognize cancer signals and to seek early treatment, but obviously the doctors play a crucial role in strengthening or in discouraging the public's behavior in this respect. If doctors are not sympathetic to the Society's program, much of the good effects of public education will be put to nought. The present survey describes the actual attitudes and behavior of the medical profession in these respects, and may furnish important guides to future planning.

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C O N T E N T S

	Page
HIGHLIGHTS OF THE FINDINGS.	vi
I. EARLY TREATMENT FOR CANCER SYMPTOMS	1
II. DETECTION AND PREVENTION.	5
III. PUBLIC HEALTH INFORMATION	13
IV. THE VOLUNTARY HEALTH AGENCIES	24
V. PARTICIPATION IN AGENCY ACTIVITIES.	33
APPENDIX A: The Sampling Method	36
APPENDIX B: Characteristics of the Doctors.	38

HIGHLIGHTS OF THE FINDINGS

Cancer Danger Signals

Practically all doctors would urge a person to "see a doctor right away" in the presence of six of the seven danger signals of cancer.

The exception is a change in normal bowel habits, which about a fourth of the doctors feel a person should "take care of himself, unless it keeps up or gets worse."

Almost all doctors report that more patients are coming to them at an early stage of illness today than was the case ten years ago, and two-thirds of all doctors say they have noticed this especially in the case of cancer.

Three-quarters of all doctors believe "the mass education programs on such conditions as heart disease, cancer and tuberculosis have contributed a great deal to this tendency."

Annual Preventive Check-ups

More than three-fourths of the doctors approve the idea of annual physical exams. The others say it is not necessary unless the patient has some complaint, or that it is necessary only for certain people.

Only one doctor in six, however, reports that "many" of his patients do come in for annual check-ups, and fewer than half say they make a point of recommending regular exams to most of their patients.

Younger doctors and big-city doctors are more likely to recommend such check-ups to their patients. Older doctors and rural doctors do so less frequently.

Semi-Annual Pelvic Examinations for Women

About seven doctors in every ten say they approve of semi-annual pelvic exams for all women over 35. Younger doctors are more favorable than older ones.

Of those who disapprove, about half explain that such exams are needed only if the woman shows symptoms.

Other frequent reasons for disapproval are the belief that every six months is too often, that such exams worry the patient unnecessarily, and that 35 is too young an age to start such regular check-ups.

Semi-Annual Chest X-Rays for Men

Only a minority of all doctors (42%) approve of semi-annual chest X-rays for all men over 45.

Again, almost half of those who disapprove explain that such frequent X-rays are required only if the man has symptoms. Most of the others feel that every six months is too often, and substantial numbers cite the time involved and the expense to the patient.

Breast Self-Examination

Half of all doctors say they have seen the film, "Breast Self-Examination."

About four out of five approve the idea of monthly self-examination of the breasts, with younger doctors more approving than the older group.

Approval of the idea seems only slightly related to exposure to the film. 82% of doctors who have seen the film, and 76% of those who have not seen it, express approval of the idea.

The minority of doctors who disapprove of monthly breast self-examinations most often explain that such a practice would make women "neurotic" or "too cancer-conscious." Others believe that only a doctor is qualified to make the examination.

Public Health Information

Only one doctor in ten opposes the goal of a well informed public on matters of health and medical care. This small minority fears that such knowledge will worry the public unduly, or they believe medical knowledge can be understood only by trained people.

The mass media and doctors themselves are most often credited for the correct information the public does have about health. Voluntary health agencies are spontaneously credited by one doctor in six, and most of these mention A.C.S.

The public itself is most often blamed for popular ignorance of health matters. About half the doctors feel the public either lacks interest in health information or is unable to interpret it properly.

One-fourth of the doctors spontaneously suggest cancer information as among the "one or two things it is most important for the public to know more about."

In discussing the most appropriate means of providing health information to the public, the doctors tend to favor "official" sources and "approved" material, in preference to the activities of private groups.

The Voluntary Health Agencies

Practically all doctors believe the voluntary health agencies serve at least some constructive purpose. Encouragement to see a doctor promptly and an increased "health consciousness" among the public are the contributions most often mentioned.

Less than half the doctors can think of any harm done by the mass education programs on "heart disease, cancer and tuberculosis." Practically all of these refer to the fears and anxiety aroused in some people.

Almost half the doctors would expand some of the activities of the voluntary health agencies, the public information, research and diagnostic clinics are the areas most often mentioned.

Only a fourth of all doctors would curtail or change any of the agencies' activities, and these most frequently refer to the information programs or to fund-raising techniques.

While 40% of the physicians speak of an increased phobic concern with illness, on the part of at least some segments of the public, as a harmful effect of the voluntary agencies' information programs, only 7% suggest less emphasis on fear when they are asked to recommend changes in agency activities.

Participation in A.C.S. Activities

Almost one doctor in every five claims to have served on an A.C.S. board or committee at some time in his career. The same proportion (18%) say they have done public speaking for cancer, and 12% cite other activities they have participated in -- chiefly service at clinics, detection centers, etc.

Of all doctors, 30% say they have participated in the A.C.S. program at one time or another, or in one way or another.

Participation is more frequent among small town and rural doctors than in the large metropolitan areas.

EARLY TREATMENT FOR CANCER SYMPTOMS

In the course of the interview with the general public, people were given a card list of illness symptoms and asked to name those they thought a person should "see a doctor about right away", those which a person should "take care of himself", and those which a person "shouldn't bother about because they're not usually important."

The original list of twelve symptoms contained two of the seven "danger signals" of cancer: "Diarrhea or constipation for about a week" (which was deemed equivalent to "Any change in normal bowel habits"), and "A lump or discolored patches on the skin, not due to bruise marks" (which was equated with "A lump or thickening, in the breast or elsewhere.") It also included "A cough for several weeks."

This same list was handed to doctors, with the addition of five other cancer "danger signals" -- "Any sore that doesn't seem to heal", "Unusual bleeding or discharge", "Any change in a wart or a mole", "Persistent indigestion or difficulty in swallowing", and "Persistent hoarseness". Doctors were then asked which ones a person should "see a doctor about right away", and which ones the person should "take care of himself unless they keep up or get worse."

The doctors' responses on the cancer signs are summarized in Table 1.

TABLE 1

"Now here's a list of conditions that people sometimes don't bother to see a doctor about. . . Which of those do you think a person should see a doctor about right away, and which ones should a person take care of himself unless they keep up or get worse?"

	<u>Percent of All Doctors</u>		
	<u>See</u> <u>Doctor</u>	<u>Care for</u> <u>Himself</u>	<u>Don't</u> <u>Know</u>
Unusual bleeding or discharge. . . .	100%	*	* = 100%
Persistent hoarseness.	98	1	1
Change in wart or mole	98	2	*
Persistent indigestion	97	3	*
Sore that doesn't heal	95	4	1
Lump on skin	92	7	1
Cough for several weeks.	92	7	1
Diarrhea or constipation for week. .	75	24	1

It will be seen that the doctors are almost unanimous in their belief that six of the seven "danger signals" require prompt medical attention. There is somewhat less unanimity concerning "diarrhea or constipation for about a week", but even here three doctors in every four would recommend a visit to the doctor.

Doctors were not asked to give a reason for their opinions on this question so one can only speculate as to why changes in bowel habits are regarded as less serious than the other symptoms listed. It is perhaps significant, however, that of the three doctors who volunteered a reason for rejecting this item, all commented that while diarrhea usually calls for prompt medical attention, constipation is less serious.

The fact that as many as 7% of the doctors say that no immediate doctor visit is indicated in the case of a "lump" may possibly have been due to the wording of the item in terms of "A lump or patch on the skin, not due to bruise marks." This wording (from a symptoms list used on an earlier study) was used in the interviews with the public, and for purposes of comparability, it could not be changed for the doctor interviews.

Interviewers, however, were instructed to explain to the doctor where necessary that the item was meant to include not only a lump on the skin but also any lump under the skin. Conceivably some of the 7% who rejected this item may not have been properly informed by the interviewer.

Inspection of the answers of the small minority of doctors who reject these symptoms as sufficient grounds for a doctor visit reveals that in practically no case does any doctor reject all of them, or even most of them. Those who say "Don't see a doctor" on any one of the symptoms generally favor the idea for all, or practically all, of the others.

Actually, the percentages answering "see doctor" on the cancer symptoms were among the highest on the entire list. In contrast, for example, only 63% urged an immediate doctor visit for a "feeling of dizziness", 60% for "a backache fairly often", and 43% for "a sore throat and running nose for a few days." It is apparent, therefore, that doctors do not unanimously recommend immediate medical treatment for all kinds of symptoms.

