

Designing the 2010 Cross-national Health module for the
International Social Surveys Programme (ISSP).

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By members of the drafting group

Chile

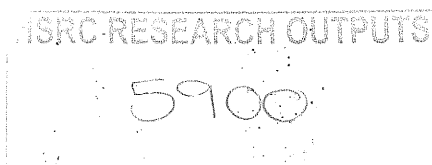
Germany

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ISSP Health Module 2011 – 3rd Draft for DG members

General Approach

Health is a multifaceted concept, and is a social and cultural value as well as a "physiological status". It is a topic that has attracted much research and is continuously on the public agenda. Conceptions of health are culturally embedded and the delivery of health care varies from one society to another. Consequently, the development of a module for the ISSP poses substantial challenges but also offers the promise of considerable benefits.

This proposal aims at developing an attitudes survey that addresses health status and behavior as well as perceptions of health. It also considers health services and expenditures as social and political issues. Views on health care emerge from a complex interplay between systemic factors, the providers of health care, and the needs and experiences of individuals. The proposed survey will examine these issues specifically from the viewpoint of the public.

The module will provide empirical information regarding the public's views, preferences and expectations regarding basic issues concerning health and the health care systems. This information should be of great interest to researchers as well as to policy makers dealing with health policy. Furthermore, the survey will afford a comparison of the field of health care to other policy areas (education, pension, welfare, unemployment compensation). It will thus be of interest to those interested in social policy, and, more generally, researchers in disciplines such as sociology, economics, political sciences and public health.

Module development

Following the approval of the ISSP plenary to create a module on health for the year 2011 members of the drafting group consulted with specialists as to the topics that are presently salient in their respective countries. Concomitantly, a review of recent publications in the journals concerned with the social and political aspects of health was undertaken by the Israeli team. Additionally, questionnaires used in large-scale surveys of health and health care were reviewed with particular emphasis on cross-national surveys. This information was summarized, circulated and commented upon by drafting group members. An updated document was then prepared for a drafting groups meeting that took place in Mannheim, Germany on 19-20 December, 2008.

During the meeting the conceptual framework was somewhat revised and the list of central concepts was modified and the concepts themselves were better specified. Following an additional round of review and comments by the drafting groups during the month of January 2009 the document is sent to all ISSP members for comments and suggestions prior to the meeting to take place in Vienna (April 2009).

We should note at this point that, in accordance with the sentiment of the general assembly of the ISSP during the 2008 meeting in Chicago, we provide sample items for many of the constructs that are discussed in the proposal. In most cases we took advantage of the relative abundance of health surveys (some cross-national) and picked-up relevant items. We also provide the acronym for the survey from which the item was taken. A list of the surveys is provided at the end of the document. The items (questions) are primarily for illustrative purposes, to assist in clarifying the constructs and in order to encourage serious discussion of possibilities and difficulties of addressing particular health-related topics across the range of participating countries. We are not currently committed to any particular item. Once the GA decides on the priorities we will set out to develop a full questionnaire for the pretest phase.

Module outline

The following document describes the overall rationale for the module and outlines several possible direction of research emanating from the literature. It specifies key concepts, describes their relevance and provides preliminary examples of their operationalization in a survey instrument. It also discusses the possible interrelations among the concepts in order to illustrate potential uses of the dataset. In order to guide the discussion of the concepts we provide a schematic diagram of the concepts and their expected inter-relations. Most likely, the ISSP questionnaire with its stringent conventions regarding the number of items and their format will not be able to address all topics listed in this document. Following the discussion at the plenary meeting we should decide on the priorities for the final stage of questionnaire development.

From our review of relevant literature and following discussions in the drafting group, three distinct themes (research agenda) emerged. They are related of course but each may be addressed rather independently. To help readers follow the logic of the module and its central theses **Figure 1** presents a schematic overview of the module. The constructs, which are represented by boxes, are grouped into 5 broad

clusters defined by their analytical role in the module and denoted by the letters A through E in bold. The arrows in the figure illustrate three broad research agendas.

One theme we have focused on is the experience of health and illness at the individual level (cluster C). This theme has a long history in the sociology of health and is fairly well theorized with health status and utilization generally viewed as related to social position (cluster A) and mediated by life strains and coping mechanisms (cluster B). A second theme emerges from debates in the health policy field (involving both social-political experts and health experts). It focuses on the macro-systemic level. Here the issue is how respondents perceive the performance of the health-care system and how they think it ought to be. This theme is captured by cluster D and one would typically relate the views held by respondents to their demographic and socioeconomic attributes (cluster A), possibly mediated by general values and beliefs concerning the social system (general attitudes in cluster B).

