

The patient role in decision-making in Lithuanian health care

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Key words: role of the patient, patient participation, physician-patient relationship, health care.

Summary. The objective of the study is to explore the attitudes of Lithuanian citizens to health care system and to evaluate their social role in decision-making about their health care.

Material and methods. The national cross-sectional survey was conducted March 1–7, 2004. Multi-stage random sampling across the country included adult Lithuanian residents, interviewed in their home (n=1007). The response rate was 56.5%. The attitudes of citizens were evaluated using an anonymous questionnaire, originally developed and adopted with the reference to experience of previously conducted studies.

Results. Majority of polled women and men (84.6% and 72.6%) recognized health as very important value in their life and as the most important among other social values. The overall mean of trust in health care system – 41.3%, trust in physicians – 69.9%, implementation of right to health care – 48.9%, concern about health care – 96.5% and patient impact in health care decisions – 19.1%. Nearly half of respondents (47.4%) prefer informative general practitioner-patient interaction model, which is realized in most cases (58.8%). Partnership (shared decision-making) as interaction model is expected by 37.2% of polled respondents and realized in every sixth case in primary care.

Conclusions. Health as value is the most preferred among Lithuanian citizens. Younger and more educated people trusted less in health care system, but are more motivated to play an active role in health care decision-making. The informative model of doctor-patient is dominant, while partnership is not so exposed as being expected by patients.

Introduction

The need to mobilize the entire spectrum of all those participating in health care process is identified as one of the major objectives in the European health policy and strategy document “Health-21: health for all in the 21st century” (1). Importance of active participation of individuals, groups and public organizations is emphasized in implementing various health promotion programs, stimulating the dialogue between providers and users of health care services and increasing people’s responsibility for their own health (2, 3). Most recent research had clearly demonstrated that patient participation in health care process is an important factor for the improvement of health care quality, increasing competitiveness among health care providers thus leading to the increased efficiency of the functioning of health care system. This is especially true for primary health care services (4). This is why more

active patient participation may produce better health care results, stimulate better quality of services and enhance the efficiency in health care in general (5-7).

Lithuania, like the other developing democracies in Eastern and Central Europe, has postulated the importance of civic participation in health care changes and patient involvement in medical decision-making process (8). But such a shift of medical profession – patient interaction in practice is more complex and problematic: the demand for patient autonomy implies new responsibilities for patients and loss of professional power of medical professionals (9, 10). However, the public opinion on the role of the patient requires further research since only a few studies addressed the issue of patient participation in health care process and medical decision-making in Lithuania. So, the major aim of this study was to explore the attitudes of Lithuanian population to health care and as-

sess their opportunities to participate in health care decision-making process.

Material and methods

The data analyzed for the purposes of this paper represent a random sample of adult Lithuanian population over 18 years examined at the cross-sectional survey, which was carried out by Market and Public Opinion Research Center “Vilmorus” during the first week of March, 2004. The sample constituted 1813 dwellers, who were invited to participate in the study, and 1007 of them were interviewed at their homes (response rate 56.5%). Interviews were performed by qualified interviewers of “Vilmorus” center, including one of the authors of this article. To assure the quality of sampling, 10% of selected participants were contacted by phone.

The multistage random sampling procedure was adopted as the method of selection. All large cities (Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys) were included into the study and districts were randomly selected from 5 proportional regions across the country. At the first stage, the poll took place in Vilnius, Kaunas, Klaipėda, Šiauliai and Panevėžys cities, then Trakai, Alytus, Kėdainiai, Šakiai, Šilutė, Tauragė, Plungė, Pakruojis, Utena and Rokiškis districts and finally 50 smaller villages completed the list. At the second stage selection of respondents from each district, made by random sampling among selected areas and organized so that every Lithuanian resident should have an equal chance to be polled (11). At the final stage, the households were listed and selected by area probability sample (12).

The standardized questionnaire was originally developed at Kaunas University of Medicine, based on the experience from the previous research studies. Our part of the questionnaire was aimed to assess population attitudes to health as a social value, expected patient role in health care and patterns of decision-making in physician–patient relationships. The socio-demographic data of respondents included gender, age, educational attainment, income and place of residence. The opinion of respondents was measured by the Likert scale (from “1 – strongly disagree” to “5 – strongly agree”). The data were analyzed using the SPSS for Windows 11.0 software program.

The distribution of answers between groups was measured by Kruskal-Wallis test, computing the chi square (χ^2) and coefficient of statistical confidence (p values). The difference between variables was considered statistically significant if $p < 0.05$.

