

Online Forums Can Alleviate the Care Crisis

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In the context of the care crisis in modern medicine, the existential needs of patients are not sufficiently satisfied. One idea to address the crisis is that physicians should be educated to be virtuous. This suggestion is inadequate because it does not take into account the role of (non-)human factors, including technologies. The paper focuses on online caring forums, arguing that they are technological factors that can play the role of “focal things”, in which the members gather together to do a care-related focal practice. We study empirically the online forums of Ninisite, a popular Persian website on pregnancy, childbirth, and parenting, and suggest that these forums shape focal practices that are helpful in alleviating the care crisis.

Keywords:

care, technology, online
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Introduction

Although an ultimate definition of “care” is not provided, it is accepted that the quality of care consists of two dimensions: technical and existential. If adequate professional knowledge and skills, as well as suitable technologies and techniques, are used to put into practice the health services that are necessary for a patient’s disease, the technical dimension of care is fulfilled. The other aspect depends on the existential needs of patients, which are satisfied if patients are seen as humans who need to be supported and treated with empathy and concern (see Marcum, 2012: part 1.1.1). Both dimensions of care are complementary and necessary to reach the goal of medical practice, which is the health and wellbeing of patients.

When the existential needs of patients are not sufficiently addressed, the so-called “care crisis” arises. According to James Marcum,

The contemporary crisis in quality-of-care is not a result of its technical dimension per se but of its existential dimension (Marcum, 2012: 5).

We hold that a care crisis is found in modern medicine and that the problem is caused by insufficient human relationships. One should consider, however, that although the care “crisis” is an important problem that deserves serious attention, it should not be interpreted in an overly dystopian way.

The primary aim of the present paper is to explain and defend the claim that online forums, as technological factors, can partly alleviate the care crisis. Sections 2 to 4 take three steps to accomplish this aim. Section 2 explains the idea of the virtuous physician and describes it as an insufficient solution to address the care crisis in medicine. Other (non-)human factors such as technologies should also be considered in the practice of care. This paper focuses on one particular factor: an online forum. Sections 3 and 4 discuss the concept of a “focal thing” as one possible way to think of online forums in general and why this would be helpful in the analysis of an Iranian example of online forums in particular. Section 3 concentrates on online forums and describes them as “focal things”. This interpretation of online forums is innovative and may be of interest to technology ethicists. Section 4 illustrates and supports the main claims of the paper by studying Ninisite, a Persian website that includes online forums.

The approach of the paper is partly conceptual and partly empirical. It is conceptual inasmuch as we analyze the care crisis on the basis of a holistic approach to care practice and we conceptualize online forums as focal things. It is empirical because we study the case of Ninisite based on a survey, including a researcher-made questionnaire. We are well aware that a survey can hardly prove a claim. It is, nevertheless, safe to hold that it can illustrate the claim and support it empirically.

1. Virtuous Physicians Aren’t Enough

A response to the question of how we should address the care crisis is that if physicians become virtuous, the problem will be solved. According to this response, physicians should be

knowledgeable and technically competent, and they should also pay enough attention to the existential dimension of medical practice. The result is the notion of “virtuous physicians”. In this section, we concentrate on Marcum’s (2012) view on this concept. His view is relevant to our argument because it can be considered as an example of the kind of thinking that caring should be done mostly by human factors such as physicians; or in other words, human factors such as physicians are supposed to satisfy the existential needs of patients; thus, non-human factors are largely ignored. This section argues that the crisis could hardly be addressed in full merely by making physicians more virtuous. We should not understand the care crisis in medicine in narrow terms – that is, the crisis should not be exclusively blamed on human factors. The negative and positive influences of non-human factors, especially technologies, should be thoroughly taken into account as well.

Let us first elaborate Marcum’s solution to the care crisis. According to him, two crucial crises of modern medicine are the quality-of-care crisis and professionalism. He believes that both crises are intertwined, and by developing the concept of virtuous physicians, he tries to solve both problems simultaneously. Thus, Marcum suggests integrating these two distinct attempts: “patient-centered medicine” and “evidence-based medicine”. The former represents an effort to humanize medical practice, and the latter is an attempt to enhance the scientific aspect of medical practice. Both kinds of attempts result in the notion of virtuous physicians, according to which not only should the latest knowledge and technologies be applied to medical practices, but patients’ existential needs should also be addressed.

Marcum asserts that “caring” is the chief ontological virtue of healthcare professions, and in practice, it makes possible two ontic virtues, namely “competence” and “care”. Competence can be translated as prudent wisdom, and care as personal radical love. Combining prudent wisdom and personal radical love makes possible the concept of “prudent love”. The combination of prudence and love provides a synergistic product that realizes “various virtues”. (Marcum, 2012: 218-225).