While the first 2 themes are well-documented (albeit typically in separate literatures) the third theme is less well theorized but has the potential of tapping public opinion on current debates concerning new developments in medical technologies and their uses. This relates to values and beliefs of respondents concerning medicalization of everyday life (along the lines used in the ESS survey) and the uses (and misuses) of new medical technologies (cluster E). Studying these values, beliefs and attitudes in relation to individual characteristics and across countries is likely to attract much interest.

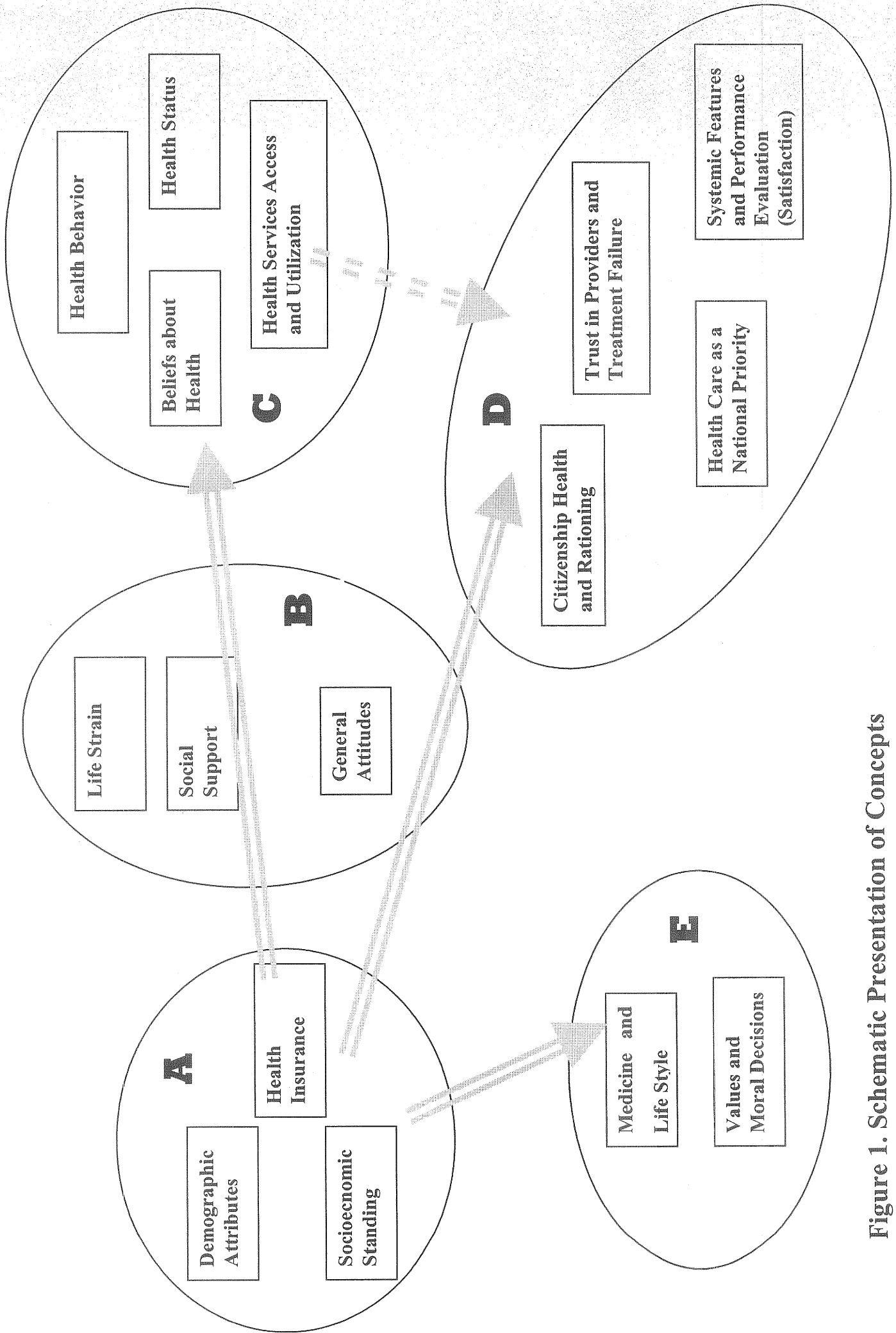


Figure 1. Schematic Presentation of Concepts

In line with the framework outlined above and for the sake of clarity our discussion of the topics and the constructs will follow the schema just described. We will start with section A and move in order to E.