Preliminary tabulations of the interviews with the public reveal, incidentally, that the general population recognizes these symptoms as requiring prompt medical attention in just about as frequent proportions as the doctors themselves. While only three of the danger signals of cancer were on the list handed the public, 71% said "see a doctor" about diarrhea or constipation for a week or more, 93% for a lump on the skin, and 87% for a persistent cough.

Practices of Patients with Respect to Early Treatment

It is clear that doctors overwhelmingly favor prompt examination of patients showing danger signs of cancer. It is clear also that heavy majorities of the public as well advocate a prompt doctor visit in the present of such signs. But does the public actually behave in accordance with informed medical opinion and with its own recommendations?

A definitive answer to this question must await final tabulations of the public survey, for in the course of this interview, people were shown the same list of symptoms mentioned earlier and asked which ones they themselves had had during the last year. They were next asked, for each symptom mentioned, "Did you see a doctor about that condition?" Partial tabulations indicate that the proportion who actually go to see a doctor about the conditions mentioned is considerably less than the proportion who recommend a doctor visit in principle, but no figures can be reported at this time.

Doctors, however, are in almost unanimous agreement that the public is more likely to come in for early treatment today than they were ten years ago. This finding is reported in Table 2.

TABLE 2

"As far as your own practice is concerned, do you find that people today are more likely to undergo an examination at an early stage of illness than they were ten years ago, or has there been no real change in this regard?"

	<u>Percent of All Doctors</u>
More likely to undergo early exam today . .	94%
No real change in last 10 years	5
Don't know, no opinion.	1
	<u>100%</u>

Doctors over the age of 40, a group which is presumably better able to recall the actual situation of a decade ago, do not differ from their younger colleagues in their responses to this question. Ninety-five percent of them report that the public is more likely today to come in at an early stage of illness, and only 5% say they haven't noticed any such tendency.

The question, of course, refers to the early stage of "illness" generally, and was not specifically directed to cancer. But when those doctors who said people were more likely today to come in early were asked, "For what diseases have you especially noticed this?", it is clear that cancer is by far the most frequently mentioned. Table 3 on the next page presents these results.

It seems of some importance that upwards of two-thirds of all doctors should state that, in their own experience, people are more likely to come in for early treatment of cancer today than they were ten years ago. The finding is particularly striking when it is recalled that doctors were completely unaware of the sponsorship of this question, and interviewers gave them not the slightest hint or suggestion of possible answers. All of these replies were volunteered.

It should be pointed out also that in coding the doctors' verbatim responses, the category of "cancer" was clearly restricted to mentions of the word itself, or to obvious references to malignancies, tumors, lumps, growths or the like. It is probable that some, if not many, of those who mentioned other symptoms also had cancer in mind. Replies of "Periodic exam of pelvis for women", for instance, or "Diseases of breast or female organs", or "Chronic coughs", may have been intended to refer to cancer, but were conservatively classified elsewhere.

On the other hand, one must also remember that the question asks merely whether people are "more likely" to come in at an early stage today. It does not provide evidence on how more likely they are to come in, nor on how many or what proportion of people actually do.

TABLE 3

"For what diseases have you especially noticed (that people today are more likely to undergo an examination at an early stage)?"

	<u>Percent of All Doctors</u>
Cancer, malignancies, tumors, growths, lumps.	68%
Female disorders, breast or pelvic conditions (not specifically related to cancer)	16
Genito-urinary disorders generally (not specifically female)	3
Cardio-vascular, circulatory, heart conditions.	32
Tuberculosis.	21
Diabetes.	10
Polio	7
Pregnancy, pre-natal care	3
Pulmonary, respiratory conditions, bronchial, chest disorders	13
Acute infections: colds, strep throat, V.D., etc	10
Stomach, abdominal, gastro-intestinal conditions.	9
Miscellaneous chronic conditions: arthritis, etc	3
Miscellaneous other conditions: loss of weight, etc.	4
All diseases, all of them	5
Don't know, vague or uncodable answers.	1
Total (most doctors mentioned more than one condition).	94% (205%)
Haven't noticed such a trend.	6
	<u>100%</u>

The 94% of doctors who said people were more likely to come in early today were next asked to what extent they thought the mass education campaigns on such conditions as heart disease, cancer and tuberculosis had contributed to this tendency. Results are summarized in Table 4.

TABLE 4

"How much do you think the mass education program on such conditions as heart disease, cancer and tuberculosis have contributed to this tendency -- a great deal, some, or hardly any?"

	<u>Percent of All Doctors</u>
A great deal.	74%
Some.	18
Hardly any.	1
Don't know.	1
	<u>94%</u>
Have not noticed any tendency or no opinion .	6
	<u>100%</u>

It is clear that the great majority of the medical profession are not at all reluctant to credit the educational efforts of the health agencies for the increased tendency they have noted for the public to seek early medical attention in recent years.

II

DETECTION AND PREVENTION

We have shown thus far that the great majority of doctors favor a prompt examination in the presence of danger signs of cancer, and that almost all of them report an improvement in public practice in this respect over the last ten years. We turn now to doctors' views toward preventive care, in the absence of any signs of illness.

One obvious type of preventive care is the annual visit to a doctor for a general medical check-up, and Table 5 shows doctors' opinions of this procedure.

TABLE 5

"If an adult is feeling all right, do you think he should get a general physical examination every year or so anyway, or is it not worth the trouble unless he has some complaint?"

	<u>Percent of All Doctors</u>
Should get annual examination anyway	77%
Not necessary in the absence of complaint.	13
Depends on person's age, medical history, etc.	10
	<u>100%</u>

While it is clear that approval of routine annual physical exams is very considerable among doctors, it should nevertheless be noted that there is a decline in the number approving of this preventive procedure, as compared with the number who approve of prompt examination of actual complaints. In most cases, well over 90% of the doctors recommended immediate treatment if cancer symptoms were observed, but only 77% unqualifiedly endorse the idea of preventive check-ups.

A further decline in approval of more stringent preventive measures directed against cancer is revealed in Table 6 on the next page. Here we find that only 71% of the doctors endorse the idea of a semi-annual pelvic examination for all women, and that only 42% favor semi-annual chest X-rays for men.

It should be pointed out that the wording of both questions made no specific reference to cancer detection, and that some doctors seem to associate chest X-rays mainly or exclusively with the detection of tuberculosis.

TABLE 6

"Do you think all women over 35 should have a semi-annual pelvic examination?"

"Do you think all men over 45 should get semi-annual chest X-rays?"

	<u>Percent of All Doctors</u>	
	<u>Pelvic Exams for Women</u>	<u>Chest X-rays for Men</u>
Yes	71%	42%
No.	28	58
Don't know.	1	*
	<u>100%</u>	<u>100%</u>

Younger doctors are much more approving of pelvic examinations, but do not differ significantly on chest X-rays for men. While only 67% of the doctors over 40 favor semi-annual pelvic exams for all women over 35, a full 81% of the younger doctors approve of such exams.

More direct evidence on the lesser willingness of doctors to endorse the semi-annual preventive examinations is provided by the reasons offered by the opposing groups. These reasons are summarized in Table 7.

TABLE 7

	<u>Percent of Doctors Who Believe Semi-Annual Exams Not Necessary</u>	
	<u>Female Pelvic</u>	<u>Male Chest</u>
Exams, or such frequent exams, needed only if there are symptoms.	47%	34%
Needed only if man is a heavy smoker.	-	7
Needed only if other reason indicates it (past history, contact with TB, etc.) . . .	2	6
Semi-annual is too often (no other reason given).	27	37
Age (35 for women) too young, not needed at that age	11	-
Incidence of disease doesn't justify such frequent exams.	3	9
Such frequent exams make the person neurotic, worry him unnecessarily	15	5
Exams not always conclusive, give false sense of security	3	2
Not enough doctors, time, facilities for such frequent exams	4	4
Too expensive, time-consuming for patient . .	-	11
Miscellaneous reasons	1	3
Don't know, vague, just feel that way	1	-
Some gave more than one reason	<u>114%</u>	<u>118%</u>

The reasons cited underscore the general finding already presented. Many doctors seem to distinguish sharply between early treatment if there are symptoms, and preventive measures prior to the appearance of overt symptoms. A total of 49% of the doctors who disapprove of semi-annual pelvic examinations, and 47% of those who disapprove of semi-annual chest X-rays essentially recapitulate this point. They explain that such exams, or such frequent exams, are not needed unless there is some reason.

This is by far the most frequent statement offered for disapproving of semi-annual pelvic exams for women over 35. About a quarter of the disapproving doctors simply say that every six months is unnecessarily frequent, while about one in seven express the view that such frequent tests would make women neurotic about cancer and worry them unduly. One doctor in ten explains that 35 is too young an age to begin such regular check-ups.

