

Perceived Health Status and Its Effect on the Utilization of Health Facilities among Elderly Patients in Riyadh, Saudi Arabia

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Abstract. This is a cross-sectional survey conducted to explore the self-reported health status of the elderly patients and how such subjective perception influences their health seeking behaviour. The study employed self-administered questionnaires to collect data from 500 patients aged 65 years and older who visited five primary health care centers in Riyadh City during October and November 2009. The questionnaire was designed to collect data on a number of variables including socio-demographic characteristics and health status-related aspects. Respondents were asked to report on the utilization of various health care facilities. The data were analyzed by descriptive statistics, chi-square tests and a logistic regression analysis. The results revealed that there was a significant relationship between the perceived health status and the utilization of health services. Respondents who perceived their health status as poor were more likely to use health services provided in primary health care centers, outpatient clinics, and emergency departments. The study concludes that the subjective health status is an important determinant in the utilization of health resources. The perception of the elderly population should be identified by those involved in the delivery of health care services in the Kingdom of Saudi Arabia in order to provide this vulnerable group of population with relevant health care.

Introduction

Patients' decision to use health care services is complex and may result from an interaction of several factors. These factors may include socio-demographic characteristics such as age, gender, income, educational level and insurance coverage (Henchoz *et al.*, 2008). Other factors may also include organizational aspects of the health care system itself such as the availability of, and the accessibility to, health care (Murata *et al.*, 2006). The perceptions of patients about susceptibility, severity, and costs and benefits of seeking care may also influence the utilization of health services (Haseen and Adhikari, 2010). However, much of the literature identified the importance of the elderly persons' perceptions about their health status in the decision of seeking medical help from health care facilities.

The people aged 65 years and over in Saudi Arabia constitute approximately 3% of the total

population (Ministry of Health, 2009). This rate is quite low, but it is expected to rise as a result of the improvement in living standards, availability of health services and the decline in mortality rates (Ministry of Planning, 2005). However, elderly people are more likely to have life-threatening conditions than do younger ones (Barbui *et al.*, 2006), to be more often admitted to hospitals (Luthy *et al.*, 2007), have a medical (as opposed to surgical) conditions (Lim *et al.*, 2006), and spend longer periods in health care facilities (Victor, *et al.*, 2000). Moreover, elderly persons utilize more diagnostic tests and present to health care facilities with multiple complaints or illnesses (Beregi, 2005).

The assessment of perceived health status of the elderly people and its impact on the utilization of health facilities is useful for detecting the health needs of such group of people (Avogo *et al.*, 2008; Newbold, 2005; Lee *et al.*, 2009). In addition, the need for more research on the elderly people in Saudi

Arabia is particularly urgent because of their greater risk of physical, social and mental health problems as has been reported in the limited available literature (Al-Shammari, 1996; Mufti, 1998; Jarallah and Al-Shammari, 1999; Khan and Khan, 2000). Moreover, keeping this group of population healthy would result not only in a better quality of life for older persons, but also in significant financial savings (Jayadevappa *et al.*, 2006; Orimo *et al.*, 2006). Previous research indicates that understanding the health status, as perceived by the patients themselves, could help in identifying the priorities of health needs of the population (Park *et al.*, 2006; Mohler-Kuo *et al.*, 2006; Kristie *et al.*, 2008). Therefore, the main objective of this study was to explore the perceived health status by the elderly people and its influence on the utilization of health services.

Methods

This is a cross-sectional study conducted to explore how the perceived health status of the elderly people (defined as those aged 65 years or older) may influence their utilization of health services. To serve the purpose of this study, Riyadh city was divided into five geographical locations: East, West, North, South and Central. From each location one primary health care (PHC) center was selected by simple random sampling. In each PHC center, a random sample of 100 elderly patients (50 males and 50 females) were approached and asked to participate in the study. Accordingly, 500 questionnaires were distributed, of which 470 questionnaires were successfully completed and returned (a response rate of 94%). The remaining 30(6%) questionnaires were not completed because of respondents' lack of time. The study took place during October and November 2009.