A. Background Variables (generally used as explanatory variables)

A1. Demographic Attributes

The ISSP background variables include basic indicators such as gender, age, marital status and family composition, religiosity.

A2. Socioeconomic Standing

Education, employment, occupational status, family income, 'top-bottom' position in society. These too will be derived from the standard background variables.

A3. Health Insurance

Health insurance (or the lack of) determines to a large extent one's vulnerability in case of medical need. Such vulnerability affects health and illness behaviour and may also affect the assessment of the health care system's performance and attitudes concerning the appropriate organization and funding of health care. While there are large differences among national health-care systems, and the positions of people might be difficult to compare across countries, some basic indicators should be collected to get some grips on this issue. These indicators include whether one has any health insurance coverage, whether there is private insurance in addition or instead of the national one, the insurance coverage and possibly some indication of the extent of coverage.

Sample questions

IHP

What kind of health insurance do you have?

- 1 National health insurance (zum Beispiel AOK, BEK, BKK, IKK etc.) without any private insurance
- 2 National insurance and also private insurance
- 3 Private insurance only
- 4 Insured through welfare
- 5 No health insurance
- 8 Not sure (V)
- 9 Decline to answer (V)

B. Intervening Variables

B1. Life Strain

In order to explain health-related behaviour and health status, objective and subjective antecedents should be taken into account. The subjective perspective addresses the extent to which people feel strain or pressure in their lives in general and time pressure in particular, and whether they perceive life as a continuous struggle. On a more objective level this would be whether the individual reports harsh physical living circumstance. While some questions can be found in the Work Orientation module, it should be clear that questions apply to employed persons whereas our interest here is broader.

Sample questions

EUROBARO Q.83

Would you say that you have not at all, no more than usual, rather more than usual, much more than usual been feeling constantly under strain?

B2. Social Support

Social support is often viewed in the literature as an intervening variable between various stressful circumstances and well-being. The general idea is to assess whether the respondent has someone to rely on in case of need. There are a variety of measures of social support. One such battery includes 7 items (Vaglio et al. 2004). These are too many given the space limitations of the module. Nonetheless the concept should probably be captured

Sample questions

ENRICHED Social Support Instrument

Is there someone available to whom you can count on to listen to you when you need to talk? ("None of the time" to "All of the time")

Is there someone available to you to give you good advice about a problem? ("yes", "no")

Is there someone available to you who shows you love and affection? ("yes", "no")

Is there someone available to help with daily chores? ("yes", "no")

Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)? ("yes", "no")

Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide in? ("yes", "no")

Are you currently married or living with a partner? ("yes", "no")

B3. General Attitudes

Two kinds of general attitudes are relevant for the health topic: Attitudes concerning inequality and attitudes towards state or market provision of important goods. The former are mostly relevant for explaining attitudes towards health as a right, while the latter relate to how the provision of health care can be most efficiently organized. Both items in tandem permit differentiating between attitudes with regard to equality of opportunity (education) and equality of outcome (health care). The idea is to use these attitudes to explain potential variation in attitudes concerning equality and inequality in the health care system. Even if respondents think health care is an unalienable human right, general attitudes towards inequality can be related to secondary aspects, e.g. how comfortable access to health care should be made to those who cannot pay a market price (waiting lists, restriction to the absolutely necessary care).

Both above attitudes are theoretically independent of one another. Yet, market provision might imply more inequality than state inequality. In addressing the issues of equality and efficiency we can make use of questions from previous ISSP (Role of Government and Inequality). Such use would make this module interesting for a broader community of researchers.