The major criticism of semi-annual chest X-rays for men over 45 is simply that this is too frequent an interval; it is often pointed out that the incidence of disease does not justify such frequent X-rays, that illness does not progress that fast. A substantial number of the critics cite the time and expense involved in X-rays and explain that this is an unnecessary burden on the patient. The complaint that frequent tests make a person neurotic is voiced much less often regarding men than women. Finally, 7% of the doctors who disapprove of semi-annual chest X-rays say these are necessary only if the man is a heavy smoker.

For both types of periodic examination, a small number of physicians explain that there are insufficient doctors, time or medical facilities to carry out such exams with the population indicated, and another small group express the view that such exams are not always conclusive and that negative findings may induce carelessness or give the patient a false sense of security.

Included in the "miscellaneous" category among reasons for disapproving semi-annual X-rays is the occasional statement that such frequent exposure to radiation may have harmful effects on the individual.

Practices of Patients with Respect to Prevention

While almost four doctors out of five endorse the principle of routine annual check-ups, it appears that the majority of their patients seldom follow this practice.

TABLE 8

"Do many of your adult patients come in for an annual physical examination, or only some of them, or is this unusual?"

	<u>Percent of All Doctors</u>
Many of them come in	16%
Only some of them	52
It is unusual	32
Can't say, no opinion	*
	<u>100%</u>

As might be expected, the answers vary according to the type of community the doctor practices in. In the largest cities and in the rural areas, doctors are more likely to describe the practice as "unusual" among their patients. In the medium-sized centers of population, such routine check-ups are reported more frequently. Table 9 shows this distribution.

TABLE 9

<u>Doctors Practicing in:</u>	<u>Many</u>	<u>Some</u>	<u>Unusual</u>	<u>Can't Say</u>
The largest metropolitan areas (population 1,000,000 or over) . . .	19%	49	31	1 = 100%
Smaller metropolitan areas (50,000 to 1,000,000).	25	52	23	-
Urban counties, containing a city over 10,000	9	68	23	*
Rural counties, containing no city over 10,000.	8	45	47	-

These findings are supported by preliminary results of the public survey, in which it was found that approximately 80% of the adult population subscribe to the idea that "If a person is feeling all right, he should get a general physical examination every year or so anyway," but that only 30% of the population claim that they actually get a general physical exam "regularly every year or two."

The disparity between the opinions of both the doctors and the public that such annual check-ups are desirable, even in the absence of symptoms, and the indications we have of the actual practices of the great majority of the people, is a striking one.

If this is regarded as a problem of public education (though it should be noted that both the public and the profession are already sold on the idea), it is interesting that the results of another question put to the doctors shows that many general practitioners do not make any special point of recommending such annual check-ups to their patients. Table 10 shows this question (asked only of doctors who approved of the idea) and its results.

TABLE 10

"Do you make a point of recommending regular check-ups to most of your patients, or only to some of them, or do you hardly ever do this?"

	<u>Percent of All Doctors</u>
Recommend them to most patients.	45%
Recommend them only to some.	22
Hardly ever recommend them	10
Regular check-ups not necessary or It depends on the individual	23
	<u>100%</u>

Why the doctors do not fully act on their attitudes is not explained by the data available. It is apparent, however, that a readiness to recommend regular physical examinations to most of their patients is more frequently characteristic of younger practitioners and of those in the larger cities. Table 11 reports the relevant percentages.

TABLE 11

	<u>Percent Who Recommend Regular Check-up to Most of Their Patients</u>
Doctors under 40	52%
Doctors 40 or older	43
Doctors in large metropolitan areas	53%
Doctors in small metropolitan areas	46
Doctors in urban counties	41
Doctors in rural counties	39

Breast Self-Examination

One other area of preventive medical practices, of special interest to the American Cancer Society, was inquired about -- that of breast self-examination for women.

The ACS film, "Breast Self-Examination," has been viewed by half of the country's practicing physicians. When asked, "Have you seen the film, 'Breast Self-Examination'?", 50% of the sample answered "Yes" and 50% "No". Table 12 shows the variations in exposure to this film among doctors of different ages and in different sizes of community.

TABLE 12

"Have you seen the film, 'Breast Self-Examination'?"

	<u>Percent Who Answer "Yes"</u>
All doctors	50%
Doctors under 40	58%
Doctors 40-49	50
Doctors 50 or older	44
Doctors in large metropolitan areas	39%
Doctors in small metropolitan areas	52
Doctors in urban counties	55
Doctors in rural counties	57

The data give no clue to the reasons for the lower incidence of exposure of big-city doctors to this film. Presumably it reflects either less strenuous distribution efforts in the large metropolises, or the pressure of competing activities on the big-city doctor's time.

All doctors, whether or not they had seen the film, were asked their general opinion of breast self-examination, and as shown in Table 13, this preventive measure receives a high vote of approval -- considerably higher than that for semi-annual pelvic exams and much higher than that for semi-annual chest X-rays.

TABLE 13

"Do you think all women over 35 should examine their own breasts once a month?"

	<u>Percent of All Doctors</u>
Yes	79%
No.	21
Don't know.	*
	<u>100%</u>

Table 14 shows the proportion of doctors in various age groups and sizes of community who express general approval of the idea of breast self-examination. As may be seen, the highest level of endorsement occurs among the younger doctors.

TABLE 14

	<u>Percent Who Approve of Breast Self-Examination</u>
All doctors.	79%
Doctors under 40	91%
Doctors 40-49.	79
Doctors 50 or older.	69
Doctors in large metropolitan areas.	78%
Doctors in small metropolitan areas.	81
Doctors in urban counties.	80
Doctors in rural counties.	77

A special tabulation to ascertain the relationship between exposure to the film and approval of breast self-examination shows that while 82% of those who have seen the film approve of the idea, 76% of those who have not seen it are equally approving.

This difference is perhaps smaller than might have been expected, if the film is regarded as a device for changing doctor's attitudes toward the examination. The film may, however, have important effects in reinforcing opinions which are already favorable, or in encouraging doctors actively to promote this type of self-examination among their female patients. The limited number of questions in this area provide no evidence on these matters.

The 21% of all doctors who disapprove of monthly breast self-examinations were asked why they felt that way, and the distribution of their reasons is shown in Table 15.

TABLE 15

	<u>Percent of Doctors Who Disapprove of Breast Self-Exams</u>
Exams, or such frequent exams, needed only if there are symptoms or complaint.	10%
Needed only if some other reason indicates it . . .	1
Monthly is too often, disease doesn't progress that fast	15
Age 35 is too young, not needed at that age	3
Monthly self-exam would make them neurotic, too cancer-conscious, worry them unduly	56
Self-examination inadequate, women not competent to examine themselves	20
The doctor should make this exam periodically (no mention of women not competent)	5
Women might harm themselves	4
Miscellaneous reasons	4
Vague and uncodable answers	1
Some doctors gave more than one reason	<u>119%</u>

Comparison with Table 7 (P. 6), showing the reasons for disapproval of semi-annual pelvic exams and chest X-rays, reveals that the dynamics are quite different in this case. The two other preventive measures are most often rejected because they are not deemed necessary in the absence of symptoms, or because twice a year is thought to be unduly frequent. Only rarely is there mention that these semi-annual tests will arouse fear or anxiety in the patient.

The breast self-examination, on the other hand, is scarcely ever disapproved on the grounds that it is not necessary, and only one doctor out of seven bases his objection on the grounds that once a month is too often. (Actually, a number of doctors volunteered the opinion that the self-examination should be conducted even more frequently -- "Once a week", "Every time she takes a bath", etc.)

By far the most frequent reason for opposing the breast self-examination is the worry, fear and anxiety that the practice is felt to encourage. Comments like the following were frequent:

- "You make a neurotic person out of the woman"
- "They often imagine lumps that aren't there and become hysterical"
- "Once a month they'd go crazy, they'd develop a neurosis"
- "They get too concerned about themselves"
- "They'd live in continual fear of cancer"
- "We'd have the hospitals filled in no time. They'd all think they had something"

Another frequent category of reasons, offered by one-fifth of those who disapprove, is the alleged inadequacy of self-examination.

- "Unless the lady knows how to make that exam we doctors feel it is not of much value"
- "It's very hard to teach them to do it. An annual exam by the doctor is best"
- "Self-exam doesn't mean much"
- "The average woman is not able to determine what is suspicious"
- "Most women don't know what they're looking for"

Allied to this is the occasional view that women may actually harm themselves in making the self-examination.

