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A is for aphorism

If 'a physician who treats himself has a fool for a patient' – are we all fools?

Keywords

aphorisms and proverbs as a topic; self care; patient acceptance of healthcare

Sir William Osler was a great physician and medical educator and many of his wise teachings have survived the passage of time, including the counsel about self treatment – the title of this article.¹

Research from around the world shows that the majority of doctors self diagnose, self investigate, self treat and self prescribe; behaviour advised as foolish by Osler, frowned upon by most professional medical organisations, and even legislated against in the state of Victoria.² Such statutory prohibition has not been shown to make a difference to this pattern of behaviour.³

Indeed, self treatment is commonplace among the medical profession – from student days onward – and is an almost universal response among doctors when illness develops. These findings have been fairly consistent over the past 30 years.

So why is it that the default health seeking behaviour for most of the medical profession is just the opposite of such wise advice from a founding father of modern medicine?

Doctors have privileged access to medicines so can choose to self medicate from a range of sources, including sample drugs as well as self prescribing pharmacy medicines.⁴ Nonprescribing patients only have the opportunity to pursue self treatment at their local supermarket, pharmacy or online.

How often do doctors visit their GP?

We know that 85% of Australians attend their general practitioner every year at least, visiting on average about five times per year.⁵ However, patients who are doctors only consult their GP a fraction of this number – less than a tenth as

much (0.4 times a year) and most (75%) do not visit their GP at all in a year. This is in the United Kingdom where all doctors are registered with their own GP.⁶

A systematic review showed that 24–87% of doctors see their GP in a year, but suggested that these were mostly corridor consultations, not formal care.⁴

Although about half the medical profession is registered with a GP, the majority self treat, regardless of whether they have their own doctor or not.

Why don't doctors access formal healthcare?

Qualitative analyses show several reasons why doctors self treat, or avoid seeking healthcare from another doctor. They:^{4,7}

- find it embarrassing to be a patient, more so for mental health issues
- regard self treatment and self prescribing as normal and okay
- feel pressured to stay at work and demonstrate their health status
- like to be in control
- fear loss of privacy/confidentiality.

It appears reasonable to expect doctors to use their expertise to their own advantage. More than 90% of doctors think it acceptable to self treat acute minor illnesses, but only one-quarter to one-third feel the same about chronic diseases.

In just the same way as we expect patients to manage minor problems, doctors should be able to self manage minor illnesses and accidents without restriction. But this should not apply to the management of chronic diseases, which affect doctors as much as other people.

How do doctors perform at self treatment?

Self referrals and self treatment are significantly more likely to be judged as inappropriate by a blinded expert panel than 'usual care'.⁶ Formal healthcare is more likely to result in a documented history and examination, more preventive healthcare, more appropriate referral patterns, and more time on sick leave.⁴ It appears that doctors receive higher quality of healthcare using formal arrangements.

Moral of the story?

Osler was right. Doctors are fools not to seek the advantages of formal healthcare. We should all have our own GP.

Author

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References

1. Osler W. Sir William Osler: Aphorisms from his bedside teachings and writings. Bennett Bean R, Bennett Bean W, editors. Springfield, Ill. Thomas; 1961.
2. Kay M, Del Mar CB, Mitchell G. Does legislation reduce harm to doctors who prescribe for themselves? *Aust Fam Physician* 2005;34:94–6.
3. Rosvold EO, Tyssen R. Should physicians' self-prescribing be restricted by law? *Lancet* 2005;365:1372–4.
4. Kay M, Mitchell G, Clavarino A, Doust J. Doctors as patients: a systematic review of doctors' health access and the barriers they experience. *Br J Gen Pract* 2008;58:501–8.
5. Australian Institute of Health and Welfare. Australia's health 2010. Canberra: AIHW, 2010.
6. Chambers R, Belcher J. Self reported health care over the past 10 years: survey of general practitioners. *Br J Gen Pract* 1992;42:153–6.
7. Montgomery AJ, Bradley C, Rochfort A, Panagopoulou E. A review of self-medication in physicians and medical students. *Occup Med (Lond)* 2011;61:490–7.

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