Sample questions:

Attitudes concerning inequality

ISSP

Differences in income in [country] are too large

ISSP 1999 v21

Inequality continues to exist because it benefits the rich and powerfull.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. Can't choose

ISSP 1999 v23

Large differences in income are necessary for [country's] prosperity.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree

5. Strongly disagree
6. Can't choose

Attitudes concerning state vs. market

ISSP 2006 Q12a-j 1996

7. On the whole, do you think it should or should not be the government's responsibility to...

- a. provide a job for everyone who wants one
- b. keep prices under control
- c. provide health care for the sick
- d. provide a decent standard of living for the unemployed
- e. reduce income differences between the rich and the poor
- f. give financial help to university students from low-income families
- g. provide decent housing for those who can't afford it
- h. impose strict laws to make industry do less damage to the environment

(Please tick one box on each line)

1. definitely should be
2. probably should be
3. probably should not be
4. definitely should not be
5. can't choose

C. Health and Health Behavior

C1. Health Status

We plan to obtain some measure of respondent's health. This may serve as a dependent variable for some analyses where one is interested in variation in health status across individuals and the extent to which this variation is related to background and intervening factors. Other researchers may be interested in using health status as a control when examining attitudes toward the health care system. In any case this is a crucial concept for the present module.

There are various ways of measuring health with self-reporting questionnaires (e.g., listing of chronic illnesses, medication, functional limitations, etc.). Most of these require a substantial number of items and are not generally appropriate for a rather short non-specialized questionnaire. One of the shorter and better known batteries in this area is the SF-12 which covers several dimensions of (self-reported) health related quality of life, but requires 12 items. The battery is already translated into many languages but translation may pose licensing problems for countries that do not have a translated version. A shorter - 8 item version - is also available with

translation to many languages (QualityMetric 2008). An alternative to this would be the World Health Survey (WHS) that addresses several functional dimensions of health (mobility, self care, pain, cognition, and interpersonal activities 10-12 items).

A more likely course of action, given the limitations of ISSP modules would be to rely on the now "standard" item on self evaluated health status with one or two additional items to strengthen the measure of health status.

Sample questions

WHS

The first questions are about your overall health, including both your physical and your mental health.

In general, how would you rate your health today?

1. Very good 2. Good 3. Moderate 4. Bad 5. Very Bad

Overall in the last 30 days, how much difficulty did you have with work or household activities?

1. None 2. Mild 3. Moderate 4. Severe 5. Extreme/ cannot do

SF8

Overall, how would you rate your health during the past 4 weeks?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Very poor

During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

1. Not at all
2. Very little
3. Somewhat
4. Quite a lot
5. Could not do physical activity

How much bodily pain have you had during the past 4 weeks?

1. None
2. Very mild
3. Mild
4. Moderate
5. Severe
6. Very severe

EUROBARO

Now, I would like to ask you some questions about health.

How tall are you (in cm) without shoes?

And what is your weight (in kg) without shoes and clothes?

C2. Health Behavior

This construct measures respondents' engagement in behaviors that promote health or, alternatively, increase the risk of illness. It is well established that such behavior is

associated with individual demographic and socioeconomic characteristics, although the strength of the association may vary from one country to another. Health behavior is also associated with health status and the utilization of health services. Hence it is an important component of health characteristics.

As part of this construct we suggest to include several measures that are likely to be relevant in all countries. Typical behaviors are smoking, alcohol consumption, sleep patterns, diet (BMI index), physical activity, and possibly regular health monitoring (check-ups).

Sample questions

WHS

Do you currently smoke any tobacco products such as cigarettes, cigars, or pipes?

1. Daily 2. Yes, but not daily 5. No, not at all

For how many years are you smoking daily? _____

C3. Beliefs about Health

This section addresses respondent's views concerning health and the sources of illness, including perceptions of diseases, (see also: Smith, 2006; Angus et al, 2005; Valdiserri, 2004; Stansbury & Sierra, 2004; Macintyre, McKay & Ellaway, 2005) and stigma and negative perception of patients (see also: Smith and Nave, 2007; Abadi´a-Barrero & Castro, 2006; Nack, 2002; Park, Schaller & Crandall, 2007; Corrigan, 2008). Cross-country variation in these views would be of interest as well as the relationship between health beliefs, health behaviors, and attitudes concerning health care priorities.

Sample questions

ESS Question D 19 -24

Now please use this card to show how much you agree or disagree with each of these statements:

D 19 Most illnesses cure themselves without having to go to a doctor.

D 20 When suffering from illnesses like the common cold, people can cure themselves.

D 21 People rely too much on their doctors rather than themselves to keep healthy.

D 22 When people are sure about what medicine they need, their doctor should just prescribe it for them.

D 23 It is best to follow doctors' orders.

D 24 I generally feel a bit disappointed when I leave a doctor's surgery without a prescription.

