Caring for ourselves - A study of Doctors' Health-seeking behaviour — Dr S Furman

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Curriculum vitae

Saville Furman graduated at UCT in 1973 and has been in active general practice for the last 17 years. He obtained his MFGP (SA) in 1977. He has a wide field of interest in Family Medicine, the main being the 'Doctor-Patient Relationship'. He is on the Executive Committee of the Council of the Academy of Family Practice/Primary Care and serves as the Chairman of the Research Committee. He is President of the SA Balint Society, part-time lecturer in the Departments of Community Medicine and Paediatrics (UCT) and is very active on the Editorial Board of *SA Family Practice*.

Summary

The GP, like any other mortal, is at risk for many diseases, often at a higher risk than the general population. Yet, how often do we go for 'check-ups'? Many of us tend to consult colleagues telephonically or when we have social contact. Doctoring doctors can be very anxiety-provoking which in turn can influence the doctor-patient relationship, often to the detriment of the patients' true health needs. A survey carried out amongst doctors of the South African Academy of Family Practice/Primary Care is presented and implications for the doctor-patient relationship are discussed.

S Afr Fam Pract 1992; 13: 92-7

KEYWORDS:
Physicians, Family; Attitude to Health; Sick Role.

Introduction

Responsibility for the diagnosis and care of people presenting to a family doctor is a heavy burden. The mixture of problems includes the great bulk which are not life-threatening and are probably self-limiting. Doctoring and especially family doctoring is a stressful way of life.

"The most fragmented health care occurs with doctors' families." (Prof Sparks, 1989 Boz Fehler Lecture). He believes that all GPs must have a GP for themselves and their families. We should not take care of our own families. We become bothered, off-hand and neglectful. He feels it is important to have a generalist who can help you to achieve some balance and perspective in your thinking and the care of your family. This GP must be given a direct mandate from you to treat members of your family as he/she would any other patient, using his/her same intuitive skills, procedures and opportunistic health promotion and charging you normal rates.

[1]Doctors are too aware of all the things that can go wrong in medicine to accept patienthood with trustful equanimity. One of the worst mistakes a doctor can make is to become his own patient. It has been said that he who treats himself has a fool for a patient and worse for a doctor.

Method

A questionnaire was sent out during the first quarter of 1990 to the entire mailing list of the Academy of Family Practice (± 1 200). The questionnaire was designed that it would not take up too much time and that it would be easy to computerise.

Results

A total of 548 replies were received. Of these 470 (85,8%) were males, 72 (13,1%) were females and 6 (1,1%) did not state their sex (Figure 1). The age distribution of all respondents can be seen (Figure 2). Of the males 75,1% were urban, 18,5% were rural and 6,4% did not state whether they were urban or rural. Of the females, 63,9% were urban, 15,3% were rural and 20,8% did not state whether they were urban or rural.

The survey revealed that of the respondents only 29,4% had their own GPs (Figure 3). (There was no difference between urban and rural doctors.) 4,4% of doctors *never*

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Questionnaire

Age: ..... Sex: F/M Marital Status: S/M/D/W

Number of Children: .....

Occupation:

GP in Private Practice: Urban/Rural

Dr in Hospital Practice: Urban/Rural

Other: State .....

Do you have your own GP? Yes/No

Does your family have a GP? Yes/No

Do you treat your own family? Always/Sometimes/Never

When did you last consult a GP? ..... years ..... months

When did you last consult a specialist? ..... years ..... months

Have you ever consulted a psychologist/psychiatrist for:

1. Yourself Yes/No
2. Your family Yes/No

When you treat another doctor:

Are you more likely to refer? Yes/No

Are you more likely to investigate? Yes/No

Do you think that doctors and their families get:

Same care as other patients

Better Care

Worse Care

treated their family, 71,5% *sometimes* and 22,6% *always* treated their own family. (Doctors who did not respond, 1,5%.)

The only statistical difference in the urban and the rural was that 1% of rural doctors never treated their families whereas 5,3% of urban doctors never treated their families; 32% of rural doctors always treated their families whereas 22,3% of urban doctors always treated their families. Thus between 90 and 94% of doctors sometimes or always treat their own family.

14,5% of all doctors had *never* consulted a GP while 6,3% of doctors had never consulted a specialist. Only 25,8% of all doctors had seen a GP within the last two

More than 90% of doctors treat their own families always, or mostly

years but 53% had seen a specialist in that time. 18% of doctors had not seen a specialist for more than five years; 40,7% had not seen a GP for over five years; 21% of doctors had consulted a psychologist or psychiatrist for themselves and 25,5% of all doctors for their families.