The main outcome variable in this study is a dichotomous measure of whether or not a respondent used any of the health care facilities in the past three months. These facilities included primary health care (PHC) centers, outpatient departments (OPD), emergency departments (ED) and *other* health care services (such as private pharmacies, traditional healers, home remedies and other self-care activities). Measurement of the utilization of health care facilities was based on the question: "Have you used/visited any health care facility in the past three months (other than today's visit)?" For explaining health services utilization, four aspects of perceived health status were included as a proxy for the need of health care use. These variables represent the primary independent measures of this study. These included

the perceived health status (in general), perceived psychological status, having chronic illness and whether the elderly patient needs help with daily personal care. Health status is a categorical variable that measured the respondents' perceived health status as "poor" or "good". Similarly, psychological status is categorized into "poor" or "good" measurement. Having chronic illness was a dichotomous measure of whether or not a respondent had an illness which continues since the past three months. Finally, the responses for whether the elderly patient needs help with personal care were categorized into "yes" or "no" form.

A number of steps were taken into consideration to increase the content validity of the questionnaire. First, a review of the relevant literature was carried out in order to identify variables relevant to the study. Second, two specialists in geriatric medicine and two academic staff reviewed the questionnaire. Finally, a pilot survey of 20 elderly persons (10 males and 10 females) was conducted. On the basis of the outcome of the pilot survey and the suggestions made on the questionnaire, few questions were reformed and others were deleted or added. The pilot survey questionnaires were not included in the main survey. The participants were assured of confidentiality and provided with an explanation regarding the purpose of the study and the importance of their contribution. The subjects gave verbal consent to participate in the study. All questionnaires were distributed by well-trained postgraduate students and were completed during the respondents' waiting times in the randomly selected primary health care centers. Patients who were unable to complete the questionnaires on their own or with help from the postgraduate students were excluded, as were those who did not speak Arabic or English or who were incapable of providing sufficient information to complete the questionnaire. The questionnaire dimensions were also tested for the reliability and the Cronbach' alpha ranged from 0.77 to 0.89.

Chi-square test was used to determine the differences between respondents who "used" and those who "did not use" the various health facilities in the past three months (except the current visit) according to the perceived health status aspects indicated above. A logistic regression analysis was performed to identify factors that significantly influenced respondents' use of health services in general. The multivariate-adjusted odds ratio (OR) and the corresponding 95% confidence intervals (CI) were calculated. All tests were two-tailed with a statistical significance level of 0.05. The data for this study were entered and analyzed using the Statistical Package for Social Sciences (SPSS).

Results

Table 1 shows the general profile of respondents included in the study. Socio-demographic characteristics indicate that the majority of respondents were females (55.1%), Saudis (81.7%) and married (88.7%). Respondents were aged between 65 and 83 with a mean age of 71.3 years and a standard deviation of 5.5 years. Just below half of the respondents (48.3%) had an educational level of less than high school. The vast majority of respondents (79.6%) reported having a monthly income of less than SR 5,000 and only 27 (5.7%) reported having health insurance coverage.

Table 1. Socio-demographic characteristics of the study population (N = 470)

Characteristics	N	%
(Mean=71.26, SD=5.5, Range= 65-83)		
Age (years)		
65-74	336	71.5
75 and above	134	28.5
Gender		
Male	211	44.9
Female	259	55.1
Nationality		
Saudi	384	81.7
Non-Saudi	86	18.3
Marital status		
Married	417	88.7
Unmarried	53	11.3
Level of education		
< High school	227	48.3
≥ High school	243	51.7
Monthly income		
< SR 5,000	374	79.6
≥ SR 5,000	96	20.4
Having health insurance		
Yes	27	5.7
No	443	94.3

Table 2. Utilization of health facilities among elderly patients in the study sample (N = 470)

Used any source of health services in the past three months?*	n	(%)
Yes **	362	77.1
No	108	22.9
Total	470	100

*Excluding the current visit.

** (Respondents were requested to indicate whether they have used any source of health care in the past three months, including primary health care (PHC) centers, outpatient clinics (OPD), emergency departments (ED) or *other* health sources (e.g. private pharmacies, traditional healers, home remedies, and other self-care activities).

Table 2 shows that out of the 470 elderly patients who participated in the study, 362 (77.1%) indicated that they have used some sort of health care services in the past three months (excluding the current visit). Of these, 222 (74.2%) used primary health care (PHC) centers, 122 (26%) used outpatient clinics and 159 (33.8%) used emergency departments. Moreover, 74 (15.7%) of the elderly patients used *other* sources of health care such as private pharmacies, traditional healers, home remedies, and other self-care activities (Fig. 1).