Answer categories

1 Agree strongly

2 Agree

3 Neither agree nor disagree

4 Disagree

5 Disagree strongly

7 Refusal

8 Don't know

9 No answer

EUROBARO

Here are some factors which may be linked to a lesser or greater extent to heart disease. In your opinion, which is the main factor? And which comes second?

Smoking

Unhealthy diet

Lack of exercise

Excessive alcohol consumption

Stress

Being overweight

DK

C4. Health Service Access and Utilization

Information on actual interaction with the health care system is important for several reasons. First, in order to have some indication regarding the bases for attitudes toward the health care system and evaluations of its performance we should have information on recent encounters. Furthermore, research has documented large differences in utilization of health care services for a variety of economic, cultural, and social reasons (Gross, 2007; Exworthy et al, 2006; Schoen et al, 2000; Schoen and Doty, 2004). We therefore include the construct of Barriers to seeing a physician – How difficult it would be to see a medical doctor if wanted to? Why? (Focus on primary care givers).

Sample questions

Whether respondent had visited a physician for a health problems during the past 12 months?

ESS Question D 8

When you have a health problem, how often do you prefer a medicine prescribed by a medical doctor as opposed to one that you can just buy or one that is recommended by some other practitioner?

Answer categories

1 Never or almost never

2 Some of the time

3 About half the time

4 Most of the time

5 Always or almost always

6 Don't have health problem

7 Refusal

8 Don't know

9 No answer

ESS Question D 13

Suppose now that you had a serious headache. Who, if anyone, would you go to first for advice or treatment?

Answer categories

01 Nobody

02 Friends or family

03 Pharmacist / chemist / drug store

04 Doctor

05 Nurse

06 The internet / web

07 A medical helpline

08 Other practitioner

77 Refusal

88 Don't know

99 No answer

HCS

How confident are you about the following aspects of the health care system TODAY?

Would you say you are extremely confident, very, somewhat, not too, or not at all confident about that?

- a. You are able to get the treatments you need.
- b. You are able to afford health care without financial hardship.
- c. You have enough choice about who provides your medical care.

IHP

In the past 12 months, were there times when you had SERIOUS problems paying or were unable to pay your medical bills?

1 Yes

2 No

8 Don't know

9 Refused

WHS

Thinking about your [child's] last visit, how long did it take you to get there? (minutes)

Thinking about your [child's] last visit, how did you get there?[Interviewer: mark the one used for most of the travel distance.]

1. Private car or motorcycle
2. Public transport
3. Ambulance
4. Bicycle

5. Walked

6. Other

WHS

For your [child's] last visit, how would you rate the experience of how clearly health care providers explained things to you?

1. Very good 2. Good 3. Moderate 4. Bad 5. Very bad

For your [child's] last visit, how would you rate your experience of getting enough time to ask questions about your health problem or treatment?

1. Very good 2. Good 3. Moderate 4. Bad 5. Very bad

D. Attitudes toward Systemic Features

D1. Citizenship, Health and Rationing

Health care is viewed by many as a right derived from the concept of social citizenship. Such a view suggests that it is society's responsibility to provide health care services and asserts that individuals should have access to services irrespective of variation in demographic attributes and socioeconomic standing. This is the issue of inclusion versus exclusion (Gross, Bremli-Grinberg & Matzliah, 2007; Wikler, 2002; Busse, 1999; Olseneniz et al, 2004; Gyrd-Hansen and Slothuus, 2002).

Yet, citizenship, along with the rights it provides, also requires responsible behavior. In the area of health one may think of behaviors that put the individual at risk and at the same time places a burden on the community (society). The burden may be twofold: a lower contribution of the individual to society in family and work roles, and high costs of medical treatment for medical conditions stemming from the risky behavior.

Given the above two positions and the fact that health care is expensive and its cost is ever growing, rationing is a fundamental aspect of health care administration. We are therefore interested in the public's views on rationing health care according to different criteria, such as personal financial abilities, SES and health habits (Schmidt, 2004) as well as views on equality as regards access to health care. Additionally this section addresses the public's priorities regarding different components of health care.

Sample questions

EUROBARO

Here are three opinions. Please tell me which one comes closest to your own?