Marcum argues that his proposal has profound implications for premedical and medical education by modifying the curriculum of medical students to include some general humanities, some specific medical humanities, and some practical clinical courses, in order to “introduce the necessary epistemic and ethical virtues for practicing clinical medicine” (Marcum, 2012: 231).

Although Marcum’s solution is partly acceptable, it does not completely solve the problem. In the first place, the fact that the proportion of patients to clinicians is high—in addition to the other fact that the care-givers’ capacities, e. g., time, energy, memory, are limited—leads to the conclusion that it is hard, if not impossible, for professional clinicians to fully address the existential needs of their patients. Furthermore, we should take into account the whole sociotechnical healthcare system, consisting of different stakeholders: patients, professional practitioners, political and economic players and so forth. After all, the system includes different

human and non-human factors that influence caring practices. In the following, we emphasize technologies that influence the way care is practiced. Note that technologies work in social contexts, hence the concept of “sociotechnical systems”. Nonetheless, our conception of technologies in this paper represents the non-human aspect of sociotechnical systems.

Technologies have had fundamental effects on medical knowledge, the concept of health, and the relationship between physicians and patients (Mitcham, 1995: 2477). They define the scope of diagnosis and treatment in modern medicine. Technologies mainly define “what is disease and what is not disease, what is to be treated and what is not to be treated” (Hofmann, 2001: 339; see also Hofmann, 2003: 345-346). In other words, after the advent of modern technologies, disease has been considered as an object that can be detected in a patient’s body. In a critical note by Hans Georg Gadamer:

In medical science we encounter the dissolution of personhood when the patient is objectified in terms of a mere multiplicity of data. ... But the question is nevertheless whether the unique value of the individual (Eigenwert) is properly recognized in this process (Gadamer, 1996: 8).

Physicians will not express their diagnosis until the results of (technological) tests are available. The patient’s diagnosis and treatment are mainly specified by laboratory tests, which are insensitive to the patient’s concerns and emotions. The use of the stethoscope, the sphygmomanometer, the electrocardiography, the x-ray machine, and other diagnosis-related technologies have led to an understanding of medicine as an objective science, thereby reducing the role of subjective elements. In some cases, the patient is not even treated as a person with emotions and feelings, but merely as “a malfunctioning machine whose defective parts could be technologically replaced or repaired” (Lee, 2017: 11).

As a result, the narratives of patients about their illness are not essential to the process of diagnosis anymore. Physicians nowadays are not supposed to get into conversations with their patients, since diseases are often detectable by technologies. The distance created by technology between a patient and a physician makes it difficult for them to shape an empathic, existential, and dialogical relationship, while empathy is a way of understanding the other person, a cognitive source for comprehending foreign subjects and their experience, and a motivation to care for them (see Svenaeus, 2014). For this reason, the distance between physicians and patients exacerbates the care crisis.

If we focus only on the role of physicians, the problem will not be solved *completely*, because non-human factors such as the advent of medical technologies partly contribute to the care crisis as well. Therefore, although helpful, the concept of “virtuous physicians” is insufficient to address the care crisis. We should consider the role of other factors such as technologies in care practices too. Thus, a holistic approach to care practice is necessary in order to take into account the contribution of all influential factors.

In this regard, Bruno Latour (1992) suggests that artefacts may be moral agents. Morality, according to him, is not only located in human beings but in a network of human and non-human actors. A criticism of Latour's view is that it has a radically symmetrical approach to humans and non-humans, while non-humans do not have intentionality and thus cannot be held responsible for their implications. We agree with this criticism. Still, non-humans can be regarded as morally influential factors in our moral community (see Verbeek, 2011: 42). In this way, Philip Brey (Brey, 2014) modifies Latour's view by suggesting a systemic ethics that takes account of the ethical roles of artefacts, without ascribing agency to them. He puts forward a "structural ethics", based on which we should evaluate the components of a network, including humans, artefacts, natural objects, procedures, organizations, and other contributing factors, in their relationship with each other. The structural ethics approach assesses all the elements of the network, each of which has its own moral efficacy. Brey states that one can properly evaluate a technological artefact, only if one particularly concentrates on the moral position of the artefact in its relationships with other components of the network. The result is an "artifact ethics", which "is a division of structural ethics that focuses specifically on the moral role of artifacts, both within their networks and across a range of possible networks" (Brey, 2014: 140).