The survey revealed that 50% of doctors felt they were more likely to refer when treating another doctor and 52,6% were more likely to investigate another doctor. (The urban referral rate was 49,4% and the rural was 56%. Investigating was exactly the same for rural and urban.

When doctors were asked if they

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Figure 1

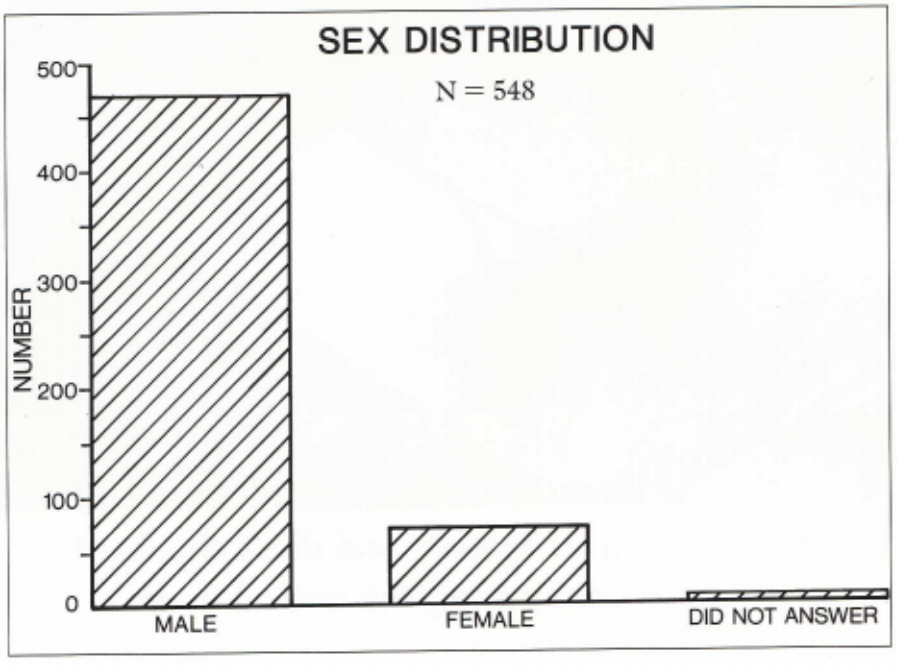
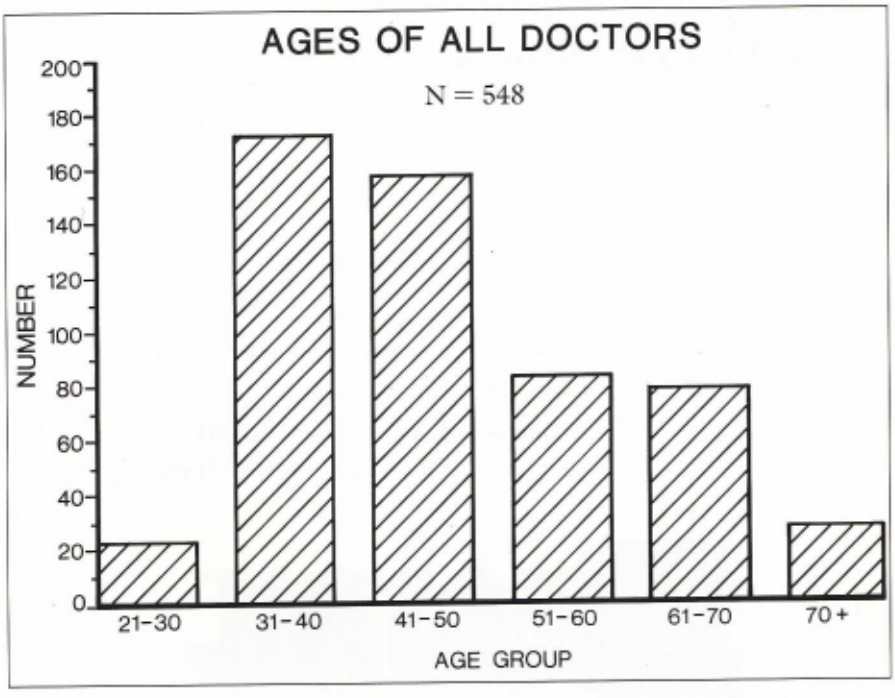


Figure 2



thought that doctors and families get the same care, better care or worse care than other patients, 34,2% felt it was the same, 34,3% felt it was better and 31,5% thought it was worse. The figures were much the same for urban and rural except for female rural, but here there were only eleven so the field was rather small.

Of interest were the remarks that the doctors added to the questionnaire and some, worth quoting are:-

"I find that when I go and see a doctor I never get examined. I have prostate problems and I have never had a rectal even though we discuss it." "Too much passing the buck." "Other doctors tend to be more cautious."

