

Maximizers vs. minimizers—the personality trait that may guide your medical decisions – and costs

April 10 2017, by Laura Scherer And Brian Zikmund-Fisher



A suitable disposition helps the medicine go down. Credit: charlesonflickr/flickr, CC BY

Do certain people want more medical care than others do? And, does that matter?

To consider this idea, start by answering the following question: Which of the paragraphs below describes you best?

"I prefer active medical interventions and being proactive about my health. I like doing things that may positively affect my health, like taking medicines, remedies, vitamins and/or getting optional medical procedures. If there is a health intervention that can be had, I will probably want to do it."

OR

"If given the option, I would prefer to not take drugs or get tests or medical interventions. It's not necessarily the case that I distrust doctors, I just prefer to watch and wait until it is clear that medical intervention is necessary. I go by the saying 'If it isn't broken, don't fix it.'"

Your answer might have broad implications for your experiences in [health care](#).

Maximizers versus minimizers

If you thought that the first paragraph described you best, then you fit the description of what we call a "medical maximizer," someone who prefers active approaches to health care.

If you thought that the second paragraph described you best, then you are a "medical minimizer" who prefers a more passive approach.

In their 2011 book ["Your Medical Mind"](#), physicians Jerome Groopman and Pamela Hartzband proposed, on the basis of their clinical experience, that medical maximizing versus minimizing is a stable trait that influences the way people approach health care across time and contexts.

My colleagues and I wanted to know whether medical maximizing versus minimizing could explain the different ways people use health care. We

developed and validated a [10-item questionnaire](#) that assesses a person's maximizing or minimizing tendencies on a scale, from one (strong minimizing) to seven (strong maximizing). Across four studies involving over 2,400 participants, we found this difference predicts health care use across a range of [medical interventions](#) and health problems, from cancer screening preferences to vaccination.

You can [take the questionnaire here](#) to find out where you fall on the maximizing-minimizing scale.

Why this trait matters

There are two major barriers to optimizing health care and reducing expenditures in the U.S.

One problem is overutilization of [health care resources](#), when people receive costly care that offers little in terms of health benefits – or might even cause harm. Overutilization is, [by some estimates](#), one of the most important contributors to high health care costs in the United States. Initiatives such as [Choosing Wisely](#) – a campaign from the American Board of Internal Medicine to promote conversations between patients and doctors about choosing the right care – help highlight the fact that many commonly used tests and treatments have questionable value.

On the other hand, underutilization is also a major problem, in which people do not receive care that actually could provide a benefit. For example, when people do not adhere to beneficial medication regimens or fail to schedule follow-up appointments, they might experience worse health outcomes as a [result](#).

[Our research](#) suggests this distinction – medical maximizing versus minimizing – may be central to solving both problems.

To illustrate why, imagine two 50-year-old men who both experience chronic heartburn.

One is a maximizer who goes to the doctor and receives a prescription medication for his heartburn. At the same visit, he also gets a blood test that suggests that he should be taking a statin for his cholesterol, as well as a blood test to screen for prostate cancer that triggers multiple follow-up tests.

By contrast, the other 50-year-old man is a minimizer who does not go to the doctor when he feels heartburn symptoms. Instead, he adjusts his diet to address the problem. He does not end up taking any medications or getting any medical tests.

In our research, maximizers report that they receive more [medical care](#) than people with more minimizing tendencies. For example, maximizers take more prescription medications, visit the doctor more frequently, are more likely to get vaccines and blood draws, and have even had more overnight hospital stays in the past 10 years, as compared to minimizers. These associations exist even though maximizers do not tend to be sicker than minimizers and are just as likely to report having health insurance.

When there is a choice to be made between doing more versus doing less, maximizers will probably push for more, whereas minimizers will be satisfied to do less. Maximizers often opt for more active treatment interventions. For example, maximizers are more likely to say they would prefer surgery over physical therapy for treatment of back pain, or chemotherapy over palliative care for end-stage cancer.

Is it better to be a maximizer or a minimizer?

It might seem like people who receive more medical care will be healthier, because they take care of health issues before they become big

problems. However, there is increasing evidence that [a lot of medical care that people receive provides minimal benefit and can even cause harm](#).

Let's return to our two 50-year-old men. The maximizer might be better off because his heartburn symptoms and cholesterol levels are being actively treated. However, the minimizer might have improved his heartburn symptoms or even his cholesterol-related risks without chancing any side effects from medications. Moreover, [research indicates](#) that screening for prostate cancer often does more harm by leading to overdiagnosis – that is, diagnosis and treatment of cancers that will never grow or spread. Thus, the maximizer might experience a variety of physical and emotional problems related to his [prostate cancer](#) screening test that the minimizer simply avoided.

Your preference for maximizing or minimizing can be either beneficial or not, depending on the situation. The drawback of being a minimizer is that you might delay getting care that you need. The drawback of being a maximizer is that you may get care (and spend money) that you didn't need to, and which may cause more harm than good.

We hope that identifying variations in maximizing or minimizing tendencies may be useful in trying to address both overuse and underuse in health care. Physicians could use the minimizer-maximizer distinction to guide conversations with patients about necessary versus unnecessary care. Also, [health](#) communications could be targeted to address the concerns of maximizers, who may often want more care than what is necessary, and minimizers, who may not act to get the care that they need.

This article was originally published on [The Conversation](#). Read the [original article](#).

Provided by The Conversation

Citation: Maximizers vs. minimizers—the personality trait that may guide your medical decisions – and costs (2017, April 10) retrieved 2 May 2024 from <https://medicalxpress.com/news/2017-04-maximizers-minimizersthe-personality-trait-medical.html>

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