To employ the structural ethics approach to alleviate the care crisis, we suggest that caring should be seen as an ethical practice that can be distributed in a "caring network", composed of such factors as patients, physicians, nurses, midwives, patients' relatives, technologies, hospital procedures, environments, etc. Non-human factors constitute part of the caring network, so they can partly undertake caring practices. Accordingly, care should not be seen as a task that must be done only by physicians, as only *one* factor of the caring network. It is possible to delegate some caring practices to *non-human factors*, such as (digital) technologies, processes, routines, physical environment, or to *non-professional human factors* such as a patient's relatives and friends or even other patients with similar situations. On this basis, factors other than professional practitioners also actively participate in caring practices.

There is no doubt that physicians should treat their patients thoughtfully. It is also undeniable that caring is mostly associated with nursing as practice and discipline. In general, medical doctors, nurses, and other health care professionals are certainly involved in caring. However, our main point is that professional human caregivers are not supposed to satisfy the existential needs of their patients *exclusively*. Other factors can actively contribute to the practice of care as well. This, of course, does not imply that non-human or non-professional factors can replace professional practitioners. It is enough that these factors help to meet some of the patients' needs, thereby lightening professional practitioners' caring loads by handling tractable practices. Physicians can then allocate more time and energy to more intricate caring responsibilities, those that cannot be fulfilled by non-human or non-professional factors.

Accordingly, although we agree that physicians should be as virtuous as possible, the “virtuous physician” solution is not effective enough on its own. As we stated earlier, the proportion of patients to clinicians, at least in developing countries such as Iran, does not allow professional practitioners to address the existential needs of their patients sufficiently. Other (non-)human factors should also actively participate in the practice of care. Moreover, we should add that our solution to the care crisis is not the anti-technology one that physicians should not use technologies for the process of diagnosis. Although medical technologies create distance between patients and physicians, they are inseparable parts of modern medicine; thus, the suggestion to not use them is impractical. Our positive suggestion regarding the care crisis is that *all* contributing (non-)human factors should be recognized, and accordingly each of them should play its role in addressing the existential needs of patients. Among these factors, technologies in general, and digital technologies in particular, are of crucial importance nowadays. In what follows, we focus on online forums. Our main insight is that the alignment of online forums and non-professional human care-givers results in the co-production of virtual spheres in which people can address each other’s existential needs. An implication of this insight is that the caring practices of the members of these online forums can, to an extent, compensate for the lack of existential support that professional practitioners may be expected to provide.

2. Online Forums as Focal Things

This section focuses on the concept of a “focal thing” as one possible way to think of online forums. Our main claim is that online forums can enhance the human engagement of members with each other, and thus they play the role of what Albert Borgmann calls “focal things”, i.e., things around which people gather to do “focal practices” (Borgmann, 1984: 41). A focal practice creates a shared atmosphere all participants enjoy, and thus in it, hardship and joy are merged, and means and ends are intertwined. Furthermore, in a focal practice one can experience an engagement with the social environment (Borgmann, 1984: 202-203). According to Borgmann, a good life is one that consists of a set of focal practices.

Now we suggest that *caring be interpreted as a focal practice, and online forums be seen as focal things* that revive caring focal practices and help them propagate. Although online forums are not physical objects, they provide virtual spaces in which people come together. The common concerns and experiences of members bring them together in these forums and connect care-givers and care-receivers with one another. As a result, online forums can play a role in addressing the existential needs of their members (including patients).

In interpreting online forums, we disagree with Hubert Dreyfus’s claim that online activities cannot play the role of focal practices. Dreyfus contends that a focal practice requires specific “skills” and a “shared mood”, both of which, he argues, are lacking in online spheres (Dreyfus, 2009: chapter 5). Neither of these assertions is tenable, however. *First*, online technologies do not necessarily deskill people. People need particular skills to successfully perform online practices.

In an online (caring) forum, for instance, members learn how to express their empathy with the aid of words, phrases, and gestures, how to share their personal anecdotes and experiences, and how to provide relevant information vital to solve others' problems. Members generally learn how to sympathize with others in an online sphere to effectively alleviate their concerns and worries. Although these activities are not embodied in a physical sense, they require specific skills to be performed appropriately. *Second*, a kind of a shared mood, which is a feature of an (offline) focal practice, is also available in an online forum. For instance, in a parenting forum in which members are discussing fetal problems, members have relevant experiences, memories, anxieties, concerns, etc., all of which are expressed in the forum and constitute a shared atmosphere, in which all members experience their virtual presence there.

