

**Patient Identity and social ties:
Differences between
Public hospital and Humanitarian Clinics**

Isabelle Parizot

Brown University
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Background

The French health system, the excluded populations and the role of free clinics

- **In theory: a universal Social Security system**
- **In practice:**
 - Obstacles due to poor knowledge of entitlement
 - Long delays in obtaining entitlement
 - Co-payments (patients pay \approx 30% of consultations and drugs)
- **Free clinics:**
 - Offering free consultations, free drugs and social assistance
 - Run either by humanitarian associations (NGO exclusively for the poor) or by public hospitals

Background

A qualitative sociological research

- **Objectives: to know and understand**
 - the needs and expectations of people who attend the free clinics
 - their health system user strategies

In particular:

- What do patients subjectively experience when they go to a free clinic?
- How and to what extent are their experiences influenced by the fact these clinics are intended for the poor?
- Are there differences according to whether the free clinic is run by a public hospital or by a NGO?

Background

A multicentre study

- **Data collection**
 - 3 NGO and 1 hospital free clinics of Paris and Marseille's area
 - 100 in-depth face-to-face interviews with patients
 - 40 in-depth face-to-face interviews with professionals and volunteers
 - Series of non-participant observations
- **Comprehensive sociological analysis**
 - Attendance modes
 - Social relations
 - Identity conferred by the recourse

Modes of attending free clinics

➤ **3 modes of attendance**

- Selective attendance: No medical follow-up
- Regular attendance: Medical follow-up or specific recourse over time
- Inconsistent attendance: No medical follow-up possible

➤ **Different lived experiences**

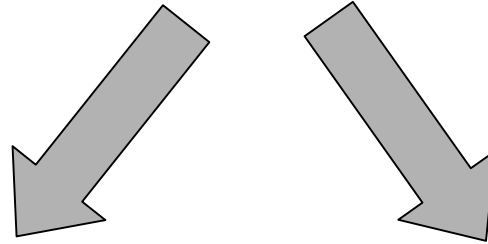
➤ **Evolution of the relation with the free clinic**

- Evolution of the social situation
- Evolution of the state of health
- Progressive socialization within the free clinic

➔ **“Moral career of the poor patient”**

Modes of attending free clinics

Selective attendance



Humiliation

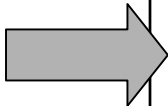

- Stigma of social assistance
- Refusal to accept social aid
- Reluctance to attend (delayed and limited consultations)
- No relational investment

Pragmatism

- Rational utilization of services provided
- «Springboard» to insertion
- No relational investment

Selective recourse
No relational investment

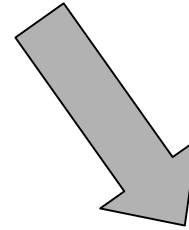
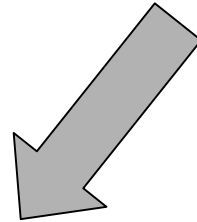
Modes of attending free clinics
Regular attendance

Initiation 	Settling-in 	Demanding
<ul style="list-style-type: none">• Identity adaptation• Progressive closeness with the staff	<ul style="list-style-type: none">• Rationalization of social aid• Positive acceptance• Emotional relationship with the staff• Preference for the free clinic chosen	<ul style="list-style-type: none">• Criticizing and demanding attitude• Service provider / consumer type relationship• Tense relationships

Personalized relationships

Modes of attending free clinics

Inconsistent attendance



Instrumentalization

- Adaptation to marginality
- Rejection of the free clinic norms
- Use of the services for continuation of marginal life

Crisis

- Disturbance to marginal life
- Inability to respect free clinic norms
- Difficulties in benefiting from the expected follow-up

- **Follow-up treatment is impossible**
- **Unstable relationships with the free clinic staff**
- **Occasional violence**

Symbolic worlds and identities related to the free clinics

**The form of the moral career is similar in both hospital and NGO
free clinics...**

- Adaptation to socio-medical aid
- Resistance to the discredit of aid

but the meaning given to the lived experiences differs.

- Rationalization on the characteristics of the clinic attended
- Socialization => internalization of the norms and values of the clinic attended

=> two “symbolic worlds”:

- The medical symbolic world
- The humanistic symbolic world

Symbolic worlds and identities linked to the free clinics

The medical symbolic world

- **Meaning given to aid** = medical follow-up
- **Staff**
 - Medical values
 - Professional logic
- **Relations**
 - Based on the staff's skills and the patient's state of health
 - No discrimination according to the patient's social standing
- **Patients:** «From poor patient to citizen entitled to healthcare»

Symbolic worlds and identities linked to the free clinics

The humanistic symbolic world

- **Meaning given to the aid** = interpersonal care
- **Staff**
 - Humanistic values
 - Logic of self-sacrifice
- **Relations**
 - Based on human dignity, respect and moral support given to the patients
 - Friendly relationship
- **Patients:** «From poor patient to human being worthy of care»

Symbolic worlds and identities linked to the free clinics

Identities and social ties

Medical World

Humanistic World

➤ **a less devalued identity than that of «poor person»**

Citizen entitled to healthcare identity

Human being worth of care identity

➤ **build of social ties**

Social ties of citizenship

Social ties of integration

➤ **important processes in the context of social exclusion**

Conclusions

The institutional context (motivations of the staff, mission of the institutions, etc.) influences...

- the meaning given to care provision
- the social relations
- the identities

=> the healthcare utilization behavior.

**Regular attending a free clinic can lead to reinforcing...
... processes essential to health recovery and to social reinsertion.**