The different character of reasons offered for disapproval of the breast examination, as compared with the other two preventive measures, probably reflects the fact that this is a self-examination, carried out at no trouble to the doctor. Chest X-rays and pelvic examinations involve some time and expense and trouble, and doctors who disapprove of them usually say they are not necessary on a semi-annual basis.

The breast self-examination costs nothing, however, so that whether or not it is necessary becomes less important. Disapproval thus comes more often in terms of the effect that such frequent self-examination may have on the patient's psyche and of the belief that inexpert self-examination is inadequate or even possibly harmful.

I I I

HEALTH INFORMATION

The national cross-section of doctors was asked a series of questions on public ignorance and knowledge of health matters, and on the role of various media and agencies in informing the public.

By way of preface, it might be noted that doctors showed considerable interest in this area of questioning. On every survey, NORC interviewers are asked which parts of the questionnaire were most interesting, which questions caused problems of rapport, misunderstanding, etc. In this case, about one interviewer in six singled out these questions on health information as the area of most interest to doctors (the whole interview included 86 numbered questions), and only two interviewers reported a lack of interest in the series.

It should be noted, however, that the interest stemmed less from any real satisfaction with the media and level of health information than from the frequent feeling that much of the information is misleading or inaccurate. Some doctors had strong feelings on these matters, and discoursed vividly and at length.

It should also be noted that the early questions on public knowledge and ignorance made no direct reference either to the voluntary health agencies, or to cancer. A later series, to be reported in Section IV, inquired specifically about the programs carried on by "the voluntary health agencies, such as the American Heart Association, American Cancer Society and the National Tuberculosis Association."

On the early questions, therefore, any answers which came in terms of the voluntary health agencies were always spontaneously volunteered by the responding doctors; while on all questions, any mention of cancer or of the American Cancer Society was unprompted by the interviewer. For reasons referred to in the introduction to this report, no direct questions were ever asked about the ACS program of education alone.

Doctors were first asked their attitudes toward the general goal of improved health information on the part of the public, and as shown in Table 16, the overwhelming majority endorse the general idea -- just as they strongly favor early treatment of symptoms and annual preventive check-ups. There are no important differences according to age of doctor or size of community in which he practices.

TABLE 16

"How important do you feel it is for the public to be better informed about health and medical matters than they are now -- very important, only fairly important, or not important at all?"

	<u>Percent of All Doctors</u>
Very important.	62%
Only fairly important	27
Not important at all.	10
Don't know, no opinion.	1
	<u>100%</u>

When the 10% who say it is "not at all important" for the public to be better informed than it is now are asked why they take that position, it is apparent that almost a third of the group are essentially non-critical of the goal of an informed public. These doctors (about 3% of the total) simply point out that the public is pretty well informed now, and they see no need for more information.

If we subtract this small sub-group, there remain about 7% of all doctors who appear basically unsympathetic toward the general idea of a public which is well informed on matters of health and medical care. The reasons cited by these doctors fall chiefly into two major groupings.

First, there is the view that a public which knows more about health and illness will become worried, jittery, neurotic, overly conscious of their health and will live in constant fear of disease. Some doctors go on to say that such fears will often keep people away from a doctor lest their suspicions be confirmed. About half of this group of doctors explain their answer in some such terms.

The other main reason for rejecting further public information is the feeling that medical knowledge is a technical field which can be fully understood only by trained people, and in which, as some doctors say, "a little knowledge is a dangerous thing." Among the unfortunate effects of exposing untrained persons to medical information are, according to these doctors, confusion and misunderstanding on the part of the public, amateur attempts at self-cure instead of treatment by a qualified physician, and an increased tendency to dispute the doctor, to suggest medicines and treatments to the doctor, or to resent the doctor's efforts to correct the patient's errors. About a third of the group answer in these terms.

A number of these disapproving doctors make unfavorable comments about the quality of present health information. They complain that it is distorted, exaggerated, slanted, misleading, etc., and it may be presumed that many of the other doctors hold this same view but did not explicitly voice it in reply to this question.

A separate tabulation was kept of the number of doctors who specifically criticized cancer information in their answers to this question. A total of 10% of the critical group, or about 1% of all doctors, spontaneously referred to cancer information in this connection; e.g., "I feel that emphasis particularly on carcinoma care has led to more fear than is good for the general public and has led many women to stay away from the doctor."

Who is Credited for Existing Information?

Doctors were next asked a question to find out whom they credit for the correct public information that now exists. Again, no hints or suggestions were offered by the interviewer, and the doctor was not restricted at all in his choice of response. As Table 17 shows, the replies consequently came in a great variety of terms.

TABLE 17

"Where do you believe the public has obtained most of the correct information it does have about health and medical matters? (Who or what deserves the credit for this?)
(Anything else?)"

	<u>Percent of All Doctors</u>
Doctors, family doctors, general practitioners in their relationships with patients	45%
The medical profession, organized medicine, the AMA, medical groups and societies.	19
Public health and welfare agencies, government health services, county and state health departments, etc.	15
Nurses, county nurses, visiting nurses.	2
Hospitals and clinics	1
Schools, teachers, the public schools	8
The voluntary health agencies, either in general, or specific ones mentioned	17
American Cancer Society (specific)	13%
American Heart Association (specific).	8
National Tuberculosis Association (specific)	7
National Polio Foundation (specific)	4
Miscellaneous specific (Mental Health, etc.)	2
Life insurance companies.	3
Radio and television programs	30
Newspaper articles and columns, the press	28
Magazine articles and columns, lay publications, "articles" generally.	47
Miscellaneous: Drug companies, Blue Cross, Civic clubs and organizations, etc.	4
Don't know, can't say, answer not codable	4
Most doctors named more than one source	<u>223%</u>

It should be noted that doctors sometimes answered in terms of the source or sponsor of the information, and sometimes in terms of the medium of communication. Wherever possible, answers were coded in terms of the original source. Thus, "Cancer publicity in the mass magazines" was coded only under "cancer" and "voluntary agencies", and not under "magazines". The media were coded only when the doctor failed to mention any source, or implied that the media themselves were the originating source.

Almost half the doctors specifically mention magazines, sometimes generally ("The current magazines", "Monthly magazines"), and sometimes specifically ("The scientific sections of Time and Newsweek", "The women's magazines"). In view of the frequent criticisms of some of the medical profession of this source of information, the fact that so many spontaneously credit the magazines is perhaps surprising.

A separate tally was kept of the number of doctors who volunteered a criticism of magazine material on this question, and a total of 9% of all doctors fell into this group.

Radio and television programs were mentioned by 30% of the doctors, and newspapers by almost as many. Though many doctors mentioned two or all three of the major mass media in the same answer, and the total number of such replies is not representative of individual doctors, it is nevertheless clear that radio, television, the magazines and newspapers are widely credited by the medical profession for the health information they have provided to the public.

The other main source of the public's present correct knowledge, in the doctors' opinion, are doctors themselves in their relationships with patients, and the organized medical profession through its publications, press releases, speakers' bureaus, radio programs and other means of reaching the public. Almost half the doctors say the public has obtained most of its correct information from family doctors, and 19% speak of the medical societies.

County, state and local health and welfare agencies are cited by about one doctor in seven as the source of the public's information, the public schools and their teachers by about half as many, while hospitals, nurses and clinics are only occasionally named.

Seventeen percent of all doctors (or about one in six) spontaneously mention voluntary health agencies as a source of "most of the correct information the public does have about health and medical matters." Of such agencies, the most frequently mentioned is the American Cancer Society, whose name or activities were volunteered by 13% of all doctors.

Who is Blamed for Popular Ignorance?

Turning to the other side of the coin, doctors were next asked a parallel question to find out whom they blamed for the public's ignorance and misconceptions in the field of health and medicine. Responses to this question are summarized in Table 18 on the next page.

TABLE 18

"How do you account for the public's ignorance and misconceptions about some aspects of health and medical matters? (Who or what is to blame for this?) (Anything else?)

	<u>Percent of All Doctors</u>
The public's lack of education, background, literacy.	15%
Inability to understand the information available (no group or situation blamed).	17
Misinterpretation of available information (blame placed on public, no mention of inadequate schooling).	7
Lack of concern, interest on the part of the public	22
People themselves spread misinformation, false knowledge, they listen to each other	18
Superstition, tradition, folklore, old wives' tales	18
Doctors as individuals have not educated their patients	5
Organized medicine has failed to educate.	6
Quacks, non-medical doctors, fake doctors	3
The drug and pharmaceutical industry.	6
Newspapers, newspaper articles.	11
Magazines, magazine articles.	15
Radio, television programs.	4
Mass media, lay publications, publicity (generally)	10
Miscellaneous	6
Denial of general public ignorance, no one to blame	1
Don't know, uncodable answers	3
Some doctors gave more than one reason.	<u>167%</u>

It will be noticed that the distribution of replies to this question differs considerably from the one just discussed. While doctors, the mass media, the government health services and the voluntary agencies receive most of the credit for the correct health information the public has now, the public itself is given most of the blame for the ignorance and misconceptions which exist.

