Misusing health services

Lesson 5.1.3 | Health psychology

Core ideas

Misuse of health services can include overusing appointments, delaying help, missing appointments or using emergency care for non-urgent problems.

Overuse may happen when people are very anxious about symptoms, seek repeated reassurance or misunderstand normal bodily changes.

Underuse may happen when people deny symptoms, fear diagnosis, feel embarrassed, mistrust services or face practical barriers.

Health anxiety can increase checking, reassurance-seeking and repeated consultations even when serious illness is unlikely.

Missed appointments waste resources and can delay care for both the patient and other people.

Reducing misuse requires clear information, accessible services, appropriate triage and communication that respects patient concerns.

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Key terms

Health service misuse: Using medical services in a way that is unnecessary, delayed, inappropriate or wasteful.

Overuse: Using health services more often than is medically needed.

Underuse: Not using health services when help, screening or treatment is needed.

Health anxiety: Excessive worry about having or developing an illness.

Reassurance-seeking: Repeatedly asking for confirmation that symptoms are not serious.

Triage: Sorting patients by urgency so care is directed appropriately.

Missed appointment: Not attending a booked health appointment without cancelling in time.

Barrier to access: Anything that makes it harder for a person to use health services.

Further detail and evidence

Safer et al. (1979) divided delay into appraisal (noticing a symptom to recognising illness), illness (recognising illness to deciding to seek help), and utilisation (decision to seek help to attending). Their retrospective patient evidence indicates that different factors can influence each stage.

Health Belief Model: perceived susceptibility and severity contribute to threat; perceived benefits are weighed against barriers; cues to action prompt response, and self-efficacy concerns ability to act. It is an alternative account of why someone seeks or avoids care, not a fixed three-stage timetable.

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Continued

Munchausen syndrome is a severe factitious presentation involving recurrent fabrication/induction of illness and assuming the sick role, without obvious external reward being the defining motive. It differs from malingering for an external gain such as money or avoiding duties.

Aleem and Ajarim (1995) reported a young woman repeatedly hospitalised with unexplained physical problems and evidence of self-induced illness. Essential features concern fabricated/induced illness and repeated presentation. Supporting features in the review included extensive medical knowledge, repeated hospital use/scars and unusual presentations; these are clues, not proof on their own.

Applying the ideas

Not recognising a symptom illustrates appraisal delay; recognising illness but fearing a diagnosis can delay deciding to seek care; transport or appointment barriers can delay attendance after that decision. A change aimed at access will not necessarily solve earlier symptom interpretation.

Evaluation and connections

Retrospective time estimates are vulnerable to recall bias. A detailed factitious-disorder case reveals complexity but cannot establish prevalence or a universal cause. Genuine symptoms must not be dismissed merely because a patient seeks repeated help. Analyse practical barriers, beliefs and clinical evidence separately.