The survey was conducted following the ethical code of the sociological research.

Results

Attitude towards health in the value scale

The distribution of the respondents according to the socio-demographic characteristics is presented in Table 1. The number of women in the examined sample ($N = 583$) was 1.4 times higher than that of men ($N = 424$).

As per study results the majority of the respondents, 84.6% of women and 72.6% of men ($p < 0.001$), stated that health as a value was either important or very important to them. The other socio-demographic characteristics did not yield any significant differences in the respondents' opinions. The priority given to health as a social value was also demonstrated by the fact that more than one-third of the respondents (38.1%) ranked it as the top and most important value compared to other value listed in the questionnaire (Fig. 1).

Attitudes towards health care

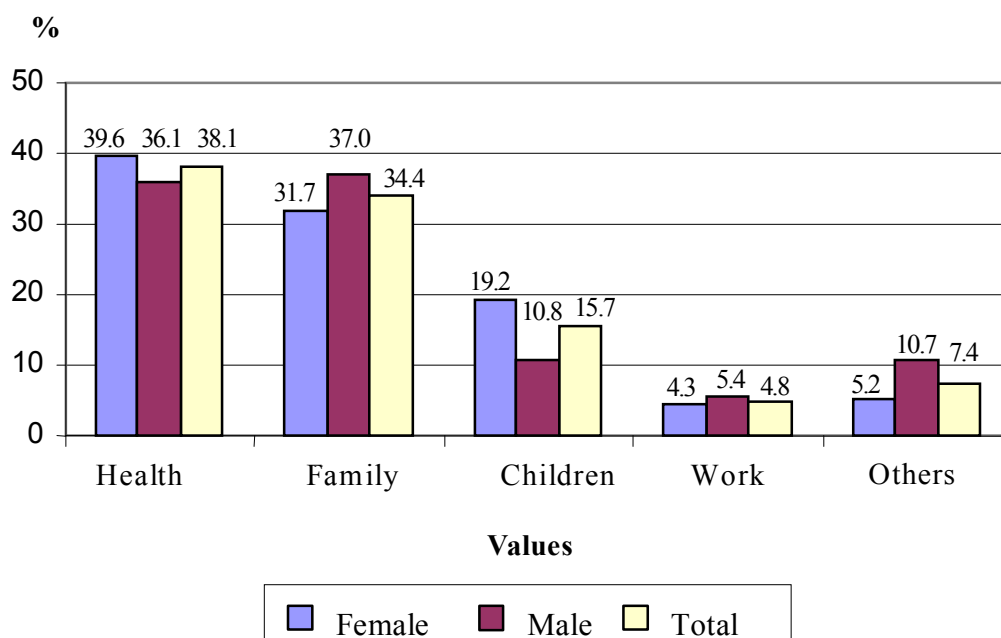
The findings of the study showed that 41.3% of all respondents trusted the health care system, 69.9% of them trusted physicians, and 48.9% of them thought that the right to health care in Lithuania is secured by the Law. Only 5.1% of the respondents indicated that they did not trust physicians, 26.0% of the respondents did not trust the health care system, and 27.5% of the respondents thought that the right to health care in Lithuania is not secured.

The study showed that the attitudes to health care differed depending on socio-demographic characteristics of the respondents. Approximately every second respondent over 60 years of age (51.2%) trusted or fully trusted the health care system, compared to every third (31.9%) respondent aged 30–45 years. Trust in the health care system was expressed by 56.2% of the interviewed subjects with primary education level, compared to 33.8% of people with higher education ($p < 0.01$). Higher trust in physicians was also expressed by the representatives of the oldest age group and those without secondary education, while younger and better educated respondents were more critical in this respect. The statement that the constitutional right to health care is secured in Lithuania was seconded by the majority of respondents with the primary level of education (54.8%), subjects with the highest income (58.3%), and respondents living in the rural areas (54.6%). Among those who thought that the right to health care is not secured, the most prominent were the groups of respondents with higher levels of education (33.3%), medium income (38.2%), and inhabitants of the largest cities of Lithuania (32.3%) ($p < 0.05$). Other demographic characteristics of the respondents yielded no significant differences in the opinions on the above-discussed questions.