The idea that online forums are focal things is important regarding the thesis that online forums for patients are helpful in alleviating the care crisis. In the first place, a new topic in an online forum is started to address a need of a user. This need is often expressed as a question or a request, to which other users respond. Different responses form practices around a common concern or issue, hence focal practices concerning others' needs. When one sees that others address one's concerns or issues, one's emotional need to be cared for is to some extent fulfilled. Furthermore, people's online engagements with one another in online forums can relieve their sense of alienation and self-alienation. Our approach to this subject is analogous to that of Mark Coeckelbergh's, according to whom "contemporary information and communication technologies could, *in principle*, also help us to overcome alienation and find a better relation to our environment and to others" (Coeckelbergh, 2019: 283, emphasis added).¹ To see if a specific online technology could *in practice* gather people and relate them to each other, one should empirically study the concrete example of that online technology. Thus, one should not "distinguish a priori between focal and non-focal activities" (Coeckelbergh, 2013: 216). Section 4 studies *a posteriori* the case of a Persian parenting website. Our empirical findings suggest that the website's forums provide situations in which people engage with others in virtual spheres by presenting and receiving caring feedback in reciprocal relationships. Therefore, online forums inhibit people's alienation to some extent. Furthermore, the website's forums reduce members' self-alienation by allowing them to express their private and personal needs, feelings, and concerns. Online forums reduce the sense of alienation and self-alienation of their members, and thus they make available caring services that consider members' existential needs.

Please note that our claim is not that online forums "eliminate" alienation and self-alienation, but rather that online forums can to some extent inhibit or relieve these problems. A further qualification is that the idea of discussing online forums as focal things should not be understood as an over-generalizing claim against the care crisis. Instead, the claim is that online forums

¹ The human dimension of alienation is central to our argument. This aspect implies the weakness in one's engagements with other people. We have not studied the impact of online forums on people's relationships with their non-human environments.

constitute one factor among several influential factors that may contribute to alleviating the care crisis.

Thus far, we have explained that people come together in online forums to address their needs. In this way, the members should have skills to appropriately ease others' concerns. A shared mood is also constituted thanks to people's common issues and emotions. As a result, online forums have the characteristics of focal things, in which the members' engagements with one another can reduce their sense of alienation and self-alienation. The next section empirically studies a case of an online forum to illustrate and support the claims of the paper.

3. Online Forums: The Case of Ninisite

People share their knowledge, experience, and emotions in online forums. Scholars have discussed online parenting forums from different perspectives. We particularly want to know if the alignment of these forums with human care-givers can alleviate the care crisis. In what follows, we briefly review the literature on online forums, and then study the case of an Iranian parenting website.

Ellen Brady and Suzanne Guerin (2010) have investigated an Irish parenting website to show how Users of the website experience support and what kind of support they receive. Noriko Porter and Jean Ispa (Porter; Ispa, 2012) have explored childcare concerns of mothers of infants and toddlers, based on the analysis of online postings. Sarah Pedersen and Janet Smithson (2013) have investigated Mumsnet, a British online parenting forum, to discuss how different kinds of femininities are emerging in online forums. Sarita Yardi Schoenebeck (2013) has explored YouBeMom, an anonymous online forum, to see what topics mothers talk about when they are not restricted by the limitations of face-to-face communication. Christine Hine (2014) discusses how members of an online parenting forum justify their opinions and actions, specifically in the case of the treatment of schoolchildren's headlice. Sarah Pedersen and Deborah Lupton (2016) argue that rules constraining the expression of feeling are shaped and reproduced in Mumsnet. (For a broader review of the literature on parenting digital media see Lupton; Pedersen, 2016). Finally, we study the Iranian website Ninisite to see if it contributes to care practices and can help to alleviate the care crisis.

Since we study an Iranian case, it is important to have some information regarding the Iranian healthcare system, which includes public and private services. The latter services, such as private hospitals, generally possess a higher level of quality, but not all members of society can afford to use them. On the other hand, public services are accessible to all citizens. They include basic services such as vaccination, prenatal care, and childbirth, which are either free or inexpensive. In this context, online forums are developed by private companies that make an effort to add care-related services that are accessible to all. By doing so, the companies attract members and viewers in order to make money through ads, sponsors, selling big data, and so forth. That is, while the developers of online forums are private companies, their business plan is such that they provide free of direct cost services that address the public's care-related needs.

In the following, we study Ninisite. This particular website is relevant for our thesis because it is a technological platform that focuses on care. Furthermore, it is (one of) the most popular Iranian parenting websites. According to Alexa, a well-known web traffic analysis company, Ninisite has always been among the most popular websites of any kind in Iran. The website is designed especially for women who are pregnant or are already mothers. Its contents are in Persian, and it consists of parts like the magazine, the clinic, forums, etc. In its forums, members (with possibly anonymous usernames) can start new topics or participate in ongoing discussions. People generally ask questions or share their experience and problems with others. Topics like infertility disorders, signs and symptoms of pregnancy, fetal problems, medical issues, childbirth, infant development, childrearing and so forth are central discussion topics on the website. However, miscellaneous topics unrelated to pregnancy and parenting are also allowed to be raised and discussed. The number of topics of the website's forums is more than 3,700,000. They are categorized into 133 subjects, among which 60 subjects are directly related to parenting, these being the ones on which our study is focused.

