



Patient? Client? Consumer?

A LOOK AT LABELS AND THEIR EFFECT ON NURSING CARE

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ONE DAY I CAME ACROSS “THE MARTHA Stewart Show” as it aired a segment dedicated to nurses and Nurses Week. It began with a brief discussion of the history of nursing over the past century or so, and I recognized many of the instruments from my youth and my early career in nursing. But what caught my fancy was how the nursing school representative, a nurse herself, continually referred to the patient as the

“client,” and how she seemed to struggle while using the term, as if it was a foreign concept.

I know that both nursing and healthcare in general have been undergoing a lot of changes these past several years. As nurses we’ve seen it in the push for mandated nurse/patient ratios, lift teams, the “doctor-nurse,” and even a push to relabel those we care for — from “patient” to “consumer,” or even “client.”

I have often wondered what effect, if any, does changing how we refer to our charges have on how we provide care? Will this change in terminology cause us to perform our task better, more properly or more efficiently? Or is it just window-dressing?

Personally, I'm not convinced that referring to the patient as the "client" or the "consumer" makes me be a better nurse, causes me to perform my job function any differently, or even alters how I perceive my role in relation to those under my care every day. However, I'm always game to take a look at things.

Let's start with a definition of all three terms, beginning with the one many nurses have operated with for years:

- **Patient:** an individual awaiting or under medical care and treatment; the recipient of any of various personal services, or one that is acted upon.
- **Client:** one that is under the protection of another, or a person who engages the professional advice or services of another, or a person served by or utilizing the services of a social agency.
- **Consumer:** one that consumes; specifically, one that utilizes economic goods.

Keeping the above definitions in mind (provided courtesy of the Merriam-Webster Dictionary), one can easily see why all three can appear applicable as labels for an individual that receives care from a nurse, doctor or other healthcare professional. The questions that we must ask ourselves are: Does using one term over the other truly alter how we perform our duties, thus allowing us to perform at a higher level of quality? Or does using one term over the other alter the public's perception of the care they receive from the healthcare team?

ARE WE TREATING A PATIENT?

If we consider the definition for *patient*, I think we can all agree that the person a nurse provides care and services to fits it to the proverbial "T." This individual is indeed awaiting medical care or treatment, and they are most definitely being "acted upon." When we have to wake a patient to have them take their 3am pill, or to move them from their warm bed to one that will take them to cold and invasive procedure, those are most certainly not peer-to-peer experiences.

ARE WE TREATING A CLIENT?

A person under our care could be seen as a client, but what image is conjured up when we think of that word? Generally, a client is someone seen as purchasing or contracting from another person or entity. Indeed, a person receiving care is in this role, but do they really contract with the nurse for the delivery of their care? Rarely. In the hospital, clinic and hospice environment, each nurse's time is not billed separately, the "client" does not compensate the nurse directly for their care, and in most cases the "client" does not pick and choose which nurse will provide their care.

Of course they have the right to request a different nurse, but there are limits to how this can be completely honored. For example, the "client" can make a request for a specific nurse, but if he or she is not skilled in the area — say they are in need of a ICU nurse and the nurse they request is lacking that expertise — then the request cannot be honored.

OR ARE WE TREATING A CONSUMER?

This patient re-identification seems to be making its way into nursing lingo primarily through publications, edicts from some advocacy groups, and groups that oversee and report on the hospital and healthcare industry. Though a person receiving care is most definitely "consuming" the care that is being provided, this designation seems more suited to reports, government agencies and panels. It's not uncommon to hear patients referred to as "consumers" when they are part of focus groups, committees and advisory boards, but, just like "client," it has limits on the wants and desires that can be imposed on the nurse.

The "consumer" cannot just leave their hospital bed at hospital A to go down the road to hospital B because there's a special on the procedure they are about to undergo, or because they prefer the ambience of the other hospital. Can a person leave a hospital and remove him or herself from care? Of course. Most of us at one time or another have experienced a patient that wants to leave against medical advice, for which the "consumer" has to sign a form detailing that they are aware that they are leaving AMA, and the liability involved, indemnifying the hospital and its staff. But when's the last time your grocer demanded you to do that before leaving their store in search of better service or deals at the competing store down the road?

So, which should it be? *Patient, client or consumer?* The terminology may or may not seem significant to some, but to others it can mean a world of difference. Doctors rarely, if ever, seem to have the need to refer to the person under their care as a "client" or a "consumer" and seem to firmly believe that they provide care to their patients. Are our nursing leaders succumbing to the ever-growing politically correct syndrome? I would hope not. Or perhaps this is once again a search for validation in all the wrong places?

As nurses it is our function to provide the best possible care, and this means that in most states we are also designated (as part of our nurse practice act) as the patient advocate. Regardless of the label, we must strive to provide the best possible care to that individual, so keep in mind to always follow the set protocol your hospital, clinic, hospice, etc. has put forth. If it has deemed that all patients are now and forever to be referred to as the client or the consumer, by all means comply. If an opportunity presents itself to be part of a discussion about how nurses, doctors and other health professionals will refer to the patient and you have an opinion or preference, be sure to participate and make it known to those asking for input.

In the end it matters not so much how the person under your care is labeled as much as how you perform your nursing function. So always remember to do your professional best and never forget to advocate for your patient whenever the need arises. As long as we hold our nursing tenets near and dear to our hearts and express this conviction through our actions, we'll always remember that the person we care for is an individual, not some object to be acted upon. **WN**



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