The largest single group, more than one doctor in every five, complain that the public just doesn't take enough interest in health matters. According to them, there is plenty of information available, but people are too lazy or disinterested to study it.

A total of 39%, or about two-fifths of all doctors, give one of the three reasons presented first in the table. These all refer to the public's inability to understand medical information or their tendency to misinterpret the material they do read or hear. Fifteen percent of all doctors specifically criticize the public schools for this state of affairs, maintaining that the average individual is not sufficiently skilled as a reader or lacks the educational background necessary to understand medical information.

In addition to these groups, two other criticisms of the public are quite frequently mentioned by doctors. Eighteen percent complain that the people themselves spread misinformation: they gossip to one another, try out remedies prescribed by friends, and listen to themselves instead of seeking information from reliable sources. An identical proportion speak of public adherence to outmoded medical superstitions and folklore which are often handed down from generation to generation.

The mass media, which received a major share of the credit, also come in for a substantial portion of the blame in this connection. Magazines are most often viewed as the worst offender, with newspapers second, and radio and TV mentioned only infrequently.

The medical profession itself is criticized by some doctors as at least partly responsible for inadequate health information. These physicians point out that the doctors themselves are often too busy to answer people's questions or to correct their misapprehensions, and that organized medicine has failed to promote accurate and clear health information. A few criticize "certain doctors" or "quack doctors" who they say spread false knowledge.

It is perhaps interesting to note that the voluntary health agencies, such as ACS, which were specifically credited by 17% of the doctors for "most of the correct information the public does have", are not mentioned at all as among those responsible for "the public's ignorance and misconceptions."

Kind of Information Most Needed

A further question in this series asked doctors to mention the "one or two things" they feel it is most important for the public to learn more about. Table 19 on the next page reports the answers they gave.

The replies divide into two main types of response. A little over half are in terms of basic health information which would help the public avoid illness generally and to act wisely if it comes. The second group of answers focuses on particular conditions or diseases concerning which the doctors feel a need for better public understanding.

Major emphasis within the first group falls on the need for better understanding of the basic rules of good health and of avoiding contagion, and for greater public awareness of illness symptoms so that these may be promptly recognized and treated at an early stage. It may be noted that only 11% of the doctors spontaneously mention the importance of preventive check-ups in the absence of symptoms.

Within the second group of replies, the most striking finding is the fact that 26% of all doctors (one in every four) volunteer the opinion that additional cancer information is one of the things it's most important for the public to have. It should perhaps be reiterated here that doctors were not aware of the ACS sponsorship of any of these questions, and that interviewers gave them no hints or suggestions of possible answers.

TABLE 19

"What one or two things do you regard as most important for the public to learn more about, in the field of health and medical care?"

	<u>Percent of All Doctors</u>
Good health habits, basic health rules, personal hygiene, proper diet, enough exercise, etc.	25%
Better understanding of contagious diseases and means of preventing disease	20
Importance of periodic health examinations, preventive check-ups.	11
Knowledge, recognition of illness symptoms, early consultation with the doctor	24
Importance of competent medical advice, avoiding quacks, not attempting self-treatment.	11
Better understanding of medical facilities and personnel available, of what medicine can accomplish	4
Better understanding of the medical profession: its cost structure, its ethics, etc	3
More information about cancer, cancer symptoms, the need for preventive check-ups, early treatment.	26
More information about cardio-vascular disorders: heart disease, high blood pressure, hypertension, etc.	15
Better understanding of emotional, mental, functional, psychological disorders.	13
More information about tuberculosis.	9
More information about first aid, accident prevention.	2
More information about polio, polio vaccine.	2
More information about chronic diseases generally, or about miscellaneous chronic diseases: diabetes, etc	7
Miscellaneous.	9
Don't know, can't think of anything, nothing special	6
Most doctors named more than one thing	<u>187%</u>

Since a few doctors volunteered the comment that "There's enough cancer information now", a separate tabulation was kept of this group. They totaled approximately 2% of all physicians.

Cancer is by far the most frequently mentioned of the specific health conditions referred to in these replies. Second is the need for more information about heart and blood pressure disorders, cited by 15% and almost the same number speak of the importance of better public understanding of emotional, mental and psychological troubles. Tuberculosis is named by 9% of the doctors, polio by only 2%.

Preferred Sources of Health Information

The final question in this series sought the ideas of doctors concerning the means through which health information should be made available to the public. Table 20 summarizes these responses.

TABLE 20

"Aside from the doctors themselves, how do you think health information should reach the public? (Through what groups or agencies?)"

	<u>Percent of All Doctors</u>
Organized medicine, AMA, medical groups.	27%
Public health agencies, govt. health services.	26
Nurses	4
Schools, school teachers	19
Voluntary health agencies.	16
American Cancer Society.	10%
American Heart Association	7
National Tuberculosis Association.	6
National Polio Foundation.	3
Miscellaneous voluntary agencies	4
Civic groups, clubs, organizations	12
Radio, TV, movies.	31
Newspapers, the press.	27
Magazines, articles.	26
Mass media mentioned but specific qualifica- tion that material should be authentic, accurate, screened by M.D.'s, etc.	27
Specialized health magazines, pamphlets.	8
Miscellaneous: Drug industry, life insurance compa- nies, health insurance groups, etc	8
No other way, only through doctors	3
Don't know	<u>3</u>
Most doctors named more than one source.	210%

It may be seen that few doctors hold the view that public health information should be the exclusive province of the medical profession. Only 3% take the extreme position that people should know only what they are told by their physicians. (Another 5% mention only organized medical groups as an approved source of information.) But the great majority of doctors appear to welcome the assistance of outside agencies in the task of improving public knowledge.

It will be noted, however, that the doctors tend to favor public, governmental or "official" sources of health information, in preference to the efforts of private groups. Thus, the government health services and the public schools are both mentioned more often than the voluntary health agencies or civic groups and organizations.

While 51% of all the doctors mention one or more of the mass media as a favored source of health information, 27% (or a little over half of those mentioning the media) specifically qualify their reply with the statement that the article or program should be "screened by doctors" or "should be accurate and not misleading." Another group of doctors 7%, in referring to the media of communication, recommend only specialized or approved pamphlets or magazines such as Today's Health.

This is not to say, of course, that because only 16% of the doctors name the voluntary health agencies as a desirable source of health information, the remaining 84% disapprove of the educational efforts of such agencies. (As shown in the next section of this report, the case is quite otherwise.)

The results do show, however, that doctors are sensitive to the problem of inaccurate, distorted or misleading information about health. They tend generally to favor "official" sources and "approved" material, and to volunteer less frequently those private groups whose activities are less amenable to professional control.

Effects of the Mass Media

Following this series of general questions on public health education, which the doctors answered in terms of their own choosing, explicit attention was focused on the mass media, and two parallel questions were asked concerning the effects of newspaper and magazine articles about health, on the one hand, and radio and television programs dealing with medical matters, on the other. The questions and their results are reported in Table 21.

TABLE 21

- A. "On the whole, do you feel that the health columns and articles that appear in newspapers and magazines do a great deal of good, or some good, or do they do more harm than good?"
- B. "How about the radio and television programs dealing with health and medicine -- On the whole, do you feel they do a great deal of good, or some good, or do they do more harm than good?"

	<u>Percent of all Doctors</u>	
	<u>Newspaper- Magazine Articles</u>	<u>Radio-TV Programs</u>
Great deal of good.	18%	30%
Some good	50	52
More harm than good	30	12
Don't know, no difference . .	2	6
	<u>100%</u>	<u>100%</u>

It is apparent that doctors regard the information efforts of radio and television with greater favor than they do the efforts of newspapers and magazines. While four doctors out of five say the radio-TV programs do some or much good, only about two-thirds are similarly complimentary to the printed media.

Interpretation of the newspaper-magazine statistic probably depends on one's point of view. We have already noted that almost half of all doctors voluntarily credit the popular magazines for "most of the correct information the public does have about health and medical matters", and fewer than a fourth specifically blame them for popular ignorance or misconceptions. Here we find that when the direct question is put, two doctors out of every three say that these magazine articles and columns are doing some or much good.

On the other hand, it is perhaps disturbing that three doctors out of every ten state categorically that such material is doing "more harm than good", and that almost a quarter of them spontaneously brought up the matter themselves in their response to the earlier general question.

The type of harm most doctors seem to have in mind is the unnecessary or undue arousal of popular fears, anxieties, neuroses or phobic concern with illness. This particular harmful effect is mentioned three times as often as any other.