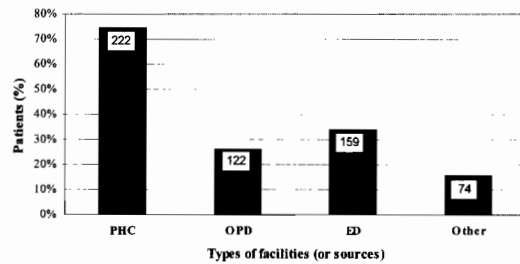


Fig. 1. Types of health facilities (or sources) used by elderly patients (in the past three months).

Table 3 presents the results on the utilization of primary health care (PHC) services in the past three months (other than the current visit) according to the perceived health status aspects. The table indicates that elderly patients who perceived their general health status as "poor" made a significantly higher percentage (51.0%) of use of PHC services than those who perceived their health status as "good" (40.8) ($p < 0.05$). Similarly, elderly patients who reported having "chronic illness" made a significantly higher percentage (52.4%) of use of primary health care services than those who did not report such illness (37.1%) ($p < 0.05$). Patients who reported "need help with personal care" made a significantly higher percentage (49.5%) of use of PHC services than those who did not (35.9%) ($p < 0.05$).

The differences in the utilization of outpatient clinics (OPD) by the elderly patients according to their perceived health status aspects are presented in Table 4. The results revealed that elderly patients who rated their general health status as "poor" made a significantly higher percentage (31.1%) of use of OPD services than those who perceived their health status as "good" (17.2%) ($p < 0.05$). Respondents who reported having "chronic illness" made a significantly higher percentage (32.5%) of use of OPD services than those who did not report such illness (13.2%) ($p < 0.001$). The results also indicate that respondents who reported "need help with personal care" made a significantly higher percentage (28.1%) of use of OPD services than those who did not report such

Table 3. Perceived health status and the utilization of primary health care (PHC) services

Health status aspects		Used PHC services?		χ^2	P-value
		Yes n (%)	No n (%)		
Perceived general health status					
	Poor	151 (51.0)	145 (49.0)	4.182	0.041*
	Good	71 (40.8)	103 (59.2)		
Perceived psychological status					
	Poor	75 (52.8)	67 (47.2)	2.234	0.135
	Good	147 (44.8)	181 (55.2)		
Presence of chronic condition					
	Yes	163 (52.4)	148 (47.6)	9.283	0.002*
	No	59 (37.1)	100 (62.9)		
Need help with personal care					
	Yes	194 (49.5)	198 (50.5)	4.292	0.038*
	No	28 (35.9)	50 (64.1)		

* $P < 0.05$ **Table 4. Perceived health status and the utilization of outpatient (OPD) services**

Health status aspects		Used OPD services?		χ^2	P-value
		Yes n (%)	No n (%)		
Perceived general health status					
	Poor	92 (31.1)	204 (68.9)	10.213	0.001*
	Good	30 (17.2)	144 (82.8)		
Perceived psychological status					
	Poor	33 (23.2)	109 (76.8)	0.593	0.441
	Good	89 (27.1)	239 (72.9)		
Presence of chronic condition					
	Yes	101 (32.5)	210 (67.5)	19.334	0.000**
	No	21 (13.2)	138 (86.8)		
Need help with personal care					
	Yes	110 (28.1)	282 (71.9)	4.80	0.028*
	No	12 (15.4)	66 (84.6)		

* $P < 0.05$, ** $P < 0.001$

need (15.4%) ($p < 0.05$).

The findings about the utilization of health services provided in the emergency department (ED) according to the elderly perceived health status aspects are presented in Table 5. The table indicates that more than one-third ($n=159$, 33.8%) of the respondents in the study used the ED in the past three months. The results also indicate that respondents who perceived their general health status as "poor" made a significantly higher percentages (42.6%) of use of the ED services than those who perceived their health status as "good" (19.0%) ($p < 0.001$). Patients who reported having chronic illnesses made a significantly higher percentage (38.6%) of use of the ED services than those who did not report such a health problem (24.5%) ($p < 0.05$). Finally, respondents who reported "need help with personal care" made a significantly lower percentage (30.6%) of use of ED services than those who did not report

such need (50.0%) ($p < 0.05$).