The authors of the paper are neither the developers of these online forums nor in any formal, or even informal, relationship with the website developers. We intend only to study the online forums from the perspective of technology ethics, the field of our expertise. To do so, we performed a three-stage survey.

First, we qualitatively examined the contents of the 2,000 most-discussed topics of the aforementioned 60 subjects. These contents were in Persian, the native language of both researchers. Our first view of the contents was that the online forums are non-human factors that play the role of focal things, by which members of the website engage with and care for one another.

Second, we quantitatively assessed our first view. In this way, we prepared a researcher-made online questionnaire (see the appendix). The general rules of question crafting were observed in the construction of the questionnaire. That is, we employed simple language and clear concepts. The questions are short, single, and expressed in affirmative sentences. They are not biased toward specific answers. The questionnaire is structured, including closed-ended choices, on the basis of a Likert scale with five choices from "strongly agree" to "strongly disagree".

Only ten questions are asked, and thus one could easily complete the questionnaire in a short time. The first two questions ask about the existential dimension of caring, while questions 3 and 4 concern its technical side. Question 5 is about the cost-free nature of the forums. Question 6 asks whether the members feel that they disturb others by sharing their problems. Questions 7 and 8 seeks to find out whether the members share their private issues and problems with others. Questions 9 and 10 query whether the technical and emotional services that the members receive in the forums have resulted in their not seeing professional practitioners. These ten questions relate to our different claims in this paper.

One of the authors negotiated with a random number of active members of the forums, that is, those members who had started topics or significantly participated in topics. The active members use the online forums more seriously, so they are appropriate members to measure the impact of the forums. Among them, a sample of 60 people, each of whom were chosen randomly from one of those 60 subjects, accepted the invitation to fill in the questionnaire. The results of the questionnaires, which will be discussed below, confirmed our initial view of the contents.

At the third and final stage of the survey, we interviewed another six active members of the forums to check the validity of the findings. Interestingly, these six people verified our general results.

Before explaining the results, it is necessary to clarify the research ethics. All the respondents were explicitly informed that the researchers' aim is merely academic. The respondents were assured that their answers would be used anonymously and that no personal identity needed to be revealed in their responses. Furthermore, the identities and affiliations of the researchers were presented, and it was made clear that the researchers were available to answer further questions about the processes and results of the research or other relevant queries.

Let us now explain the results. About 80% of respondents agreed that the discussion with other members allays their worries (question 1). 72% of respondents felt that other members help and care for them in the online forums (question 2). Hence, a reason for the members to visit the forums is to address their existential needs. Furthermore, people join the online forums to find the answers to their questions. The online forums increase the medical knowledge and techniques of most members (question 3). 77% of respondents have affirmed that others' medical experiences help them to successfully deal with their own problems (question 4). Thus, the online forums contribute to both the existential and the technical dimensions of care. These forums could be seen as focal caring things that provide virtual spheres in which people may engage with and (both existentially and technically) care for one another.

The website does not cost members any money, so most respondents are inclined to ask their questions first in the online forums (question 5). This makes the website an available resource for technical and existential care. Also, 75% of respondents feel that, by sharing their concerns or questions, they do not burden other members or take up their time (question 6), probably because other members can ignore undesired posts or can reply to posts at a convenient time. These are features of online (rather than physical) spheres, making them focal things that comfortably promote caring behaviors among their members.

Studies show that the anonymity of members in online forums allows them to speak of their feelings and thoughts without barriers such as embarrassment, shame, or fear of possible risks involved in sharing private issues with others via face-to-face communications (see Schoenebeck, 2013). Members are also free to ask "embarrassing or unimportant questions without feeling too self-conscious" ((Madge; O'connor, 2006: 209); see also (Brady; Guerin, 2010: 20). Our results

cohere with these studies. Most of our respondents agree that anonymity is helpful for them to freely speak of their problems (question 7). In particular, members are free to discuss venereal matters in the forums (question 8), which may be taboo for them (especially to those living in traditional Iranian families) to discuss in person with their relatives, friends, or even physicians. In this regard, an active member told us that “I would be ashamed to ask someone about venereal or sexual matters in my real life. But in the forums, this is possible. We do not know each other personally here, so I can ask my questions candidly”. Anonymity, therefore, provides members with the opportunity to discuss their private concerns and private anxieties. As a result, the danger of *self*-alienation lessens, because the members need not repress their *own* feelings.