Table 22 presents these results. Note that the question was asked of all doctors, including those who felt that, over-all, such articles and programs are doing a "great deal of good."

TABLE 22

"What harm (if any) do you feel these articles and programs may do?"

	<u>Percent of All Doctors</u>
Make people neurotic, anxious, afraid, worried, overly concerned about their health.	53%
Make people afraid to visit their doctor	2
Encourage self-cure or self-diagnosis.	7
Lead people to doubt doctor's opinion, to assume more knowledge than they have.	5
Encourage false hopes, unreal expectations	16
Give bad, false impression of medical profession	3
They mislead, misinform people (no consequences mentioned)	14
Miscellaneous harm	1
No harm, Can't think of any harm they might do	9
Vague or irrelevant answers.	<u>4</u>
Some doctors named more than one thing	114%

It should be remembered, of course, that this question refers to potential harm which might be done by popularized treatment of medical matters, and not necessarily to harmful effects which actually exist at the present time. As we have seen, most doctors credit the mass media for a generally effective job of public education.

What Table 22 indicates is not that the majority of doctors believe the popular articles and programs about health have actually made people neurotic and anxious, but rather that such a result is the biggest danger of such channels of information. As some doctors point out, "They have to be sensationalized to attract any attention, and this gets some people all upset."

I V

ATTITUDES TOWARD

THE VOLUNTARY AGENCIES

At this point in the questioning, specific attention was turned, for the first time, to the work of the voluntary health agencies. The subject was introduced on the question, discussed earlier, of whether people today are more likely to come to the doctor at an early stage of illness than they were ten years ago.

We have already reported (Pages 3-4) that the overwhelming majority of doctors do report this as a more frequent practice among their patients, and that virtually all of these credit "the mass education programs on such conditions as heart disease, cancer and tuberculosis" for at least "some" contribution to this development.

Doctors were then asked a series of four specific questions about the work of the voluntary health agencies, the results of which are reported in Table 23.

TABLE 23

	<u>Percent of All Doctors</u>		
	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
A. "Do you believe the mass education programs on such conditions as heart disease, cancer and tuberculosis have served any (other) constructive purpose?"	78%	19	3 = 100%
Including those who said before that the programs had encouraged earlier doctor visits.	(98%)	(1)	(1)
B. "Do you believe these programs have done any harm?"	44%	56	-
C. "Are there any activities carried out by the voluntary health agencies, such as the American Heart Association, American Cancer Society and the National Tuberculosis Association, which you as a physician think ought to be expanded?" . . .	45%	46	9
D. "Are there any activities these agencies carry out which you think ought to be curtailed or changed?"	25%	67	8

It is important that responses to these four questions be interpreted in the light of their purpose and wording. The responses to "A" do not necessarily mean that 98% of all doctors think the voluntary health agencies are indispensable, or are above criticism. The responses to "B" do not mean that 44% of all doctors believe the agencies are doing a poor job or should be done away with.

Rather, these questions were "fishing expeditions" in which the doctor was encouraged to mention first any useful purpose at all which he saw the agencies as serving, and then to mention any reservations whatever which he had about their work. On both questions, interviewers were instructed to classify every doubtful answer as "Yes."

It is clear from the answers to "A" that almost every doctor in the country sees the voluntary health agencies as serving at least some constructive purpose. Although 19% answer "No" to this question as asked, it must be remembered that nine doctors out of ten had already expressed the view that the agencies' educational programs were at least partly responsible for bringing people to the doctor earlier, so that practically all of this 19% were just not able to think of an "other" constructive purpose they had served.

Constructive Purposes Served

All of the four questions cited in Table 23 were followed by an open question if the doctor said "Yes", inviting him to elaborate on his opinion.

Table 24 on the next page shows the responses to "A". As noted, the proportion answering "Yes" and the proportion listed in the first category include those who gave at least some credit, on the earlier question, to the voluntary agencies for encouraging people to visit their doctor at an earlier stage of illness than was the case ten years ago.

As some of the "other" constructive purposes served by the agencies, in addition to encouraging earlier doctor visits, the physicians pay tribute to a host of accomplishments, no one of which is cited by large numbers but all of which turn up with a fair degree of frequency. Practically all of them imply an increase in public knowledge, which in turn has produced improved public attitudes or behavior.

Some doctors, for example, merely say that these education programs have made people more "health conscious", have made good health seem more important to the public; while others speak more specifically of the results of this increased concern about good health.

Thus, there are mentions that, as a result of these programs, people are more aware of disease symptoms today and are thus better able to detect illness at an early stage. Other doctors point to the encouragement of periodic preventive checkups, and to the increased detection of disease which has resulted from this.

TABLE 24

"How much do you think the mass education programs on such conditions as heart disease, cancer and tuberculosis have contributed to (the tendency of people today to undergo an examination at an earlier stage of illness than they did ten years ago) -- a great deal, or some, or hardly any?"

"Do you believe the mass education programs on such conditions as heart disease, cancer and tuberculosis have served any (other) constructive purpose? (IF YES) What?"

	<u>Percent of All Doctors</u>
YES, HAVE SERVED CONSTRUCTIVE PURPOSE	98%
They have encouraged people to visit doctor at earlier stage of illness (includes group mentioning this on either question).	(94)
They have made people more health-conscious generally, have encouraged them to take better care of their health. . .	(12)
They have encouraged better attitudes toward doctors and medical care, better cooperation with doctors, appreciation of them.	(9)
They have taught people how to avoid these diseases, or how to recognize their symptoms.	(8)
They have encouraged preventive checkups, periodic examinations (in the absence of symptoms)	(8)
They have obtained contributions for research, have encouraged, contributed to medical research	(7)
They have reduced the incidence, mortality rates of these diseases.	(6)
They have increased the detection of other diseases or conditions through the preventive checkups they urge. . . .	(5)
They have given people hope, taught them these diseases are not hopeless, can be prevented or relieved.	(4)
They have educated, helped doctors, made them more aware. . .	(3)
They have created better public feelings toward these diseases, less shame, more sympathy for the sufferers . . .	(2)
They have increased knowledge about these diseases (general)	(9)
Other constructive actions: They have paid the medical costs of indigents, have urged the dangers of smoking, etc..	(3)
They have helped, but unable to say specifically in what way	(4)
NO, THEY HAVE SERVED NO CONSTRUCTIVE PURPOSE, OR DOUBTFUL OF IT	

One doctor in ten specifically credits the agencies for improving public attitudes toward the medical profession, and for encouraging better cooperation with doctors and appreciation of their services. The fact that the agencies have obtained the participation of the public, through financial contributions, in medical research is another favorable result cited by significant numbers of doctors.

Mentioned by smaller groups are such contributions as a lowering of the incidence or death rates attributable to these diseases, a greater public recognition that they are not hopeless but can be prevented or relieved, and education of doctors themselves.

Harm Done by Mass Education Programs

When the 44% of all doctors who said the mass education programs were doing at least some harm were asked to specify what they had in mind, practically all of them refer in one way or another to the fear or worry they feel these programs arouse among the public. Some speak mildly in terms of a portion of the information being unduly frightening; a small minority of critics speak strongly of "national hysteria." In many instances the "harm" is qualified by the statement that only a few persons, the more "suggestible" or "neurotic" individuals, are thus affected. Table 25 on the next page shows these results.

In most cases no particular disease or agency is mentioned when these charges are made. But when any one is specified, it is most likely to be cancer. A total of 9% of all doctors, or about a fourth of those who criticize what they consider the unnecessary fears aroused by these programs, specifically mention cancer.

Other specific references to harmful effects of the cancer program turned up only once or twice. Included among these is the allegation that people no longer trust the doctor's word when he tells them they do not have cancer, and occasional criticism of the personnel or facilities of local cancer groups.

References to other harmful effects of the agencies' programs in general, besides the spreading of fear and "hysteria", are made by only a few doctors. A small number say that the information put out by the agencies arouses false hopes or gives a misleading impression of optimism; a few complain that the information is written poorly or not disseminated in the best way.

Expansion or Curtailment of Agency Activities

The third and fourth questions in this series, reported in Table 23, show that 45% of all doctors would like to see an expansion of some of the activities of the agencies, while 25% can think of some work they are doing which, in their opinion, should be discontinued or changed.

TABLE 25

"Do you believe these programs have done any harm? (IF YES)
What?"

