



Hilton Koppe

Optimising the medical care of doctors

Part 3 – during the consultation

This is the third in a series of articles exploring issues involved in doctors treating other doctors. The first article looked at barriers to good medical care when the patient is a doctor. The second article discussed strategies that can be used before the consultation takes place. Particular emphasis was put on the value of the patient doctor contacting the treating doctor before the first consultation.

This article will focus on strategies that can be used by the treating doctor during the consultation to facilitate best possible communication. While these strategies could be applied in any consultation, an explanation of why they are particularly important when the patient is a doctor will be offered.

Keywords: doctor (physician) health status; doctor-patient relations; communication



It can be helpful if the treating doctor considers these issues before the consultation, and has strategies in mind for dealing with them. Ensuring that the consultation takes place in the treating doctor's normal consulting room is one such strategy that assists in defining the roles for both parties. This may seem obvious, but anecdotally, it does not always occur. The temptation to offer medical care in the corridor may seem simpler, but could actually be an indication of a reluctance of either treating doctor or patient doctor (or often both) to clearly take on their respective roles in the patient doctor relationship.

At some point early in the first consultation, the treating doctor should raise the issue of confidentiality (including a discussion about medical records and who has access to them). The treating doctor needs to remind the patient doctor that they are obliged to keep appropriate records. There may be some negotiation over what information goes into the records. While medicolegally it is important to keep accurate records, consideration needs to be given to what is in the best interests of the patient. Fear about lack of confidentiality is a significant issue for patient doctors, and it may be possible to negotiate a compromise on choice of words used to describe the content of the consultation which meets the needs of both parties.

Medical consultations are complex situations. Consultations when the patient is a doctor can be even more complex. The following model of a medical consultation was initially developed for teaching general practice registrars to assist them in making the transition from hospital medicine to general practice. The principles of the model apply equally well to thinking about consultations when the patient is a doctor (Table 1).

Connection/reconnection

There can be an adjustment time as both patient doctor and treating doctor settle into their respective roles. The patient doctor may be unfamiliar or uncomfortable with being a patient rather than a doctor. The treating doctor may be nervous about having another doctor as a patient. The two may already know each other in other capacities, so there may need to be a transition from previous relationship to that of doctor and patient.

Information gathering

It is safe to assume that most patients will have given thought to their situation before coming to see a doctor. This will be particularly true when the patient is a doctor. They will have thought a great deal about their need for seeking medical care, and what outcome they are expecting. Therefore, it is good practice for the treating doctor to commence the consultation in an open manner, which allows as much space as possible for the patient doctor to

fully tell their story: ‘I’m sure you have thought a lot about the issues that brought you here. How can I work with you to help sort them out?’

A statement such as this is designed to demonstrate respect toward what the patient doctor is experiencing in taking on the patient role, and well as emphasising a sense of partnership.

The treating doctor should be prepared to listen to the patient doctor without interrupting them until they have finished their story. Ideally this would then be followed with open ended questions to help clarify issues of importance. The treating doctor needs to be willing to ask questions of a personal nature. These may relate to:

- substance use
- sexual practice, or
- mood disturbance.

A strategy for effectively exploring these issues will be covered in the next article in this series.

Similarly, the treating doctor needs to be meticulous in their examination of the patient as a cursory examination may result in poorer compliance with follow up or subsequent appointments. The treating doctor needs to also resist the temptation to avoid doing more personal or intrusive aspects of the examination for fear of embarrassing the patient. The old adage that a king or queen will never have bowel cancer diagnosed because no one is prepared to do a rectal exam on a monarch should not apply to a colleague!

Exploring fears

It is possible that the patient doctor will have some fears about the consequences of their symptoms. Sometimes these fears can act as a barrier to accessing appropriate medical care. It can be helpful for the treating doctor to acknowledge these potential fears: ‘What is concerning you most about your current situation/symptoms?’

Shared understanding

Outcomes are likely to be better if there is a shared understanding between doctor and patient of both diagnosis and goals for treatment. A patient doctor will almost certainly have given some thought to what they think the likely diagnosis is, and it is important for the treating doctor to be aware of these thoughts so that they can tailor their language and management plan: ‘I have some ideas of what is going on here, and what we should do, but I am sure you have given

Table 1. Model of a medical consultation

Stage of consultation	Part of consultation
Connection/reconnection	This takes place before the main consult starts. It can include: time taken in walking from the waiting room to the consultation room; a preconsultation telephone call or conversation (eg. prospective patient doctor asks the treating doctor if they would be willing to take them on as a patient. See previous articles in this series for longer discussion about the preconsultation consultation)
Information gathering	History and examination
Exploring fears	The goal is to find out what is really concerning the patient
Shared understanding	The treating doctor explains their thoughts regarding diagnosis and determines if this fits with the patient’s beliefs
Goal setting	Management plan
Safety netting	What to expect (prognosis), what to do with results, when to make another appointment, and what to do if things do not go as planned
Closing the consultation	Just as important as starting the consult, but often ignored when thinking about effective consultation strategies

this some thought, and it would be helpful for me to know what you think is going on’.

Goal setting

In negotiating an appropriate management plan, the treating doctor needs to balance what they do as part of their usual practice with the expectations of the patient doctor. It is vital that there is no collusion between the two, which could potentially lead to less than optimal outcomes. Treating doctors can assist this with statements such as: ‘It is my normal practice to do... in this situation, and that is what I think is in your best interests. Are you willing to follow this plan?’

The treating doctor needs to also balance the fact that the patient doctor will have some medical knowledge without assuming that they have complete knowledge of the diagnosis or management plan. The patient doctor can be given the benefit of a full explanation without feeling either spoken down to, or given inadequate information, if the treating doctor uses statement such as: ‘How I normally explain this to my patients is... Do you have any questions about this?’

Safety netting

There needs to be a balance between ensuring the patient doctor has appropriate responsibility for following the management plan and an awareness that doctors do not always make the most compliant patients. The treating doctor should offer very clear instructions about follow up arrangements, access to results, future

appointments, and what to do if things do not go according to plan. These should be clearly discussed and agreed to, and the treating doctor should not assume that the patient doctor will automatically know how to manage these issues appropriately.

Closing the consultation

This is an important opportunity for the treating doctor to reinforce their commitment to the patient doctor, and to once again emphasise the benefit of an ongoing relationship if appropriate.

It is also a time to clarify expectations regarding payment: ‘I am happy to bulk bill you for this consultation, as this is what I like to do when I treat other doctors. However, I am also aware that many doctors prefer to pay for their medical care. I am totally comfortable with either option. What would you prefer?’

Summary

Attention to the components of a consultation can help doctors develop strategies to maximise their effectiveness. These principles can be applied to the patient doctor consultation to assist with overcoming barriers to best possible outcomes.

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