Doctors are usually abysmally poor patients

A lot of doctors felt that when treated by other doctors, better care, but when treated by themselves, worse care. One added: "Better care if you feel that more *intensive* care is better care."

"Worse care if not on medical aid with properly booked appointments."

A doctor who works in a hospital department said: "Certainly not the same care. When my child had meningitis I was able to queue jump and get priority treatment."

"I think doctors ignore their own illnesses and play down their family's illnesses."

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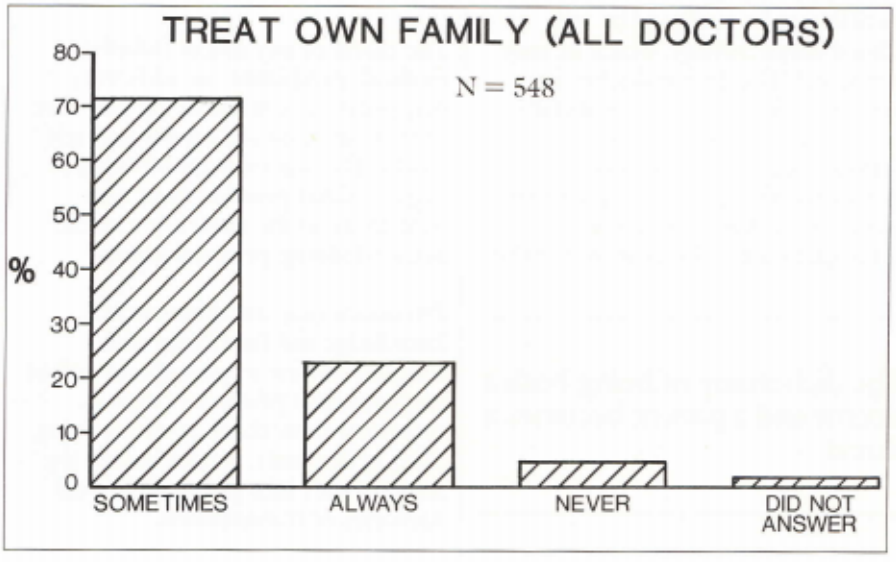
Figure 3



"We get better care if we are really sick but worse if relatively minor ailments."

Better care: when they *do* seek care.

It was also very interesting how doctors tended to justify if they had seen a psychologist or a psychiatrist. One added, "I recently lost my wife suddenly". Quite a few said, "I went through a divorce."

On the question of referral: "The doctor has probably exhausted the normal avenues already and may expect this."

Discussion

A recent study has revealed that the three major illnesses from which doctors are more likely to die than the general population are suicide, cirrhosis and accidents.[2] Numerous studies have also indicated that among professional persons, doctors (and dentists) in general have one of the highest rates for divorce, alcoholism and drug addiction.[3,4] Doctor's wives too have a very high incidence of drug and alcohol addiction and suicide. Numerous studies have also documented that doctors are as a rule abysmally poor patients.

Although 90% of doctors in one survey said that they recommend annual physical examinations for their patients, 70% acknowledged that they did not practice what they preached.[5]

In Johannesburg, Prof Sparks recently asked a similar question of a large group of GPs attending a monthly meeting. About 20% said they had had a full check up, only 2% had had a rectal examination or prostate check.

Another study of doctors with diagnosed malignancies determined that most had ignored such symptoms as bloody stools, recurrent cramping, abdominal pain, jaundice, dysphagia and haemoptysis for between three and fourteen months. Yet another showed that most doctors able to recognise the symptoms of myocardial infarction waited twice as long as laymen before seeking medical help – an average of twelve hours.[6]

A study of health and help-seeking behaviour of Israeli family physicians and their families revealed that 67% did not have a regular family physician for themselves. 72% of the respondents said that they often use non-conventional forms of medical consultation (that is, an informal medical consultation with a colleague, using laboratory tests without seeing a doctor, or by self-treatment). 60% of the respondents answered that they do not comply with medical advice in the manner that they expect their patients to. 12% answered that their own families were getting better treatment than their patients, 31% that they were receiving worse medical treatment and 57% said there was no difference.[6]

At a Balint meeting in Cape Town, the group were asked why they thought doctors were reluctant to see other doctors for themselves and these were the replies:-

* *Denial:*
"It's nothing serious." "It can't happen to me."

* *Don't Trust:*
"I know more than them."

* *"Fear of being seen as neurotic":*

* *"Too Busy":*

* *"Affects the doctor/doctor relationship:*
(You may be seen by colleagues as being vulnerable.")