	<u>Percent of All Doctors</u>
YES, THEY HAVE DONE SOME HARM	44%
They have aroused fears which have kept people from seeing the doctor, have made them delay doctor visits because of fear (1)	(1)
They have aroused fears which make people distrust their doctor's diagnosis, they don't believe him when he says they are healthy. (1)	(1)
They have aroused unnecessary fears, have unduly emphasized fear, have exaggerated the danger of the disease (5)	(5)
They have created fear, worry, neurosis among a few people, or among certain types of people. (12)	(12)
They have created some fear, worry, neurosis (general statement). (21)	(21)
Total mentioning fear. (40%)	(40%)
Specifically mentioning cancer in connection with fear. (9%)	(9%)
They have aroused false hopes, undue optimism about these diseases. (1)	(1)
Miscellaneous harm. (2)	(2)
They have done harm, but can't say just what. (2)	(2)
NO, THEY HAVE NOT DONE ANY HARM, OR DOUBTFUL OF IT.	<u>56</u>
	100%

Table 26 on the next page shows that information, diagnostic clinics and research are the three areas most frequently mentioned as deserving of expansion. Cited less often are more financial assistance to the needy; more services for stricken individuals, such as home care or rehabilitation; and more work with doctors themselves, to educate them or to improve their usefulness as a medium for educating the public.

TABLE 26

"Are there any activities carried out by the voluntary health agencies, such as the American Heart Association, American Cancer Society and the National Tuberculosis Association, which you as a physician think ought to be expanded? (IF YES) What?"

	<u>Percent of All Doctors</u>
YES, SOME ACTIVITIES SHOULD BE EXPANDED	45%
More public education, more information about these diseases, more publicity. (17)	
More detection, diagnostic services, more clinics, centers. (12)	
More research, spend more on research, expand research program (8)	
More free services, more facilities, services for the needy (5)	
More work through the medical profession, more doctor education (2)	
More special services for individual patients: rehabilitation, etc. (2)	
More work in rural areas. (2)	
Miscellaneous activities which should be expanded: More personnel, more hospitals, etc. (4)	
Expand activities generally, can't say specifically what. . (9)	
NO, NO ACTIVITIES SHOULD BE EXPANDED.	46
DON'T KNOW WHETHER ACTIVITIES SHOULD BE EXPANDED.	<u>9</u>
	100%

Activities cited by the minority of doctors (only 25%) who feel that some of the agencies' activities should be changed or eliminated pertain most frequently to the information programs and the fund drives.

The most common single suggestion is to reduce the element of fear and emotionalism in the information presented to the public, while others urge "less ballyhoo," "less publicity" or "less money spent" on public education. Criticisms of the fund drives most frequently center on the overlapping nature of the agencies' campaigns, and on the money spent on them.

TABLE 27

"Are there any activities these agencies carry out which you think ought to be curtailed or changed? (IF YES) What?"

	<u>Percent of All Doctors</u>
YES, SOME ACTIVITIES SHOULD BE CURTAILED OR CHANGED	25%
They should appeal less to fear, emotion, in their fund-raising campaigns (1)	
They should cut down on fund-raising, spend less money on it, all should join together in it (4)	
They should appeal less to fear, emotion, in their public education programs. (6)	
They should cut down the ballyhoo, publicity in their information programs, spend less on public education. . . . (3)	
They should make their information clearer, more accurate, less misleading (no reference to fear). (1)	
They should stop competing with or interfering with private doctors (4)	
Criticisms of lay personnel, management, they should work more with doctors (4)	
They should cut down or eliminate their clinics, detection centers (1)	
Miscellaneous activities which should be changed or curtailed: Less education on rare diseases, Improve chest x-rays, etc. (3)	
Cut down activities generally, can't say specifically what. (2)	
Specifically mentioning Cancer as an agency which should curtail or change activities. (7%)	
NO, NO ACTIVITIES SHOULD BE CHANGED OR CURTAILED.	67
DON'T KNOW WHETHER ACTIVITIES SHOULD BE CHANGED OR CURTAILED.	<u>8</u>
	100%

Aside from references to information and fund-raising, only two other agency activities are criticized by as many as 4% of the doctors. One refers to alleged interference with the traditional doctor-patient relationship. Thus, a few doctors complain that the voluntary health agencies are "taking over the medical field", or that they set themselves up as equal authorities with the doctor, or that the clinics they provide take people away from private doctors.

The other small group offers criticisms of the agencies' personnel and management, and suggests that they should be administered and staffed by medical rather than lay personnel. Some believe they should refrain entirely from diagnosis and treatment, and a small number of doctors would close down the clinics and detection centers on the ground that they turn up too few cases to warrant the time and expense.

Cancer activities are specifically referred to by 7% of all doctors on this question, or by about a fourth of those who have some criticisms to offer.

Summary of Attitudes Toward the Voluntary Agencies

It is clear that the voluntary health agencies enjoy a high degree of respect among the medical profession, in spite of occasional criticisms by a minority of doctors.

Data in this and the preceding section of the report have shown that virtually all doctors favor the goal of a well informed public in matters of health and medicine, with only a small minority taking the position that popular knowledge is dangerous or harmful.

About one doctor in every six spontaneously mentions the voluntary agencies as responsible for the correct information the public has now, and none of them blame the voluntary agencies for the remaining areas of ignorance or misinformation.

When asked to specify the most important gaps in the public's present knowledge of health and illness, large numbers of the doctors mention particular diseases or conditions now served by the voluntary agencies, and one doctor in every four spontaneously offers the opinion that more cancer information is greatly needed.

Almost all doctors feel that the voluntary agencies are serving some constructive purpose, and 45% would expand some of their activities. Fewer than half of the doctors can think of any harm that any of the agencies are doing, and only 25% would recommend curtailment or change of any of their activities.

The most frequent criticism of the voluntary health agencies, and particularly of ACS, is of the increase which many doctors see in the prevalence of phobic concern with illness, which they often attribute to the education programs of these agencies.

It is a sobering fact that 40% of all doctors spontaneously mention this when they are asked for criticism, and that indeed it is the only harmful effect of the agencies' work which is cited by more than a handful of physicians.

Yet even this area of criticism should not be exaggerated. Many of the doctors who make this charge seem to feel that the neuroses and undue fears they mention have been aroused in only occasional instances or only among some small segment of the population; or that such an effect is an unfortunate but inevitable result of any health information program.

While 40% speak of the undesirable increase in fear which they see resulting from the agencies' efforts at public education, it should be stressed with equal emphasis that only 7% suggest less emphasis on fear in the agencies' fund-raising and information programs, when they are asked to specify activities which should be curtailed or changed.

PARTICIPATION IN AGENCY ACTIVITIES

A final set of questions asked on behalf of the American Cancer Society dealt with the doctors' participation in the work of the voluntary health agencies. Three areas were inquired about -- service on any committees or boards of the agencies, public speaking on the agencies' behalf, and "other" activities. The questions and their results are given in Table 28.

TABLE 28

- A. "Have you yourself ever served on committees or boards of any of the voluntary health agencies? (IF YES) Which agencies?"
- B. "Have you ever done any speaking before public or professional groups on behalf of any of the voluntary health agencies? (IF YES) Which agencies?"
- C. "Have you participated in any other activities of any of these agencies? (IF YES) For which agencies?"

	Percent of All Doctors		
	<u>Served</u>	<u>Spoke</u>	<u>Other</u>
Yes, American Cancer Society.	18%	18%	11%
Yes, National Tuberculosis Association.	18	12	8
Yes, American Heart Association	14	12	7
Yes, National Polio Foundation.	5	4	5
Yes, Red Cross.	6	2	3
Yes, Association for Aid of Crippled Children . . .	2	*	1
Yes, American Diabetes Association.	2	2	2
Yes, Miscellaneous: Mental Health, etc.	4	3	1
Yes, but answer irrelevant: Lions Club, Board of Health, Baby clinic, Medical society, etc. . .	<u>6</u>	<u>5</u>	<u>5</u>
TOTAL ANSWERING "YES" (some named more than one). .	46%	40%	29%
TOTAL ANSWERING "NO".	<u>54</u>	<u>60</u>	<u>71</u>
	<u>100%</u>	<u>100%</u>	<u>100%</u>

Of those mentioning "other" activities for the Cancer Society, half (6% of all doctors) spoke of services which were classified as "medical or technical". These included service at a detection clinic, providing free examinations or tests, "follow-up studies", etc.

Three percent of all doctors mentioned fund-raising for Cancer or participation in the campaign drives; another 1% referred to publicity efforts -- writing articles, showing films, or participation in radio programs; and the remainder mentioned miscellaneous services including advice and counsel, referral of patients, etc.

Table 29 provides a summary of the doctors' activities for cancer. It shows that 30% of all doctors have, at one time or another, in one way or another, participated in the Society's program.

