



Hilton Koppe

# Optimising the medical care of doctors

## Part 2 – before the consultation

The first in this series of articles explored issues faced when treating a medical colleague looked at the barriers to doctors receiving the best possible medical care. These barriers were discussed from the point of view of both the treating doctor and the patient doctor.

In this article, and those that follow, helpful strategies to overcome some of these barriers will be outlined, with the goal of optimising the medical care of doctors. This article will consider strategies that can be used before the consultation begins.

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



Best practice principles would suggest that the patient doctor contact the treating doctor before seeing them for the first time to ask if they would be willing to take them on as a patient.

There are a number of benefits to this practice.

- It allows the treating doctor to 'triage' the need for timing of the appointment, eg. 'I would be delighted to see you, but I am fully booked today. Would tomorrow or later in the week suit, or is it something that needs attention today?' Using words of this nature demonstrates to the patient doctor a level of interest and commitment to dealing with their medical needs, while at the same time establishing some suitable boundaries about the timing of the consultation
- It allows the treating doctor to assess how long may be required for the consultation, eg. 'It is my normal practice to offer 30 minute appointments for all new patients. Will this be long enough for you?' This strategy establishes the concept of 'normalising' the medical care. The treating doctor is able to state early on in the relationship their intention to practise

in their normal manner. There is also an acknowledgment that the patient doctor may have complex medical issues which require more time than usual. Conversely, there is an opportunity for the patient doctor to say that their needs are relatively minor, and that they may not even need a 30 minute appointment. (It would then be up to the treating doctor to decide if they want to continue with their usual medical care and still recommend a 30 minute appointment so that a full medical history can be taken, or begin to 'collude' with the patient doctor by agreeing to 'less than normal care')

- It allows negotiation for the appointment time, eg. 'I know how hard it can be to get away from work for an appointment. Would it be easier for you to come at the start of the day, or at the end of the day, or do you have some time off during the week?' The treating doctor needs to consider their own needs in this conversation as well. Are they willing to see the patient doctor outside of their normal consulting hours to make it easier for them to get an appointment? This may not be a sustainable practice in the long run
- It allows for a discussion about where the patient doctor sits while waiting to be seen, eg. 'I know that some doctors find it embarrassing to sit in another doctor's waiting room. Are you happy to sit in the waiting room, or would you prefer to wait in our tea room?' An argument can be made that it is 'good' for a patient doctor to sit in the waiting room like all patients; this can also re-enforce their role as patient. It can also serve the function of educating other patients in the waiting room that doctors are human too with medical needs of their own. However, this needs to be weighed up against the need for privacy and confidentiality on the part of the patient

doctor. This may be of particular concern if the treating doctor's main area of practice is one of a more personal nature such as psychiatry or sexual health

- It allows the patient doctor an opportunity to assess willingness of the treating doctor to take on their care. Depending on the response from the treating doctor, this may help the patient doctor to feel more at ease about their decision to seek medical treatment
- It allows the treating doctor the opportunity to decline to see them as a patient, eg. 'I am honoured that you have asked me to be involved in your care, but I am not able to take you on as a patient (because my books are closed at present/I prefer not to treat colleagues/I am just about to go on 2 months leave)'. While this may be a difficult conversation to have, it is better to be up front and honest at the start rather than entering into a difficult and potentially unsatisfactory relationship
- If not raised by the treating doctor, making a call before the first consultation gives the patient doctor an opportunity to raise any concerns they may have about privacy or confidentiality, eg. 'I am a bit embarrassed about needing to come to see you, and I would hate for any of my patients to see me in your waiting room. Is there any way we can arrange things so that that would not happen?' This issue is likely to be a greater concern in smaller communities where there is less anonymity for doctors and less choice in available treating practitioners.

### Establishing boundaries within the practice

Once the treating doctor is aware that another doctor is going to consult them, consideration should be given to procedures within the practice to assist in ensuring the confidentiality of the patient doctor is maintained. Particular attention within practice procedure should be paid to the following issues:

- waiting area for the patient doctor – there should be discussion with practice staff about whether a patient doctor is offered an opportunity to sit somewhere other than the general waiting room. The emphasis needs to be on 'offering' the patient doctor a chance to

wait elsewhere, remembering that they may prefer to be in the waiting room, rather than being whisked off to the staff room where they may need to sit and make small talk with other practice staff

- payment – best practice is for the treating doctor to discuss payment options with the patient doctor during their consultation, rather than making a unilateral decision (which is often thought to be in the patient doctor's best interest) or leaving it to the receptionist, eg. 'I know that many doctors prefer to pay for their medical treatment so that they feel they are being treated like a normal patient. However, I also want you to know that I am very happy to bulk bill you for this appointment. What would you prefer?' Practice staff need to be aware that this discussion will probably take place during the consultation, and they should not assume that all doctors will automatically be bulk billed
- medical records – practice staff need to be reminded of their responsibilities with regard to the confidentiality of medical records. They may not be aware of how important confidentiality is to doctors when they are seeking medical care. It is the responsibility of the treating doctor to ensure that their staff adhere to these principles. This extends to reminding them of not discussing with anyone the fact that a particular medical practitioner attends their practice as a patient.

It may not always be possible to have a conversation between treating doctor and patient doctor before the first consultation. However, the issues discussed above can still be raised during the first consultation in planning for subsequent consultations. Practice staff can also be reminded of their responsibilities and obligations at this time.

The patient doctor needs to give thought to how they will identify themselves when they make an appointment or when they arrive for the consultation. Will they introduce themselves to the reception staff as Dr X, or just use their name? If the treating doctor does not know them, will they tell them that they are also a doctor?

Some doctors prefer not to identify as a doctor when receiving medical care in the hope that they will get more 'normal' treatment. However, this may cause some discomfort if the relationship

with the treating practitioner becomes longer term. The patient doctor must decide if and when they will identify themselves, and this tension may distract them from fully taking on the patient role. If they do choose to identify themselves as a doctor well into the therapeutic relationship, there may be a sense of betrayal or mistrust on the part of the treating doctor. They may wonder what else they have not been told.

### Summary

Paying attention to the details of planning for a consultation with another doctor is an important step in ensuring the best possible outcome for both parties. Practice staff need to be actively involved in this planning process.

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