1. The (NATIONAL) government has to ensure that health care is provided to all people residing legally here, irrespective of their income

2. The (NATIONAL) government has to ensure that health care is provided only to people residing legally here with low incomes

3. The (NATIONAL) government does not have to ensure that health care is provided to people residing legally here, even those with low incomes

4. Other answers (SPONTANEOUS)

5. DK

I am going to read out some statements about health care. For each of these, please tell me if you agree strongly, agree slightly, disagree slightly or disagree strongly.

1. In the future, the health care provided to the average citizen of this country will be less good because of rising costs

2. People use health care facilities too frequently

3. The government should only provide everyone with essential services such as care for serious diseases and encourage people to provide for themselves in other respects

4. It is impossible for any government or public or private health insurance scheme to pay for all new medical treatments and technologies

5. Health services available to the average citizen are inefficient

6. Doctors do not spend enough time discussing preventive action and healthy lifestyle with their patients

ISSP 2009

Is it just or unjust – right or wrong – that people with higher incomes can buy better health care than people with lower incomes?

Is it just or unjust – right or wrong – that people with higher incomes can buy better education for their children than people with lower incomes?"

Taiwan

Life is priceless. We should try our best to save one's life regardless of financial costs and one's life expectancy.

1. Strongly agree

2. Agree

3. Disagree

4. Strongly disagree

Two middle-aged patients who have the same health condition need a heart transplant surgery, but there is only one suitable heart donor. One of these patients is the provider for his/her family, and the other is not. Which one should get the heart transplant surgery first?

1. The one who provides for his/her family

2. The one who does not provide for his/her family

3. It should be decided by a lottery

4. The one who hospitalized first

Two patients who have the same health condition need a liver transplant surgery, but there is only one suitable liver donor. One of these patient's liver disease was caused by his/her drinking problem, while

the other patient lives a healthy lifestyle but somehow has liver disease. Which one should get the heart transplant surgery first?

1. The one with the drinking problem
2. The one with the healthy lifestyle
3. It should be decided by a lottery
4. The one who hospitalized first

Is it fair that people with higher incomes are able to afford better education for their children?

1. Fair
2. Somewhat fair
3. Somewhat unfair
4. Unfair

Is it fair that people with higher incomes are able to afford better housing?

1. Fair
2. Somewhat fair
3. Somewhat unfair
4. Unfair

Is it fair that people with higher incomes are able to afford better health care?

1. Fair
2. Somewhat fair
3. Somewhat unfair
4. Unfair

D2. Trust in Providers and Treatment Failure

This section taps the confidence of the public in health care providers and specifically physicians (Blendon et al, 2006a, Blendon & Benson, 2001; Pescosolido, Tuch & Martin, 2001; Dugan, Trachtenberg and Hall, 2005; Balkrishnan, 2003). We expect that both individual level characteristics and attributes of the health care system will be systematically related to trust and confidence.

Sample questions

How competent are the general practice physicians.

How confident are respondents that physicians do the best they can

Physicians treat patients with respect

Do you feel that your doctor takes enough time when treating you?

ESS Question D 25 -30

Using this card, please indicate how often you think the following applies to doctors in general:

D 25 Doctors keep the whole truth from their patients.

D 26 GPs treat their patients as their equals.

D 27 Before doctors decide on a treatment, they discuss it with their patient.

D 28 Patients are reluctant to ask their doctor all the questions they'd like to ask.

D 29 Doctors are willing to admit their mistakes to their patients.

D 30 Doctors use words or phrases that their patients find difficult to understand.

Answer categories

1 Never or almost never

2 Some of the time

3 About half of the time

4 Most of the time

5 Always or almost always

7 Refusal

8 Don't know

9 No answer

D3. Health Care as a National Priority

We propose evaluating the public's views as to where health care stands as a national and social priority, compared with other issues (Blendon et al, 2006b; Melhado, 2006; Blendon et al, 1990). This section should also address different components of health care and their priority in the public's view (Butterfoss, Goodman & Wandersman, 1993; Calnan, Montaner & Horne, 2004; Eisenberg et al, 1998; Johnson and Backhouse, 2006 Northridge, Sclar & Biswas, 2003). It is expected that these variables will be influenced by perceptions in other areas, such as individualism/collectivism, perceptions of illness and views of individual responsibility (Corrigan, 2008; Angermeyer, Matschinger & Riedel-Heller, 1999).

Sample questions

WVS

Which of these problems do you consider the most serious one in your own country?

And which is the next most serious in your own country?

