



Hilton Koppe

Barriers to good health care

Background

Being a doctor to a colleague is a great honour for any medical practitioner. However, it also presents many challenges. These challenges will be discussed in a series of articles looking at how to best be a doctor for other doctors.

Objective

This article, the first in the series, explores potential barriers to good medical care when the patient is a doctor. Subsequent articles in the series will discuss strategies for overcoming these barriers.

Discussion

There are many barriers to doctors receiving ideal medical care. These barriers include issues around boundaries, embarrassment, confidentiality, payment for services and medicolegal issues. Having an awareness of these barriers can help treating doctors to offer the best possible care to those colleagues who choose to see them as patients.

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



- working in the same practice
- working together in nonclinical settings (eg. teaching roles, general practice network roles)
- an employer-employee relationship (eg. a registrar getting medical attention from their supervisor)
- personal friendship. This can be a difficult issue in smaller centres where doctors may all be well known to each other, both in and out of the workplace
- a family member (eg. if a husband and wife are both doctors).

Inappropriate location of consultation

Having a colleague come in to your room without an appointment to ask you to do a 'mini-consultation' for them can result in a less than ideal outcome. Despite this, it is not always easy to turn such a 'corridor consultation' into a 'proper consultation'.

Difficulty with role definition

The following questions may be in the mind of the treating doctor when the patient is a doctor:

- How many doctors are there in this consultation, and who is responsible for what?
- Who orders the investigations? Who sees the results?
- Who does the prescribing?
- Can I use clinical and technical terms, or should I speak in simple language?
- Can I ask personal questions?

Lack of clarity about roles may result in the treating doctor changing their normal style of practice, possibly being less thorough and systematic than usual. Even just having these questions in the mind of the treating doctor can be a distraction from normal clinical functioning.

Some doctors may choose not to take on other doctors as patients at all as a result of uncertainty about what their role may entail.

Being invited to be a doctor for a colleague is one of the greatest possible honours for a medical practitioner. However, it also presents many challenges. Doctors do not always make the best patients and being asked to treat a colleague can challenge even the most experienced practitioner. Potential barriers to good medical care when the patient is a doctor – from both the point of view of the treating doctor and of the patient doctor – are outlined in *Table 1*.

Barriers for the treating doctor

Boundary issues

Any pre-existing relationship between the treating doctor and the patient doctor can potentially impact on 'normal' patient care. Such relationships would include:

Table 1. Barriers to doctors receiving good health care

Issue	Treating doctor	Patient doctor
Boundary issues	Previous or other ongoing relationships Reluctance to take on doctor role for another doctor	Previous or other ongoing relationships Seeking medical care in an inappropriate setting Reluctance to take on patient role
Fear and/or embarrassment	Fear of making an error or missing something important while treating a colleague Fear of being seen to have inadequate medical knowledge	Potential embarrassment of presenting with a trivial complaint thinking it was something serious, or of presenting late with something serious
Confidentiality	May not be as systematic in keeping good medical records	Concerns about who will have access to medical records, or who will know about treatment being received
Time	Can be time consuming to treat other doctors	Busy doctors may find it hard to take time for medical appointments Awareness of how busy colleagues are, and not wanting to add to their load
Money	Uncertainty about how to charge colleagues	Conflict between wanting to pay for treatment received and feeling of entitlement to be bulk billed
Medicolegal	Concern about potential need to report colleague to medical board if considered unfit to practise	Awareness of potential of reporting to medical board may act as barrier to full disclosure of important information

Identification with the patient

The treating doctor may overly identify with the patient. This may raise some issues that are personally difficult for the treating doctor to manage, eg. they may ask themselves, 'How can I treat you when I have the same problems myself?'

Concern about lack of knowledge

Doctors who treat other doctors may worry that their level of knowledge is being judged by the patient doctor or that the patient doctor will know more than them about the condition being discussed. There can also be the added fear of missing an important diagnosis in a colleague.