Table 6 indicates that 74 (15.7%) of the respondents in the study sample used some sort of *other* health resources including over-the-counter (OTC) drugs purchased from the private pharmacies, home remedies, traditional healers and other health resources. The table indicates that elderly patients who reported having "poor" general health status made a significantly higher percentage (18.6%) of use of *other* health resources than those who perceived their health status as "good" (10.9%) ($p < 0.05$). Elderly patients who reported having "chronic illness" made a significantly higher percentage (19.3%) of use of these resources than those who did not report such health conditions (8.8%) ($p < 0.05$). Finally, respondents who reported "need help with personal care" made a significantly lower percentage (13.0%) of use of *other* health resources than those who did not (29.5%) ($p < 0.05$).

Table 5. Perceived health status and the utilization of emergency departments (ED)

Health status aspects		Used ED services?		χ^2	P-value
		Yes n (%)	No n (%)		
Perceived general health status					
	Poor	126 (42.6)	170 (57.4)	26.226	0.000**
	Good	33 (19.0)	141 (81.0)		
Perceived psychological status					
	Poor	55 (38.7)	87 (61.3)	1.882	0.170
	Good	104 (31.7)	224 (68.3)		
Presence of chronic condition					
	Yes	120 (38.6)	191 (61.4)	8.670	0.003*
	No	39 (24.5)	120 (75.5)		
Need help with personal care					
	Yes	120 (30.6)	272 (69.4)	10.075	0.002*
	No	39 (50.0)	39 (50.0)		

* $P < 0.05$, ** $P < 0.001$

Table 6. Perceived health status and the utilization of "other" health resources^a

Health status aspects		Used "other" resources?		χ^2	P-value
		Yes n (%)	No n (%)		
Perceived general health status					
	Poor	55 (18.6)	241 (81.4)	4.289	0.038*
	Good	19 (10.9)	155 (89.1)		
Perceived psychological status					
	Poor	23 (16.2)	119 (83.8)	0.002	0.969
	Good	51 (15.5)	277 (84.5)		
Presence of chronic condition					
	Yes	60 (19.3)	251 (80.7)	7.951	0.005*
	No	14 (8.8)	145 (91.2)		
Need help with personal care					
	Yes	51 (13.0)	341 (87.0)	12.101	0.001*
	No	23 (29.5)	55 (70.5)		

^a Other health resources includes private pharmacies, traditional healers, home remedies, and other self-care activities.

* $P < 0.05$

In the logistic regression analysis, both socio-demographic variables (i.e., age, gender, educational level, nationality, marital status, monthly income and the attainment of health insurance) and health status-related variables were included in the regression model in order to determine which factors explain the utilization of health services in general (i.e., the utilization of any type of health services). Table 7 summarizes the results of the binary logistic regression analysis and indicates that none of the socio-demographic variables of the respondents had a significant impact on the utilization of health services. However, the results indicate that all of the health status-related aspects (perceived health status, perceived psychological status, presence of chronic illness and "need help with personal care") were

statistically significant in the logistic regression analysis. Specifically, respondents who reported having "poor" general health status were about two times more likely to use health services (in general) than those who reported having "good" health status ($p < 0.05$). Similarly, those who reported having "poor" psychological health status were about two times more likely to use health services than those who did not report such a health issue ($p < 0.05$). Respondents who reported having "chronic illness" were more than three times more likely to use health services than those who did not report having such illness ($p < 0.001$). Finally, respondents who reported "need help with personal care" were two times more likely to use health care facilities than those who did not ($p < 0.05$).

Table 7. Characteristics associated with the general utilization of health services

Characteristic / aspects		Odds Ratio (95% CI)	P value
Age (years)			
	65-74	1.00 (reference)	0.156
	≥ 75	1.53 (0.85-2.74)	
Gender			
	Female	1.00 (reference)	0.826
	Male	1.07 (0.59-1.94)	
Nationality			
	Saudi	1.00 (reference)	0.954
	Non-Saudi	1.02 (0.52-1.99)	
Marital status			
	Unmarried	1.00 (reference)	0.069
	Married	2.20 (0.94-5.12)	
Educational level			
	≥ High school	1.00 (reference)	0.780
	< High school	1.09 (0.60-1.99)	
Monthly income			
	< SR 5,000	1.00 (reference)	0.970
	≥ SR 5,000	1.01 (0.52-1.99)	
Having health insurance			
	No	1.00 (reference)	0.299
	Yes	1.85 (0.58-5.93)	
Perceived general health status			
	Good	1.00 (reference)	0.004*
	Poor	2.08 (1.26-3.43)	
Perceived psychological status			
	Good	1.00 (reference)	0.026*
	Poor	1.88 (1.08-3.28)	
Having chronic illness			
	No	1.00 (reference)	0.000**
	Yes	3.13 (1.90-5.15)	
Need help with personal care			
	No	1.00 (reference)	0.040*
	Yes	2.00 (1.03-3.88)	