Table 1. Socio-demographic characteristics of respondents

Socio-demographic characteristics		Females (N=583)		Males (N=424)		Total (N=1007)	
		abs.	%	abs.	%	abs.	%
Age (years)	18–29	79	13.6	64	15.1	143	14.2
	30–45	152	26.1	138	32.6	290	28.8
	46–60	138	23.5	101	23.8	238	23.7
	61 metų ir vyresni	214	36.8	121	28.5	335	33.3
Education	primary	138	23.7	100	23.7	238	23.7
	secondary	139	23.9	116	25.4	255	25.4
	college	158	27.1	122	27.9	280	27.9
	higher	148	25.3	86	23.1	232	23.1
Incomes for one person in family per month, in Litas	up to 290 Lt	263	45.7	162	38.8	425	42.8
	291–600 Lt	242	42.0	188	45.0	430	43.3
	601–1000 Lt	53	9.2	50	12.0	103	10.4
	1001–1500 Lt	12	2.1	9	2.2	21	2.1
	more than 1500 Lt	6	1.0	9	2.2	15	1.5
Place of residence	large cities	253	43.7	166	39.2	419	41.6
	others towns	161	27.6	121	28.5	282	28.0
	village	169	29.0	137	32.3	306	30.4

* N=994.

**Fig. 1. Ranking the social values: views of Lithuanian citizens** $p < 0.05$, comparing the attitudes between females and males.**Role of the patient in the health care process**

The assessment of the role of the population as present or potential future patients in the health care system showed that the majority of the respondents

(96.5%) are substantially or fully concerned with what is going on in health care sector. In general, for women, older people, subjects with higher education and medium income, and residents of large cities were more

concerned about health care system (Table 2). Out of all respondents, 60.7% of women and 44.8% of men were very concerned about the issues of health care, and only 3.4% of women and 8.0% of men were not concerned at all ($p<0.01$). The concerns about relevance of health care are also significantly related to the people's age and educational level – great concern about the issues of health care was manifested by 58.5% respondents of the oldest age group while only 33.6% of the respondents from the youngest age group ($p<0.05$), and similarly by 60.3% of the respondents with higher education and 44.1% of the respondents with primary education ($p<0.05$).

In order to find out how the role of the population as patients is considered, the respondents were offered to assess the significance of the role of the main players in the health care system (physicians, representatives of the administration, e.g. the Ministry of Health, and the role that population has in the decision-making process related to the issues of health care. The majority of the respondents (89.8%) thought that the major role is played by the functionaries responsible for health care. A smaller proportion of respondents (64.3%) thought that the physician also plays a significant role in the health care process. Only 19.1% of the respondents assessed their own role as present or potential future patients' as significant, while more than one-half of the respondents (59.6%) thought that the role of ordinary residents of Lithuania is insignificant, i.e. the population does not have any influence

on the decision-making related to health care. The attitudes of men, the representatives of the oldest age group, less educated respondents, and people living in rural areas were more skeptical concerning the possibilities of the population participation in the decision-making process related to health care issues compared to the opinions of women, the representatives of the youngest age groups, people with higher education, and inhabitants of large cities (Table 2). Out of all respondents, 22.2% of women and 14.6% of men thought that their role in decision-making process related to health care issues was significant, while 58.0% of women and 61.5% of men thought that their role in this respect was totally insignificant ($p<0.01$). Significant differences in this respect emerged when comparing the respondent groups according to their educational level: nearly every fourth respondent (23.7%) with higher education assessed his or her role in the decision-making process related to health care issues as significant, compared to every sixth (16.6%) respondent with incomplete higher education, and 17.3% of respondents with secondary, and 18.6% with college education ($p<0.05$). One-tenth of all respondents did not respond or did not have their opinion concerning the patient's role in decision-making process related to health care issues.

Patient participation in medical decision-making

In order to study what model of decision-making is the most acceptable when communicating with a physician, the respondents were given statements that

Table 2. Importance of health care issues: attitudes of Lithuanian citizens

Socio-demographic characteristics		Very important (%)	Important (%)	Not important (%)	Total
Gender	female*	60.7*	35.9	3.4	100.0
	male	44.8*	47.2	8.0	100.0
Age (years)	18–29	33.6**	58.0	8.4	100.0
	30–45	55.9	39.3	4.8	100.0
	46–60	57.6	37.4	5.0	100.0
	61 and more	58.5**	36.7	4.8	100.0
Education	primary	44.1***	47.9	8.0	100.0
	secondary	58.4	34.9	6.7	100.0
	high	53.6	42.1	4.3	100.0
	higher	60.3***	37.1	2.6	100.0

* $p<0.001$ comparing females and males. ** $p<0.05$ comparing different age groups.