Payment

Most doctors say that they do not like to charge doctors who come to see them as patients. They may also be unaware that many doctors prefer to pay when they see another doctor themselves (see Barriers for the patient doctor).

Those doctors who choose not to charge colleagues for seeing them may see this potential loss of income as a barrier to taking on the treatment of other doctors.

Time

Most doctors are very busy. Treating other doctors can be complex and time consuming. For this reason, some doctors prefer not to treat other doctors.

Medicolegal issues

Fear of having to manage a doctor who is in some way impaired, and potentially having to make a judgment about their competence to work, can act as a barrier to doctors taking on colleagues as patients. It can also inhibit asking about mental health issues in colleagues they are treating.

Barriers for the patient doctor

Confidentiality

A doctor may ask themselves the following questions before consulting a colleague:

- What will it be like sitting in the doctor's waiting room? What will people think if they see me there as a patient?
- Who will know if I am having sensitive tests done?
- Who will have access to my medical records?

Fear of lack of confidentiality is a significant barrier that inhibits doctors from seeking appropriate medical care. The issue of confidentiality can be harder to manage in smaller communities.

Embarrassment

Doctors may be too embarrassed to seek medical attention because they may:

- be embarrassed by the condition needing attention (eg. sexual or personal)
- be embarrassed that they may have missed important early signs of a serious condition

- appear to be overly worried about a relatively benign condition
- be embarrassed about having started management of their condition (especially if this management has been inadequate or inappropriate).

Boundary issues

Any pre-existing relationship between the treating doctor and the patient doctor can potentially impact on 'normal' patient care (see Barriers for the treating doctor).

Taking on the patient role

It may be difficult to take on the 'patient' role and release the 'self' from the 'doctor' role. Conversely, there may be the 'to tell or not to tell [that I am a doctor]' question to consider.

Money

Many doctors say that they prefer to pay for their own medical consultations. Because:

- they do not want to accept treatment without paying because they would then feel an obligation toward the treating doctor
- they would prefer to pay like any other patient so the boundaries are kept clear
- they are less likely to return for follow up if they do not pay for consults, because they would feel they were a burden to the treating doctor.

Embarrassment or uncertainty about whether or not they will be charged for their consultations

can act as a barrier to good ongoing medical care. Being bulk billed may be a further barrier to continuing medical care because the patient doctor may not feel 'entitled' to seek further treatment if they have not paid for previous treatment.

Time

Doctors are always short of time. They know that they do an important job and that the work may not be done if they are not there to do it. These beliefs can act as a significant barrier to doctors seeking medical care.

Some doctors find it too hard to find time to see another doctor, especially for preventive care. It is much easier for them to take their own blood pressure, organise their own blood tests or write their own prescriptions. Getting time to see another doctor can be a bigger issue in more isolated rural areas.

In addition, most doctors are aware of how busy their colleagues are and they may want to avoid worrying a colleague who is already overworked. It is also possible that this apparent 'lack of time' may be used as an excuse to avoid seeking appropriate care because of a failure to deal with some of the other more challenging barriers discussed in this article.

Failing to recognise a problem

Some doctors may be too busy or stressed to notice that they need medical attention. Others may be concerned about letting their colleagues down by being sick. They may ignore warning signs of illness in themselves so that they can keep 'soldiering on'.

Medical knowledge

Having knowledge of likely outcomes from certain symptoms or medical situations can act as a barrier to doctors seeking medical attention. They may be fearful of the consequences of a specific diagnosis such as cancer or heart disease, or the impact a diagnosis of anxiety or depression may have on future life or disability insurance. It might seem preferable to ignore the possibility of that diagnosis by not seeking appropriate medical care.

Summary

There are many barriers to doctors receiving ideal medical care. Having an awareness of these

barriers can help treating doctors to offer the best possible care to those colleagues who choose to see them as patients. Discussion of these barriers may also help some practitioners to review their own beliefs and decisions with regard to choosing the type of medical care they seek for themselves. Strategies for overcoming these issues will be discussed in subsequent articles in this series.

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