* *"Fear of loss of control of self":*
"I like to be in charge of myself." "I don't like to hand over to somebody else."

* *"They expect you to know it all":*

* *It's hard for a care-giver to unload":*

It has even been suggested than an unwholesome fear of death lies beneath the doctor's desire to be a doctor.[7] *Denial, avoidance, resistance,* and *hostility* are feelings common to both patient and doctor when a physician is called upon to treat an emotionally or even physically ill colleague. That is why the directions to such doctors abound with phrases like "Why don't you try", "Get yourself some" or "Just tee up a barium enema for yourself". Explicit instruction, the lifting of the burden or the planning of a programme of rehabilitation are often left unspoken

The ill doctor attempts to deny, or cover up

in the mistaken belief that the doctor can stand outside himself, properly interpret the remonstrances of his body and even pacify the turbulence of his mind.

The doctor-patient's account of his symptoms may be coloured by his well-informed apprehensions;[8] he may conceal important facts from embarrassment or by wrongly deciding himself on their relevance, especially where alcohol or drug consumption is concerned; the picture may be confused by self-administered therapy, which he may not reveal. The doctor-doctor, in turn, may falter because of his own embarrassment or a fear of patronising; or he may miss out important physical examinations to avoid discomfort or offence. Investigation may be omitted for the same reasons, or unnecessary ones may be requested to demonstrate that nothing is to be overlooked. Once the diagnosis is reached it may not be adequately discussed if the doctor assumes his professional patient to be better informed than is the case.

The dichotomy of being both a doctor and a patient becomes a threat

Physicians may be realistically concerned about how disclosure of their difficulties will affect them economically, namely, in continued referrals from their colleagues and the allegiance of their patients. Physicians often fear that revelation of a physical or emotional illness will ruin them professionally and financially.

The ill physician, therefore, may attempt to deny and cover up, both to himself and others, the presence of a potentially stigmatising illness.

Moreover, the ill physician may fear being viewed as a weak, hypochondriacal complainer if he reveals his concerns to a colleague, even if it is under strictly professional circumstances.

The threat of any illness (whether medical, psychiatric, or addictive) may potentially strike at the very core of their sense of self-esteem and self-worth. The fear of jeopardising this highly valued position must also contribute to the tendency to avoid acknowledging personal illness.[9]

Physicians may use their medical knowledge and familiarity with hospital routine to gain special, often inappropriate privileges (such as reviewing their chart or even writing in it on demand), or manipulate the nursing staff into giving additional narcotics or tranquillisers.

Professional role confusion leads to awkwardness, anxiety, and even withdrawal from and avoidance of the doctor-patient and the dilemma he may represent.

We, as physicians, are the healers. We dispense treatment, counsel and support; and we represent strength. The dichotomy of being both a doctor and a patient threatens the integrity of the club. To this fraternity of healers, becoming ill is tantamount to treachery. Furthermore, the sick physician makes us uncomfortable. He reminds us of our own vulnerability and mortality, and this is frightening for those who deal with disease everyday while arming ourselves with an

The ill doctor feels guilty about bothering his colleague

imagined cloak of immunity against personal illness.

Sensitive personal questions may be avoided; potentially painful or embarrassing, but necessary, diagnostic procedures may be delayed; and decisions regarding follow-up and even treatment may not be scheduled and may be left entirely up to the physician-patient. Detailed instructions are often not given with the assumption that the doctor-patient knows all the information, or that it would demean him to give simple instructions as with other patients. Also many physicians are ambivalent with regard to accepting another doctor as a patient, may view their responsibility as a psychological burden, and may have anxiety in having their own competence scrutinised by an overly knowledgeable patient-colleague. The problem may be compounded if the ill colleague is more senior, superior, or prominent in his professional status, causing the treating physician to feel somewhat insecure, threatened, or even intimidated.

Professional courtesy may interfere with the doctor-patient from receiving optimal care. Receiving free care may instil a sense of obligation to the physician providing the care, thus making it more difficult to change doctors if dissatisfaction arises or second opinions are desired. The ill doctor may feel guilty about 'bothering' the treating physician because the care is being provided almost as a favour. This situation may lead to unnecessary delays in seeking appropriate medical attention both for the physician and for the physician's family.[9]

Conclusion

There are thus many factors that play a role in the dynamics of the health-seeking behaviour of 'sick' doctors. Perhaps we should heed the words of Samuel Freedman[10] who said: "When confronted by the panicking possibility of an illness, try to restrain the urge to fantasise on all the dire diseases the lurk in the corners of our imaginations. Turn the problem over to someone else who, by definition, is better able to attack it properly. Physician, don't heal thyself!"

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