*** $p<0.05$ comparing groups with different education.

characterized four main models of physician-patient relationships (13). The paternalistic model of physician-patient relationships was characterized by the statement “the patient follows all instructions of the physician”, the informed consent model – by the statement “the patient is informed, but doctor makes decisions”, the mutual participation model – by the statement “the doctor and the patient share decision-making”, and the consumerism model – by the statement “the doctor informs, the patient decides”.

Nearly every second respondent (47.4%) tended to favor the patient's informed consent model. This model was the most acceptable for the respondents of the oldest age group: 53.4% in the former as compared with 43.4% in the youngest age group ($p<0.05$). This was also true for respondents with lower educational levels: 54.6% in the former as compared with 44.7% in higher education group ($p<0.01$).

The mutual participation model was favored by every third respondent (37.2%). This model of decision-making was more acceptable for the respondents of the middle age groups (in the age group of 46–60 years – 43.7%, and in the age group of 30–45 years – 40.7%), and not as acceptable for the oldest (over 60 years of age) respondents – 28.1% ($p<0.05$). The acceptance of this model was also influenced by the respondents' educational level: it was favored by 41.4% of respondents with higher education, and only by 23.9% of respondents with primary education ($p<0.01$).

The paternalistic communication model (limited autonomy of the patient) was acceptable to nearly every fifth (17.9%) participant of the inquiry. Paternalistic physician-patient relationships were more desirable for the respondents of the oldest age group (13.1%), compared to the younger respondents (8.9%) ($p<0.05$). Such a model was also more favored by every seventh (15.1%) respondent with primary education, and only by every twelfth (7.3%) respondent with college and higher education ($p<0.01$). Absolute minority (5.2%) of respondents accepted the consumerist model. No differences according to other socio-demographic characteristics of the respondents were found.

The study also analyzed how the indicated models of decision-making are applied in consultations with a general practitioner. The findings showed that in the primary health care settings, decisions are most frequently made on the basis of the informed consent model (58.8%), less frequently – on the basis of the paternalistic model (17.9%), then the mutual participation model (16.6%), and least frequently – on the

basis of the consumerism model (6.7%). The results of the study show that the model of patient's informed consent is more frequently applied in cases of patients aged over 60 years, patients with primary educational level, and those living in rural areas. As the data in Fig. 2 show, the communication-related expectations of patients who expect to be more active participants in the medical decision-making process (i.e. to make decisions together with the general practitioner) are met to a lesser extent. Approximately every fifth (21.2%) respondent with higher education makes health-related decisions together with the general practitioner, compared to only every eighth (12.2%) respondent with primary education ($p<0.05$). During consultations, the paternalistic model of decision-making is more frequently applied when communicating with older patients (19.4%), compared to patients aged 30–45 years (15.5%, $p<0.05$). Every tenth (10.0%) respondent from the youngest age group, and only every twenty-fifth (3.9%) respondent of the oldest age group indicated that they communicate with the physician according to the consumerism model ($p<0.05$).

Discussion

This study, which was carried out on a representative sample of Lithuanian population, allows for making certain assumptions about changing societal attitude towards existing health care services as well as the role of citizens themselves in a changing health care system. The growing interest of the society in the issues of Lithuanian health care system was clearly demonstrated from the obtained data, although value orientation of the citizens was not a subject for this particular study.

The societal attitude towards functioning of health system is best reflected by institutional assessment and the level of trust by the citizens as demonstrated by sociological research (12). According to the data of this study Lithuanian population tends to relate its expectations with the individual health professionals (physicians in this case). Relatively high trust in Lithuanian health care system depends more on concrete health professionals with whom citizens have direct contact rather than functioning of the health care system as such. Similar findings have been published by some other investigators who studied the problem of patients' trust in several Lithuanian hospitals (13). These data as well as our study support the conclusion that expectations of Lithuanian population when contacting with health care system are realized through direct contacts with the physician or other health professional.