In general, online forums can prevent alienation since they develop one’s caring relationships and engagements with others. They can also help people to avoid self-alienation by providing situations in which people speak of their intimate concerns and needs and express them openly.

One should not exaggerate the usefulness of online forums. Our findings show that online forums hardly replace professional human factors. 70% of respondents disagree that knowledge and experience available on the online forums have precluded them from seeing professional practitioners (question 9). 45% of respondents similarly believe that the emotional support they receive in online forums does not prevent them from seeing physicians and requesting professional help (question 10). Although they cannot take the place of professional practitioners, online forums can *reduce* the number of people seeking physicians. The medical knowledge and experience learnt from these forums or the emotional support expressed by the members of the forums have prevented approximately one-fifth of members from seeing physicians (questions 9 and 10). In addition, there were a number of respondents who hesitated when asked whether participating in online forums prevent them consulting physicians (those whose responses to question 9 or 10 are “Neutral”). This means that online forums could even preclude more people from seeking treatment in hospitals if they provide higher quality services. On the one hand, this is a potential benefit of online forums because they can reduce unnecessary hospitalization. That is, online forums can, to some extent, mitigate the (over)pressure on professional clinicians so that they can provide care services for those patients who are in urgent need. On the other hand, not seeing physicians is good as long as patients do not have relevant medical needs that need to be addressed only by their physicians, but if those needs existed, not seeing their doctors might result in harm to those people. In this regard, there is a notice at the end of every page of Ninisite that its content should not be considered as a replacement for professional doctors.

We have argued in this paper that care should be seen as an ethical practice that can be distributed in a network of human and non-human factors. In particular, online forums are non-human factors attracting human (non-professional) care-givers to engage with and care for one another. Online forums can be considered as focal things, in which people with common problems or concerns share their knowledge and empathy. These forums can distribute the caring tasks

among human agents by propagating and diversifying the care practices and simplifying the participation in them. People come together in online forums to care for one another and freely speak of their concerns and emotions. All in all, online forums should be taken more seriously in order to address the care crisis.

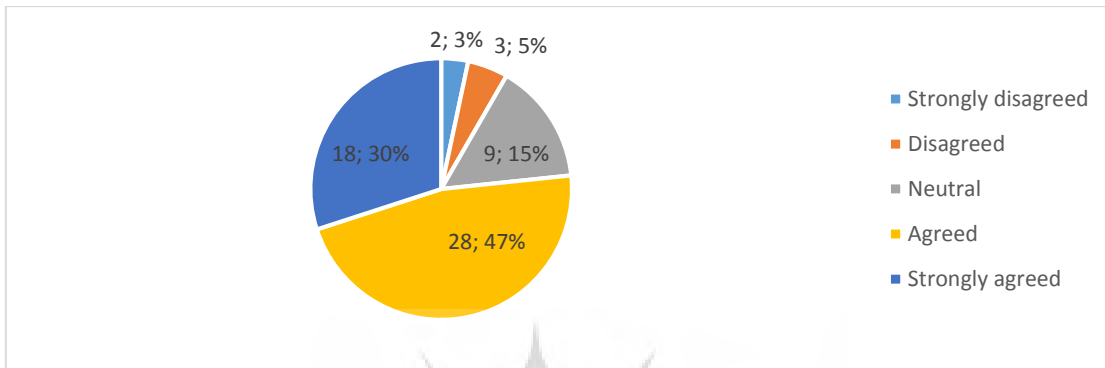
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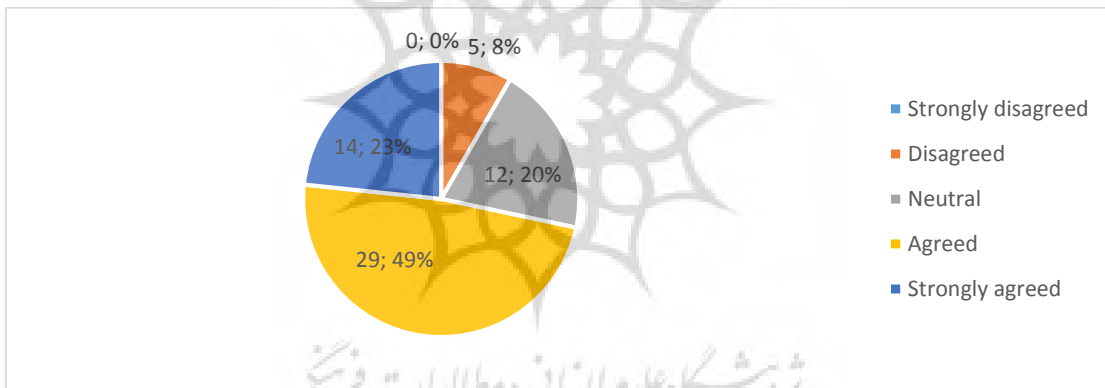
Verbeek, P. P. (2011). *Moralizing Technology: Understanding and Designing the Morality of Things*. Chicago: University of Chicago Press.

