Sara Bird
MBBS, MFM(clin), FRACGP, is Medicolegal Claims Manager, MDA National. sbird@mdanational.com.au

Doctors as patients

Case histories are based on actual medical negligence claims or medicolegal referrals; however certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved. All the medical boards and medical colleges recommend that medical practitioners have their own general practitioner. The aim of this article is to provide guidance for GPs about how to deal with the potential complexities of managing medical colleagues as patients.

Case study

The anaesthetist, 53 years of age, attended the general practitioner for the first time. He informed the GP that he was having difficulty sleeping and was suffering from intermittent palpitations. He commented that he was currently involved in a coronial investigation and medical negligence claim arising out of an incident 12 months earlier in which a 28 year old patient had died during the induction of anaesthesia. He said that one of his colleagues had suggested that he see a GP.

A recent Australian survey examined the differences in psychological morbidity between medical practitioners who have experienced a medicolegal matter and those who have not.[1] Those practitioners with a current medicolegal matter reported increased levels of disability in work, social or family life, and higher prevalence of psychiatric morbidity compared to those with no current matter. Those respondents with a history of past medicolegal matters reported increased levels of disability and depression subscores. Male respondents with a current or past medicolegal matter had significantly higher levels of alcohol use than male respondents with no experience of medicolegal matters.

Further research has shown that medical practitioners who were the subject of a medical negligence claim described the following reactions:

- 96% acknowledged an emotional reaction for at least a limited period of time
- 39% experienced depression, including symptoms such as depressed mood, insomnia, loss of appetite and loss of energy
- 20% experienced anger, accompanied by feelings such as frustration, inability to concentrate, irritability and insomnia
- 16% described the onset or exacerbation of a previously diagnosed physical illness
- 2% of medical practitioners engaged in excessive alcohol consumption
- 2% experienced feelings of suicidal ideation.[2]

Discussion

The challenges of 'doctoring' patients who are medical practitioners are well illustrated in:

'If a doctor is doctoring a doctor
Does the doctor doing the doctoring
Doctor the doctor being doctored
The way the doctor being doctored
Wants to be doctored,
Or does the doctor doctoring the doctor
Doctor the doctor being doctored
The way the doctoring doctor usually doctors?[3]

It has been said that 'doctors make the worst patients' and 'the physician who doctors himself has a fool for a patient' (Osler). Doctor patients tend to be different in a number of ways from most patients. Factors among doctor patients that may influence their care include:

- denial of illness
- the 'VIP syndrome'
- fear of loss of confidentiality and privacy
- inability to reverse role to become a patient
- depression and substance abuse
- pathological compulsiveness
- fear that illness equates to weakness
- personal needs subordinate to practice demands
- loss of self esteem when ill
- need to feel omnipotent or indispensable.[4]

Treating doctors may treat their doctor patients more as colleagues rather than patients. They may have higher expectations for their compliance and recovery. The well intentioned 'VIP or special status' of the doctor patient may, in fact, result in 'corners being cut' in the history, physical examination, explanation and follow up of the patient. Some treating doctors, perhaps as a way of dealing with their own anxiety and discomfort, may limit consultations with doctor patients, provide only brief explanations, and may assume incorrectly that the patient possesses sufficient knowledge to fill in information gaps. This offers little opportunity to develop an empathic relationship and unsatisfactory medical care may ensue.

Preservation of privacy and confidentiality is a major issue for doctor patients and may be a major reason for delay in seeking medical treatment, especially for psychiatric disorders.

Risk management strategies

The following strategies have been suggested for doctors who are managing doctor patients:

- Perform the history and physical examination as thoroughly as for any other patient. This is an effective way of establishing trust and confidence while dissipating patient anxiety. Do not avoid asking personal questions and, when appropriate, do not omit intimate parts of the physical examination, such as breast and rectal examinations
- Deal openly with the patient's anxiety and allay it as soon as possible. Recognise that the doctor patient is as anxious and frightened as any other patient. Ask for and consider the doctor patient's self diagnoses. Many doctors tend to make incorrect self diagnoses, particularly in fields outside their specialty
- Clarify the doctor-patient relationship as soon as possible. It can be difficult for the treating doctor to deal with an individual who sometimes dislikes being treated as a patient while at other times complains that they are being treated as a doctor. Reassure the patient that he or she will be treated most appropriately as a patient and not as a doctor, and with the same confidentiality and access to communication as any other patient
- Avoid overly close identification due to empathy or sympathy. Such feelings, while understandable, can inhibit diagnostic testing and therapy. Negotiation over investigations may lead to under or over ordering of tests
- Discuss the diagnostic and/or treatment plan in detail. Do not take for granted that the doctor patient already knows about their medical diagnosis and treatment
- Leave plenty of time for a clear discussion of your opinions and recommendations
- Discuss issues of privacy, confidentiality and payment early on. Doctors know that medical practitioners and their staff may 'gossip' about patients, and a fear of lack of confidentiality may be a major inhibitor to seeking appropriate care.[4]

Conflict of interest: none.

References

1. Nash L, Daly M, Johnson M, at al. Psychological morbidity in Australian doctors who have and have not experienced a medico-legal matter: cross sectional survey. Aust N Z J Psychiatry 2007;41:917–25.
2. Charles SC, Wilbert JR, Kennedy EC. Physicians' self reports of reactions to malpractice litigation. Am J Psychiatry 1984;141:563–5.
3. Lipsitt DR. The doctor as patient. Psychiatr Opin 1975;12:20–5.
4. Schneck SA. 'Doctoring' doctors and their families. JAMA 1998;280:2039–42.

AFP CORRESPONDENCE afp@racgp.org.au