TABLE 29

	<u>Percent of All Doctors</u>
Served on ACS committee or board, only	6%
Spoke on behalf of ACS, only	6
"Other" ACS activity, only	4
Performed two of above services.	11
Performed all three of above services.	<u>3</u>
 Total who have participated in ACS activity. . . .	 30%
Total who never participated in ACS activity . . .	70
	<u>100%</u>

Table 30 shows the proportion of doctors in each of three age groups and four sizes of community who have ever participated in any ACS activity. It may be seen that participation is more frequent in the smaller towns and rural areas, and considerably lower in the largest cities. That older doctors are more likely to say they have participated in ACS work probably reflects only their greater opportunity to do so over the years.

TABLE 30

	<u>Percent Who Have Participated in ACS Activity</u>
All doctors.	30%
Doctors under 40	25%
Doctors 40-49.	31
Doctors 50 or older.	34
Doctors in large metropolitan areas.	22%
Doctors in small metropolitan areas.	32
Doctors in urban counties.	33
Doctors in rural counties.	36

A P P E N D I X A

THE SAMPLING METHOD

During the summer of 1955, the National Opinion Research Center conducted interviews with 2379 individuals constituting a random cross-section of the total adult population of the United States.* Interviews were conducted in 68 separate areas distributed among 35 different states.

In the course of these interviews, each individual was asked the following questions:

Do you have a regular doctor you usually go to when you're sick?

IF YES: Who is that?

IF NO: If you got sick and needed a doctor, is there any particular doctor you've used in the past that you would probably call? Who is that?

Approximately 80% of the respondents reported that they had a regular physician, and approximately 10% more reported the name of a particular physician they would be likely to call even though they did not consider him as their regular doctor. Thus, a total of 90% of the individuals interviewed reported the name of a physician with whom they were in at least a fairly close relationship. The names of more than 1400 different doctors were reported by these individuals.

A sample of 544 of the more than 1400 physicians serving NORC's cross-section of the nation's population was then selected by random sampling procedures. In this selection process, each physician was accorded a probability of being selected proportionate to the number of respondents who had named him in the original interview. In practice, this meant that approximately two out of every seven physicians who had been mentioned by only one respondent were selected, while approximately four out of every seven mentioned by two respondents, six out of every seven mentioned by three, and all physicians mentioned by four or more respondents were selected for interview.

Seventy-nine of the physicians interviewed had been mentioned by four or more respondents. In order to give these 79 physicians their proper representation in the sample, it was necessary to assign weights to their opinions proportionate to the number of general public respondents who had mentioned them. Thus, for instance, opinions of physicians mentioned by four respondents were assigned a weight of 1.14, opinions of physicians mentioned by seven respondents were assigned a weight of 2.00, etc.

The effects of the weighting on results for the entire sample are negligible because the weighted sample is only about 14% larger than the unweighted sample. But, since it was primarily the physicians practicing in the more

*For a brief description of the sample design used by NORC, see O.W. Anderson, with J.J. Feldman: Family Medical Costs and Voluntary Health Insurance, (New York: McGraw-Hill, in press), Appendix B.

rural areas whose opinions were weighted, the procedure does occasionally have considerable influence on the tabulations for that segment of the sample.

It may thus be seen that the sample of physicians upon which this report is based was not designed to be representative of any specifiablo group of physicians. It is rather the physician-half of a sample of patient-physician relationships. Thus, only those physicians who are considered by at least some of their patients as their regular or general doctor had any possibility of being interviewed on this survey.

This results in a great preponderance of general practitioners in the sample, since few adults would consider such specialists as pathologists, radiologists, pediatricians, dermatologists, anesthesiologists, ophthalmologists, etc., as their regular physicians. Furthermore, the sample contains a larger proportion of those physicians who are considered as the regular physician of relatively large numbers of people than of those physicians who are so considered by a relatively small number of people.

In other words, the sample is heavily weighted toward those physicians who have large general practices. Since physicians between 40 and 60 years of age are likely to have much larger practices than younger physicians who are still establishing their practice and older physicians who are in the process of retiring, a far larger proportion of physicians in the present sample are in the middle age group than in the total population of physicians in the United States. Similarly, since a physician serving a rural population tends to serve a far larger number of people than does a physician serving a more urban population, the present sample contains a disproportionate number of rural physicians as compared to the total population of physicians.

The sample was designed in this fashion because of a central concern in the original public survey with the doctor-patient relationship. Since the extent of the impact of a physician on his patients' health practices was felt to be proportionate to the number of patients with which he had a close relationship, each physician's opinion was essentially given a weight in proportion to the extent of his general practice. This procedure was felt to measure more accurately the medical opinion with which the public has contact than would a procedure which gave the opinions of every physician equal weight.

Not only does the present type of sample accurately represent the medical opinions with which the public is most likely to come into contact, it also has certain advantages for those parts of the study in which the physician acts as an informant concerning the health practices of the general adult public and as the assessor of the impact of health education programs. It seems reasonable that the judgments and perceptions of physicians in close contact with large numbers of adult patients should be accorded greater weight in this connection than those of physicians with more limited current contact with the public.

A P P E N D I X B

CHARACTERISTICS OF THE DOCTORS INTERVIEWED

Of the 544 physicians selected for interview, 17 had to be discarded from the sample because they were either deceased, or were impossible to locate, or had entered the army or left the locality for other reasons. Of the remaining 527 doctors, a total of 471 (89.5%) were successfully interviewed.

Forty-five doctors (8.5%) refused to be interviewed, in spite of intensive follow-ups by registered letter and telephone calls. Eleven doctors (2.0%) expressed a willingness to be interviewed, but no appointment could be arranged within the time limit of the survey.

The following tables show the weighted percentage distribution of the 471 doctors interviewed, with respect to several personal and professional characteristics. In some cases, percentage distributions of the total medical profession are presented for comparison, so that the effects of the sampling procedure used on this survey may be observed.

TABLE A

AGE OF PHYSICIAN

	<u>NORC Sample 1955</u>	<u>General Practitioners in Active Private Practice April, 1950*</u>
Under 30	1%)	6%)
30-39	26) 61%	29) 56%
40-49	34)	21)
50-59	23	14
60-69	10	14
70 and over	6	15
Indeterminate	--	1
	<u>100%</u>	<u>100%</u>

* Dickinson, Frank G.: Distribution of Physicians by Medical Service Areas, AMA, Bureau of Medical Economic Research, Bulletin 94, Appendix Table B, p. 150.

TABLE B

GEOGRAPHICAL REGION

	<u>NORC Sample 1955</u>	<u>GP's in Active Private Practice April, 1950*</u>
Northeast	25%	32%
Midwest	30	29
South	33	25
West	12	14
	<u>100%</u>	<u>100%</u>

* Ibid., Appendix Table 3A, p. 159.

TABLE C

SPECIALIZATION OF PRACTICE

	<u>NORC Sample 1955</u>	<u>All Physicians in Active Private Practice April, 1950*</u>
General practitioners	73%	49%
Mixed (Part-time specialists)	4	15
Specialists (Full-time)	23	36
	<u>100%</u>	<u>100%</u>

* Ibid., Appendix Table 3, p. 158.

TABLE D

TYPE OF COMMUNITY

	<u>NORC Sample 1955</u>
Metropolitan area with 1,000,000 or more population.	30%
Metropolitan area with less than 1,000,000 population.	26
Non-metropolitan county, largest town 10,000-49,999.	19
Non-metropolitan county, no town of 10,000 or more	25
	<u>100%</u>

TABLE E

<u>TYPE OF PRACTICE</u>	<u>NORC Sample 1955</u>
Individual practice	70%
Individual practice, pooled facilities.	12
Group practice in partnership arrangement	12
Partnership in like fields of medicine.	4
Salaried.	1
Indeterminate	1
	<u>100%</u>

TABLE F

DIPLOMATS OF AMERICAN BOARDS

Diplomat of one or more boards.	14%
Not a diplomat of a board	86
	<u>100%</u>

TABLE G

NET INCOME BEFORE TAXES

Under \$5,000.	3%
\$5,000-7,499.	6
\$7,500-9,999.	10
\$10,000-12,499.	13
\$12,500-14,999.	14
\$15,000-19,999.	17
\$20,000-29,999.	20
\$30,000 or over	13
Indeterminate	4
	<u>100%</u>

Median. . . . \$15,350

TABLE H

NUMBER OF HOSPITAL STAFF MEMBERSHIPS

None.	14%
One	40
Two	30
Three or more	16
	<u>100%</u>

TABLE I

INTERVIEWER'S RATING OF PHYSICIAN'S
COOPERATIVENESS IN THE INTERVIEW

	NORC Sample <u>1955</u>
Very cooperative.	76%
Fairly cooperative.	17
Neutral, indifferent.	3
Somewhat hostile.	3
Very hostile.	1
	<u>100%</u>