EDITORIAL

Doctors as patients

THE consulting patterns of doctors as patients differ from the rest of the population both in timing and methods of request for help. Before consultation they may have attempted to be physician to themselves, occasionally with unfortunate results. The self-referral to a peer or senior physician usually then comes when the doctor feels in need of urgent help, and requires considerable courage when disorders such as alcoholism, psychiatric illness or emotional problems might be revealed.

A unique knowledge of medicine means that the doctor-patient is often acting as a self-diagnostician. Through fear, important symptoms may be dismissed as trivial and the doctor-patient may remain unaware of significant physical signs such as fundal changes. The incorrect inferred diagnosis may remain unmentioned and act as a barrier to communication. Although knowledge of diseases means that the doctor-patient understands a diagnosis, he or she may be unaware of an improved prognosis from newer therapy. Reluctant to ask 'obvious' questions for fear of appearing stupid, the doctor-patient's unvoiced anxieties can hinder adaptation to serious disease. The doctor-patient who is unable to adopt a dispassionate and objective attitude may feel humiliated by self-pity.

When sick, a doctor's professional and personal role changes dramatically. Many doctors marry other health-care professionals. Husband and wife may be too concerned with describing the facts of the illness in medical terms to discuss any emotional stress and anxieties. Within a nonmedical family, the doctor-patient may feel unable to answer questions that illness poses. The doctor, as a family member, will often have spent years allaying the anxieties of those around him in regard to their own illnesses. Now, as a patient, the doctor may feel under an obligation to provide answers to questions which he or she is not ready to face and, having no one with whom to discuss worries, become isolated.

Guilt is often a feature of illness, especially for the doctor-patient who looks upon illness as failure. Awareness, for the first time, of the true implications of symptoms dismissed as minor in others may induce a retrospective guilt for inadequacies in care given to patients; and he or she may become excessively critical of aspects of the care now being received.

Confidentiality is a major problem. The doctor-patient may have gone to great lengths to conceal the illness, but the consultation will be noted in the medical records. The higher the doctor-patient's status within the medical profession, the less chance of confidentiality being observed. News of a doctor's illness can spread rapidly, often before the patient has had time to come to terms with the disease.

Several specific problems can arise when a doctor consults a general practitioner. If the patient is also a general practitioner, it may be that he or she is consulting a partner and that their social and working relationship will inhibit full discussion of some personal problems, while any referral coming into the office may be seen by other members of the practice staff. The hospital-based doctor may feel that he or she does not need a general practitioner and, even if registered, may never have formed a relationship with the physician.

A physician treating a colleague needs to give time and to deliver his normal standard of good care; he may have to state clearly that normal routine management is being observed. Where several physicians are involved, communication between them must be excellent so that the doctor-patient is assured that all are agreed on the plan of management. The doctor-patient knows that there is often a high degree of personal judgement in clinical decisions and he needs to understand the logic behind them. For a full understanding of the disorder, the concept of disease has to be discussed; detailed education about the condition might be necessary, just as for any other patient. Explanations must be honest and full. As for any patient, however, only a few new opinions should be introduced at a time so that self-esteem is not undermined. All doctors ought to know a general practitioner with whom they can have a professional physician-to-patient relationship, so that confidentiality is safeguarded, emotional problems can be aired and better long-term care can be provided. The 'corridor-consultation' should be avoided because the doctor-patient is then denied the physician's full attention, and poor communication could be the result.

Self-referral to a specialist may deal effectively with a single problem or episode but is not a sensible approach in the long term. There will always be special problems for the doctor-patient, but anxieties about illness, confidentiality and standards of care can be alleviated by good general practice.

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