* P<0.05, ** P<0.001

Discussion

This study is an exploratory investigation carried out to identify the relationship between the utilization of health services and the perceived health status aspects by the elderly patients. This is an important subject as health service utilization has been closely linked to health status, health needs and health resources (Fernandez-Olano *et al.*, 2006; Hill *et al.*, 2007). It has been reported that understanding the utilization of health services by the elderly persons, as well as knowledge of health status issues in this

group of the population, would provide important information for health planners and policy-makers (John *et al.*, 2002; Margolis *et al.*, 2003). Such information would allow more informed decision making about health needs of the elderly people and health services utilization in Saudi Arabia as a whole.

The results reported in this study emphasize the importance of the perception of elderly patients in their health seeking behaviour and in the utilization of various health facilities. The findings are in line with those reported in previous studies conducted in different parts of the world such as the United States (Anthony and Barry, 2009), Canada (Tsai *et al.*,

2006), United Kingdom (Roe *et al.*, 2009), Spain (Hernández-Quevedo, 2009), Sweden (Molarius *et al.*, 2007), Italy (Pomposelli *et al.*, 2006), Korea (Jang *et al.*, 2004) and Indonesia (Pepall *et al.*, 2007). The results of these studies indicate that the patients' perception about their health status have a major role in the utilization and the consumption of health resources. Comparing the results emerged from this study with those reported in other countries is difficult and may lead to discrepant conclusions since countries have distinctly different health care systems; some are based on a strong foundation of 'gatekeeping' primary care and others on an easy access to specialists so long as the patient can pay.

The results of the present study showed that there was a direct but inverse relationship between the perceived health status and the utilization of health services. That is, the poorer the perceived health status the higher the need for, and utilization of, health services. These results are consistent with previous research which indicated that the perception of elderly people about their health status is an indication of the utilization of the various health care facilities. However, previous research indicates that health status is determined by a complex interaction of a number of factors with no single factor responsible (Ahn and Kim, 2004).

The results of the bivariate and multivariate analyses in this study showed that the perceived poor health status, in general, influenced the chance of a patient's being a user of health care services. This finding agrees with studies reported in the medical literature (Tsai *et al.*, 2006; Roe *et al.*, 2009; Hernández-Quevedo and Jiménez-Rubio, 2009; Anthony and Barry, 2009) which reported that older patients are more likely to attend multiple health care facilities than younger patients. However, the medical literature indicates that older patients tend to have life-threatening conditions more often than do younger ones (Ahn and Kim, 2004), to be more often admitted to hospital wards (Luthy and Cedraschi, 2007) and to attend health care facilities with multiple acute illnesses (Fernandez-Olano *et al.*, 2006).

In this study, elderly patients rely on several facilities for health care, other than primary health care centers, such as outpatient clinics, emergency departments and *other* health resources (including private pharmacies and self-medications). It is possible that the patients, for whom the management of their illnesses has been unsuccessful in primary health centers, discontinued with care in these facilities. Therefore, it is vital that health needs of these patients are to be addressed in future research in order to direct them to the appropriate resources.

However, previous research in Saudi Arabia indicated that patients' dissatisfaction is another reason for not using the primary health care facilities (Al-Omar, 2000).

The findings of the present study revealed that elderly patients who perceived their health status as poor and those who had some sort of chronic illnesses were more likely to use ED and *other* health care resources (such as OTC medications and traditional healers). Despite the fact that such health seeking behaviour is considered as an inappropriate from the health professionals' perspective (Sanders, 2000); it might not be as such from the patient's perspective and that patients may continue behave in such manner until their health conditions are resolved. In fact, further analysis indicates that more than one-third of the respondents in the study used the ED services in the past three months. This is higher than that reported in the literature (Sanders, 2000) which may question health services provided in primary health care centers. However, previous research indicates that PHC services are more appropriate for the management of chronic health conditions and that ED services are only to be used for conditions that cannot be dealt with in the primary health care settings (Watt *et al.*, 2005). Further research in Saudi Arabia is needed about this topic in order to determine whether health services provided in PHC centers are fulfilling the elderly patients' needs.

