Examining Medical Decision Making from a Marketing Perspective

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Abstract

This paper explores how consideration of the medical context can add new elements to marketing thought. Differences between the medical context and other consumer contexts are reviewed. The effects that the medical context has on the way traditional constructs such as involvement, affect and stress, uncertainty and satisfaction affect choice are discussed. Finally, emerging research in medical contexts where future discoveries could enhance consumer choice theory are presented.

Key words: decision-making, health care, involvement, stress, framing
Introduction

There’s an old game that people play when reading fortune cookie predictions. The idea is to read your fortune and at the end of whatever it says, add “…in bed.” The outcome is often amusing because it can completely change the intended meaning of the fortune. To some extent, we had a similar experience when we considered consumer decision-making in medical contexts; constructs took on different meanings and the results of previous research did not always generalize.

This paper discusses how consideration of medical transactions and contexts can add new elements to marketing thought and influence our understanding of how physicians, health organizations, and hospitals should manage and relate to their patients. We focus on three areas. First, we examine some important differences between medical and other contexts and discuss how the addition of the medical environment may alter decision processes. Then we review traditional constructs, such as involvement, affect and stress, uncertainty, and satisfaction and discuss how they may influence decision-making differently in medical contexts. Finally, we discuss emerging research in medical contexts where future discoveries could enhance consumer choice theory and lead to improvements in consumer health and welfare.

Differences between the medical and other decision contexts

Consider Ms. G who has just been diagnosed with breast cancer. Ms. G now has to learn very quickly about her disease and the possible treatment options. She will soon have to make difficult trade-offs. Obviously, G will be highly involved with her treatment decisions; after all, they literally have life-or-death consequences. Since the outcomes of these decisions are also uncertain, they are clearly risky decisions. G is also likely to experience considerable stress and intense emotions during this period, and health professionals will try to make her as comfortable and as satisfied with her decisions as possible. Previous research has certainly examined the effects of involvement, risk, stress, affect, and satisfaction on consumer decision making. Yet, the levels at which these constructs are experienced during health care decisions are often out of the range that have been examined previously. For example, high-involvement subjects in other contexts do not usually have death as a possible consequence if they make a wrong decision!

Like other goods and services such as legal and investment guidance, health care is a prototypical example of a credence good (Darby and Karni 1973). Consumers cannot easily search for accurate information about the quality of care provided by physicians and generally do not have the medical knowledge to evaluate quality. Also, there is a stochastic relationship between health outcomes and the quality of care. For example, one cannot automatically assume a patient who died after being hospitalized for cancer was improperly treated. Because health outcomes are not always diagnostic about the quality of treatment, consumers may not know that they have received improper treatment even when they experience adverse health outcomes (Brennan, Leape, and Laird 1991; Leape, Brennan, and Laird 1991).