1. People living in poverty and need
2. Discrimination of girls and women
3. Poor sanitation and infectious diseases
4. Inadequate education
5. Environmental pollution

ISSP 1996 Q10a-h

Listed below are various areas of government spending. Please show whether you would like to see more or less government spending in each area. Remember that if you say "much more", it might require a tax increase to pay for it.

The environment

Health

Education

Answer Categories:

- Spend much more
- Spend more
- Spend the same as now
- Spend less
- Spend much less
- Can't choose

Kaplan Q 22

If the government were to have a budget surplus, to which of the following areas would you like to see the funds be directed in your opinion?

1. health
2. education
3. tax reduction
4. security
5. infrastructure
6. helping the poor

EUROBARO

Do you think that the (NATIONALITY) government should spend more, the same amount as today or less on health care ?

- 1 More
- 2 Same amount
- 3 Less
- 4 DK

EUROBARO

How do you think the government should find the money for this: by spending less on other things or by raising taxes or health insurance contributions?

- 1 By spending less on other things
- 2 By raising taxes or health insurance contributions
- 3 Both (SPONTANEOUS)
- 4 DK

EUROBARO

Would you personally be ready to pay more in taxes or health insurance contributions, or not?

- 1 Yes
- 2 No
- 3 DK

D4. Systemic Features and Performance Evaluation

This construct measures respondents' views of how the health care system should be organized and their evaluation of the system' performance (see also: Oxman et al,

1995; Brook, McGlynn & Clearly, 1996; Blendon et al, 2006a; Blendon et al, 2006b; Blendon et al, 1990). It addresses the issue of state vs. market as well as perceived quality and equity of the health care system and overall satisfaction with services. For comparison purposes it may be useful to contrast with 2 other sub-systems (e.g., education,)

Sample questions

ISSP 1996 v18

Do you think each of the following should mainly be run by private organizations or companies, or by the government? A) Electric power B) Hospitals C) Banks

Possible additional questions

Do you agree or disagree with the following statements

The government should be responsible for basic health care needs of all citizens

The government should run the health care system in [country] in order to assure effective health care

Health care is one among many services and should be run by private institutions...

HCS

Which one of the following comes closest to your view about the health care system in America today?

- a. There is so much wrong with our health care system that it needs to be completely overhauled
- b. There are some good things about our health care system, but major changes are needed
- c. The health care system works pretty well, but minor changes are needed
- d. The health care system works well and does not need to be changed
- e. Don't know
- f. Refused

May want to ask this item for some other system such as education to obtain a comparison

Eurobarometer

Overall, are you satisfied or dissatisfied with the way health care is provided in your country?

WHS

In the last 12 months did you feel that you were treated worse by health care providers for any of the following reasons? Because of your:

Sex 1. Yes 5. No

Age 1. Yes 5. No

Lack of money 1. Yes 5. No

Social class 1. Yes 5. No

Ethnic group or color 1. Yes 5. No

Type of illness 1. Yes 5. No

Nationality 1. Yes 5. No

ESS Question D 16

In choosing your regular GP, do you feel that you have...

Answer categories

1 ... enough choice

2 or not enough choice

7 Refusal

8 Don't know

9 No answer

E. Medicine, Values and Beliefs

This component of the proposed module hopes to address recent issues raised with regard to medicine. These issues are largely a result of the rapid advancement of medical technologies that in some cases are harnessed to support culturally preferred life styles, and in other areas seem to outpace social and cultural developments.

E1. Medicine and Life Style

The section focuses on the use of medical technologies to support culturally valued life style such weight loss, youth, memory enhancement, etc. It aims to capture the extent of legitimization that such uses receive in society and its distribution across social groups. The ISSP also affords an opportunity to investigate these issues in many and diverse societies.

Sample questions

ESS Question D 1 -5

How much do you approve or disapprove if otherwise healthy people use medicines to...

D 1 lose weight?

D 2 reduce hair loss?

D 3 improve their memory?

D 4 feel happier?

D 5 improve their sex life?

Answer categories

1 Strongly approve

2 Approve

3 Neither approve nor disapprove

4 Disapprove

5 Strongly disapprove

7 Refusal

8 Don't know

9 No answer

Kaplan Q 35-39

Say your family has a limited budget that only allows one of the two options I'll present to you. The other would be postponed to next year.

Would you choose to pay for orthodontic dental treatment for the young child, or higher education to the eldest?

- a. dental treatment
- b. high education
- c. don't know, refuse

Would you choose to buy a bigger apartment for your family, or pay a private surgeon for heart surgery you must have?