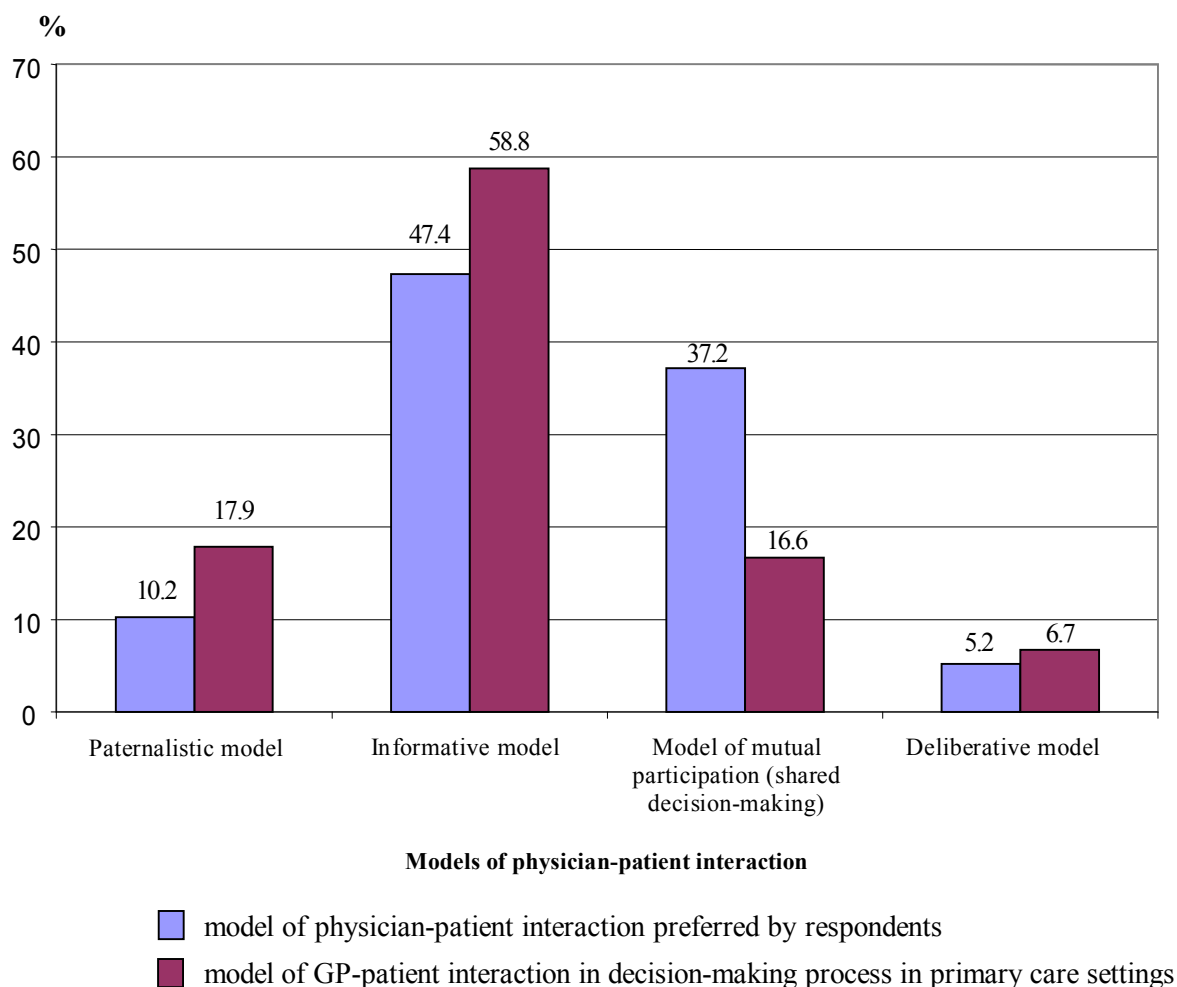


Fig. 2. Physician-patient interaction: comparison of respondents' preferences and experiences in primary care

Patient participation in decision-making process within health care system is realized through societal action as a reflection of a certain socio-cultural phenomenon (14, 15). This is why the citizens' position is important for their attitude towards health care system, i.e. the extent of how citizens' social life is related to health care system is decisive (16). The research data from Lithuania and other European countries demonstrate that more active citizens' position regarding health care system is determined not solely by personal experience through the contact with health care system (e.g. diagnostics and treatment) but also by the understanding of the social role of patient himself in the health care system (17, 18). The data from our study indicate that citizens' activity and, probably, their own responsibility for their personal health, still is relatively low in Lithuania. It is quite probable that relatively negative assessment of health care system as a whole might be explained by

the extent of prevalence of rather pessimistic attitude of Lithuanian population towards potential of patients' role in health care organization and its functioning. At the same time, as demonstrated by some studies carried out in Western societies, active voluntary involvement of citizens in community actions or patient organizations might considerably contribute to the solution of important health care problems (19).