Appendix: The Questionnaire

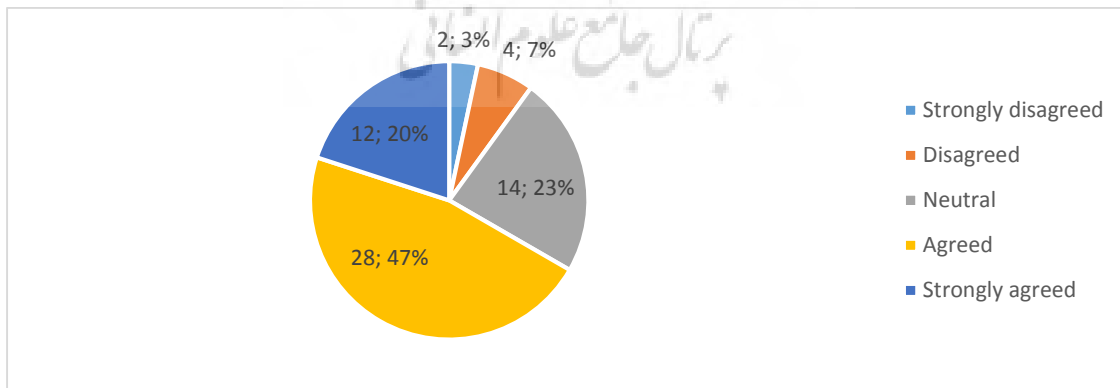
1. The discussion with other members eases my worries.



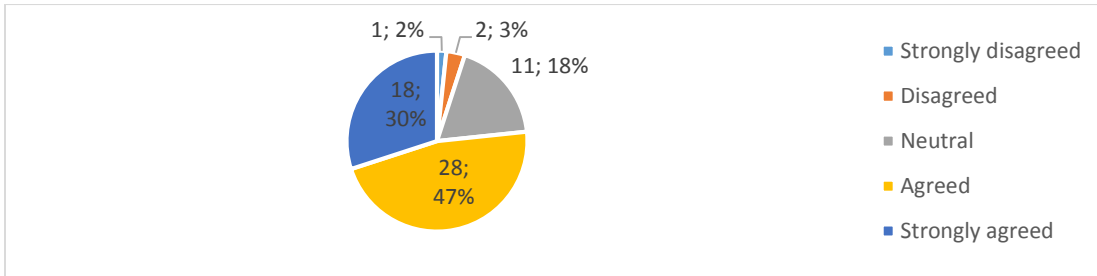
2. Other Members of the forums improve my medical knowledge and techniques.



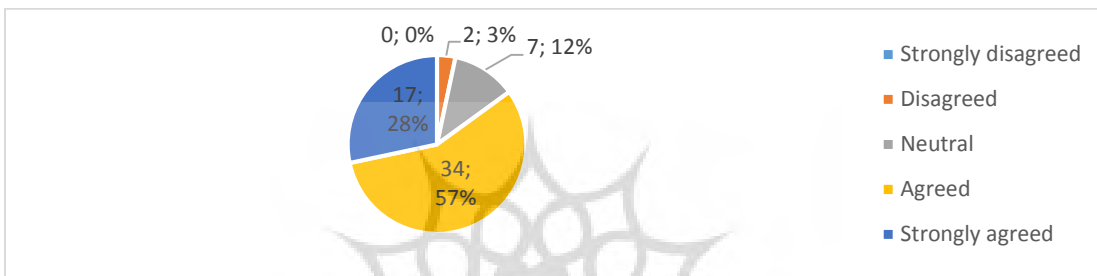
3. Members of the forums improve my medical knowledge and techniques.



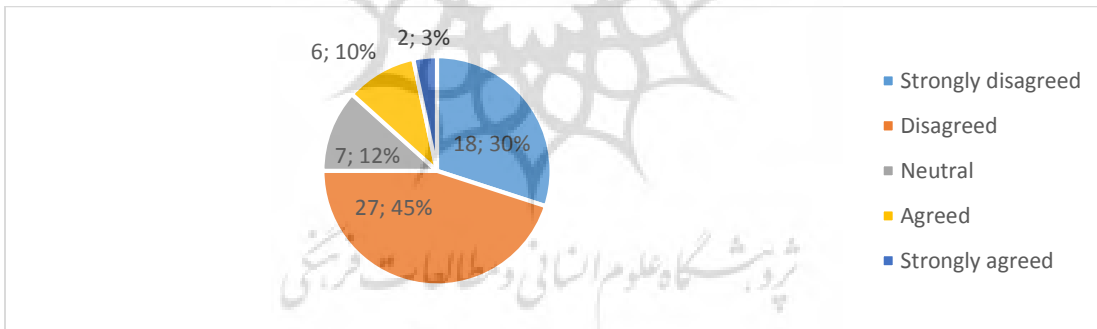
4. The treatment experience of other members helps me to solve my medical problems.