- a. buy an apartment
- b. private surgeon
- c. don't know, refuse

Would you choose to buy contact lenses for a child who needs glasses but is embarrassed to wear them, or pay a private tutor because the child has difficulties with school material?

- a. contact lenses
- b. private tutor
- c. don't know, refuse

E2. Values and Moral Decisions

Along with opportunities and relief, medical progress regularly creates moral dilemmas. Think of treatments that do not serve to restore or preserve health, such as plastic surgery or sterilization. Should treatments like these be covered by health insurance? While "elective" treatments raise questions regarding who should pay for them, other treatments raise the issue of whether they should be allowed at all. Aside from abortion and euthanasia which have become rather conventional issues new procedures like pre-implantation genetic diagnosis, or therapeutic cloning present serious moral questions. That is, should it be allowed to screen embryos (after in vitro fertilization) for genetic defects?¹ Under what conditions? For which defects? Why not also for other traits (hair color, height etc.)?

Sample questions

ISSP 2008 Q5

Do you personally think it is wrong or not wrong for a woman to have an abortion ...

Always Almost Wrong Not Can't

Wrong Always Only Wrong Choose

Wrong Sometimes at All

- a. If there is a strong chance of serious defect in the baby... 1 2 3 4 8
- b. If the family has a very low income and cannot afford anymore children... 1 2 3 4 8

EVS 2008 Q68

Please tell me for each of the following whether you think it can always be justified (10), never be justified (1), or something in between, using this card

¹ See http://www.timesonline.co.uk/tol/life_and_style/health/article4232383.ece for a recent example.

[A long list of items also includes:]

Abortion

Euthanasia (terminating the life of the incurably sick)

Scientific experiments on human Embryos

Artificial insemination or in-vitro fertilization

BSA 1999 Q698

Now I would like to ask some questions about voluntary euthanasia - that is, when someone ends the life of another person **at their request**. I will read you some circumstances in which someone might ask a **doctor** to end their life. In each case please tell me whether you think a doctor should be allowed by law to do so.

1 Continue

8 (Don't Know)

9 (Refusal/NA)

Q699

First, a person with an incurable and painful illness, from which they will die - for example someone dying of cancer. Do you think that, if they ask for it, a doctor should ever be allowed by law to end their life, or not?

1 Definitely should be allowed

2 Probably should be allowed

3 Probably should **not** be allowed

4 Definitely should **not** be allowed

8 (Don't Know)

9 (Refusal/NA)

Q701

And if they ask a **close relative** to end their life, should the law ever allow the close relative to do so, or not?

1 Definitely should be allowed

2 Probably should be allowed

3 Probably should **not** be allowed

4 Definitely should **not** be allowed

8 (Don't Know)

9 (Refusal/NA)

Q703

Now, how about a person with an incurable and painful illness, from which they will **not** die - for example someone with severe arthritis. Do you think that, if they ask for it, a doctor should ever be allowed by law to end their life, or not?

Q707

Now think about what should happen to someone who has an incurable illness which leaves them unable to make a decision about their **own** future. For instance, imagine a person in a coma on a **life**

support machine who is never expected to regain consciousness. If their relatives agreed, do you think a doctor should ever be allowed by law to turn the machine off, or not?

- 1 Definitely should be allowed
- 2 Probably should be allowed
- 3 Probably should **not** be allowed
- 4 Definitely should **not** be allowed
- 8 (Don't Know)
- 9 (Refusal/NA)

Q709

And how about someone in a coma, again never expected to regain consciousness, but who is **not** on a life support machine. If their relatives agreed, do you think a doctor should ever be allowed by law to end their life, or not?

- 1 Definitely should be allowed
- 2 Probably should be allowed
- 3 Probably should **not** be allowed
- 4 Definitely should **not** be allowed
- 8 (Don't Know)
- 9 (Refusal/NA)

Questionnaires referred to in this document

- BSA – British social attitudes survey (1999)
- ESS – European social survey (2004)
- EUROBARO – Eurobarometer (1996)
- HCS – Health confidence survey (2008)
- IHP – International health policy (2005)
- ISSP – International social survey programme (several years)
- Kaplan – Medical policy survey in Israel (2008)
- SF8 - Qualitymetric 2008
- Taiwan – Items from social survey in Taiwan
- WHS – World health survey (2002)
- WVS – World value survey (2005-2006)

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