Ethically patient participation in disease care process when medical decisions are taken that directly influence patient's health should be considered as ideal, especially at the primary health care level. The data from this study clearly indicate that the paternalistic physician-patient relationships prevalent in the past are becoming less and less acceptable for Lithuanian patients today, especially in general practice. On the other hand, partnership based physician-patient relationships in Lithuania still are less frequently seen as compared, e.g., with Sweden or the

United Kingdom (20, 21). However, younger generation and more educated population can for sure expect considerable increase in active physician-patient partnership relations in the years to come.

Conclusions

According to the study data health is one of the most important values for Lithuanian population. More than a half (52.8%) of interviewed subjects are very concerned about health care. The issues of health care are more important for Lithuanian females, for persons with higher education and those who contact their general practitioner more often.

Majority of respondents (69.9%) trust physicians who are the backbone of health care system. However, only 41.4% of the interviewed subjects trust the health care system as such, and only each second respondent positively considers assurance of the patient rights for health care.

Lithuanian citizens' position regarding health care is rather controversial: although functioning of health

care system for them as potential patients is very important only one fifth of respondents (19.1%) consider that their role in health problem solution might be significant.

The population attitude towards health care is related to respondents' age and education: younger and more educated people are more critical regarding functioning of health care system. However, they are more optimistic as to their potential role in decision-making and tend to be more active in that process.

Lithuanian population favors informed consent (47.4%) and partnership (37.2%) model in physician-patient relations. This type of communication is more preferred by younger and better-educated respondents.

Majority of Lithuanian population tends to take rather passive position in decision making process that is influencing health. However, the considerable concerns expressed about functioning of health care system gives an indication of changing societal attitude to civic participation in health care processes.

Pacientų vaidmuo priimant sveikatos priežiūros sprendimus

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Raktažodžiai: paciento vaidmuo, pacientų dalyvavimas, gydytojo ir paciento santykiai, sveikatos priežiūra.

Santrauka. Tyrimo tikslas. Ištirti Lietuvos gyventojų požiūrį į besikeičiančią sveikatos priežiūros sistemą ir įvertinti pacientų dalyvavimo galimybes priimant jų sveikatai įtakos turinčius sprendimus.

Tyrimo medžiaga ir metodai. 2004 m. kovo 1–7 dienomis atlikta reprezentatyvioji Lietuvos gyventojų apklausa respondentų namuose. Apklausoje dalyvavo vyresni kaip 18 metų asmenys (N=1007), atsako dažnumas – 56,5 proc. Standartizuotą klausimyną sudarė klausimai, skirti gyventojų nuomonei apie sveikatos priežiūros sistemą, paciento vaidmeniui ir bendravimo su gydytoju ypatybėms įvertinti.

Rezultatai. Nustatyta, kad 84,6 proc. moterų ir 72,6 proc. vyrų sveikata, kaip vertybė, yra svarbi arba labai svarbi, o tarp kitų vertybių – pati svarbiausia. Nustatyta, kad 41,3 proc. Lietuvos gyventojų pasitiki sveikatos priežiūros sistema, 69,9 proc. – pasitiki gydytojais, 48,9 proc. respondentų nuomone, teisė į sveikatos priežiūrą yra užtikrinta. Daugumai apklaustųjų (96,5 proc.) rūpi sveikatos priežiūros situacija Lietuvoje, tačiau savo, kaip paciento, vaidmenį sveikatos priežiūros sistemoje teigiamai vertina tik 19,1 proc. Bendraujant su gydytoju, 47,4 proc. gyventojų pirmenybę teikia paciento informuotumo modeliui, kuris pirminėje sveikatos priežiūroje taikomas 58,8 proc. atvejų. 37,3 proc. palankiai įvertino abipusio dalyvavimo modelį, kuris taikomas 16,6 proc. atvejų.

Išvados. Daugumos Lietuvos gyventojų nuomone, sveikata yra svarbiausia vertybė, o sveikatos priežiūros klausimai yra labai aktualūs daugiau kaip pusei (52,8 proc.) respondentų. Jaunesnių ir didesni išsimokslinimą turinčių respondentų požiūris į sveikatos priežiūrą yra labiau kritiškas, tačiau jie linkę būti aktyvesni sprendžiant sveikatos problemas. Mažiausiai išpildomi lūkesčiai tų pacientų, kurie tikisi bendrauti su gydytoju kaip lygiaverčiai partneriai priimant sveikatos priežiūros sprendimus.

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