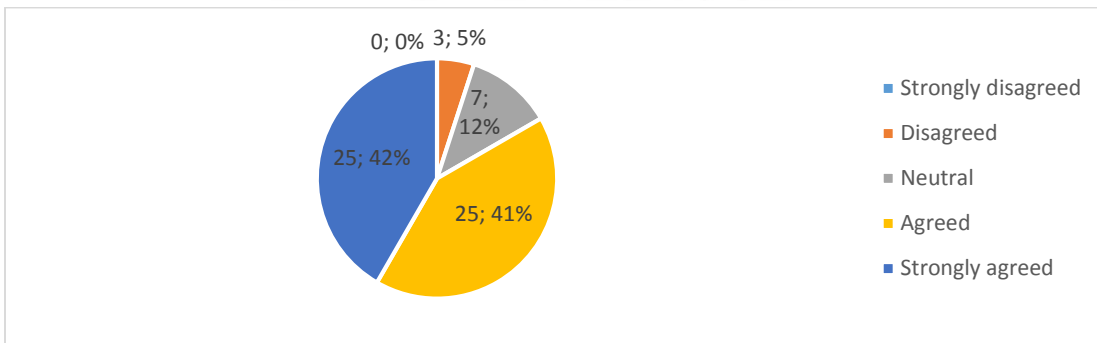
5. I prefer to ask my questions first in online forums because it is free.



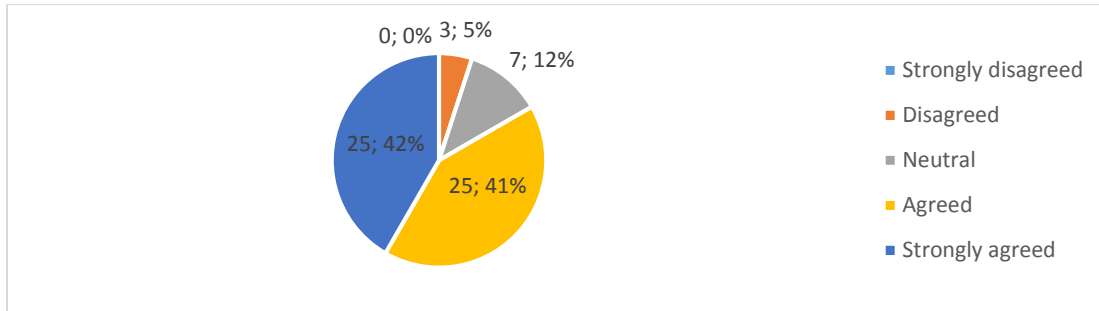
6. I disturb other members or take their time by sharing my concerns or asking my questions.



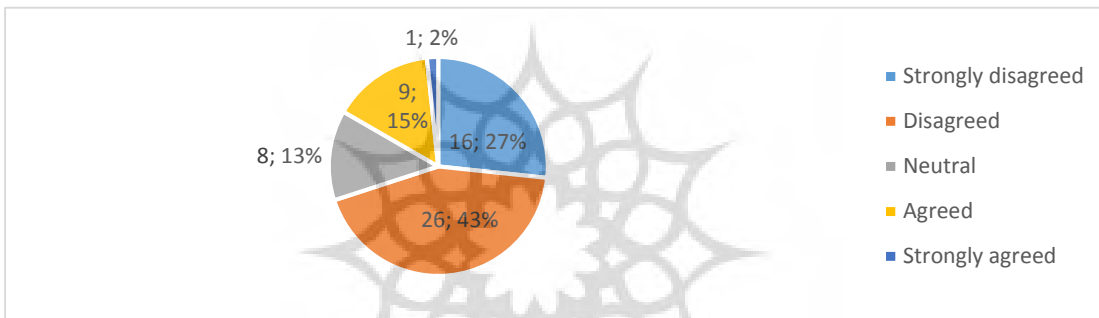
7. I can talk freely with other members of the forums about my private problems without embarrassment, shame, or fear of possible risks.



8. When I experience a personal problem, especially those related to venereal issues, I like to first discuss them in the online forums.



9. Knowledge and experience of other members have led me to see professional practitioners less.



10. The emotional support of other members has led me to see professional practitioners less.