Previous research indicates that the decision to use a health care facility by an elderly patient may result from a wide variety of circumstances; social, psychological, cognitive, environmental and economic factors (Howe *et al.*, 2002). Other studies have suggested that the demand for health care may be influenced by organizational factors such as the accessibility (Wellstood *et al.*, 2006) and the availability factors (Wensing *et al.*, 2002) in addition to the patients' perception about their health status.

The general message emerged from this study is that the perceived (or subjective) health status is an important determinant in the utilization of health services. Therefore, it is vital that those involved in the delivery of health care to the population should take into account what the elderly people perceive as important for their health needs. Possible strategies include improved access to all levels of health care and to ensure the availability of both preventive and curative health care when needed. This may help this vulnerable group of patients to cope with their health conditions. More qualitative research is needed to expand on the results emerged from this study which may provide policy-makers with more in-depth information about the issue. Such information would

allow more informed decision making about health needs and health services utilization by the elderly patients in Saudi Arabia.

This study has limitations which deserve mention. First, the findings reported here may be influenced by the study design and the available data. Second, the health status reported here was "self-reported" or "subjective". However, self-reported health status is the most extensively used measure of health status in the research literature, and it has been shown to be a strong predictor of subsequent utilization of health services (Van *et al.*, 2002) and mortality (Idler and Kasl, 1995). Finally, because of the limited resources, the study took place in Riyadh city only. Accordingly, the results can not be generalized. However, Riyadh is the largest and the most populated city in the Kingdom with inhabitants coming from different parts of the Kingdom. Despite these limitations, it is believed that the results emerged from this study provide a valuable insight on how the "perceived health status" by the elderly people influence their health seeking behaviour at different health care facilities.

In conclusion, if appropriate strategies for providing the elderly people with relevant health care are to be developed, larger surveys covering other regions of the Kingdom are needed before implementing any measures to provide this vulnerable group of the population with necessary health services. Such surveys should take into account the particularities of the Saudi population and should consider the limitations addressed in this study. This can provide health policy makers with essential information that helps in making more informed decisions for the delivery of health services to the Saudi elderly population.

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إدراك المرضى كبار السن لحالاتهم الصحية وأثر ذلك على استخدام المرافق الصحية في مدينة الرياض بالمملكة العربية السعودية

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تم القيام بهذه الدراسة المسحية المقطعية للتعرف على مدى تأثير الإدراك الذاتي عن الحالات الصحية للمرضى كبار السن على سلوكهم في البحث عن الخدمات الصحية. تم استخدام الإستبانة لجمع البيانات من ٥٠٠ مريض (من هم في عمر ٦٥ سنة أو أكبر) أثناء زيارتهم لخمسة من مراكز الرعاية الصحية الأولية بمدينة الرياض خلال شهري أكتوبر ونوفمبر من عام ٢٠٠٩م. تم تصميم الإستبانة لجمع معلومات عن بعض العوامل الديموغرافية والاقتصادية للمجيبين، وكذلك عن بعض المعلومات المتعلقة بالحالة الصحية لهم. تم تحليل البيانات وعرضها بطريقة وصفية، كما تم استخدام اختبار مربع كاي وتحليل الانحدار في التحليل. أوضحت نتائج الدراسة وجود علاقة دالة إحصائية بين اعتقاد المرضى عن حالاتهم الصحية واستخدام العديد من المرافق الصحية. كما أوضحت النتائج أن المجيبين الذين يعتقدون أن حالاتهم الصحية متردية هم الأكثر استخداماً للخدمات الصحية المقدمة في المراكز الصحية، والعيادات الخارجية، وأقسام الطوارئ مقارنة بغيرهم. أوضحت الدراسة أن اعتقاد المرضى كبار السن عن حالاتهم الصحية يعتبر محددًا أساسيًا في استخدام المرافق الصحية المختلفة، وبناء على ذلك فإنه يجدر بمقدمي الخدمات الصحية في المملكة العربية السعودية التعرف على ما يعتقد هؤلاء المرضى عن حالاتهم الصحية قبل القيام بأي عمل تنفيذي من شأنه تقلص الرعاية الصحية المناسبة لهم.