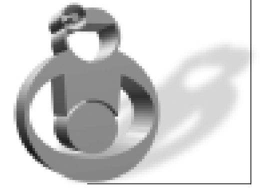
When the patient is a doctor:

becoming an effective physician's physician



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A previous "Physician Health" column emphasized the need for physicians and their families to have their own family doctor, and to use that resource appropriately ("Doctor, who is your personal physician?" November '97 OMR). Recently, after a presentation to a group of physicians about physician health and impairment, a doctor in the audience approached me with a concern in this regard. Doctors, she suggested, require a service designed specifically for them which would "make it easier to access medical care of all kinds." This puzzled me. What was wrong with using the health-care system we already have in place?

Perhaps part of the problem is that physicians may be just as uncomfortable in the role of health-care provider to a colleague (i.e. physician's physician) as in the role of patient. As well, the dynamics of the doctor-patient relationship present challenges for both the physician-patient and the treating physician. Many of these challenges can, however, be overcome if both the treating physician and the physician-patient adhere to the protocols which govern the traditional doctor-patient relationship.

Dynamics of the physician-as-patient relationship

Confidentiality and professional boundary issues may arise in relationships between physician-patients and their treating physicians (although the challenges may be greatest in smaller centres where there are fewer physicians — some of whom may be close friends or business associates).

For example, a physician-patient may find it difficult to share intimate personal and health details with a colleague later encountered on the wards, in committee meetings or at social events, while the treating physician may find it awkward providing medical care to someone he or she considers a friend and colleague, a consultant, or a perhaps a source of patient referrals.

It can also be daunting within the context of the traditional doctor-patient relationship to treat a patient with medical knowledge and experience similar to one's own. Will the physician-patient agree with our diagnoses and recommendations? Will he or she comply with our prescriptions? Should we be more, or less, thorough in our explanations — assuming that physician-patients can fill in any information gaps?

The treating physician may also find it necessary to discuss the details of a physician-patient's case with a colleague in order to obtain a professional opinion on a medical issue. It is important to exercise discretion when discussing a physician-patient's case — as you would any other case — with medical colleagues.

Matters can be further complicated when the treating physician also provides care for a colleague's family. In some cases, opportunities may arise to discuss the care of a physician-patient's family member (say a spouse or teenage son or daughter) with the physician-patient in an environment outside the consulting room and apart from the family member. Physicians are reminded that it is not only inappropriate, but inadvisable, to discuss medical details concerning a physician-patient's family members without the family member's consent and involvement.

How to be an effective health-care provider to physician-patients

Adhering to the protocols established for the traditional doctor-patient relationship will help guide the treating physician and physician-patient through many of the challenges pre-

sented above.

First, treating physicians must take some time to get to know their physician-patients as they would any other. Conduct a thorough patient history — and do not hesitate to inquire about lifestyle habits. For example, ask your patient if he or she exercises regularly (even if you don't) or smokes (even if you do).

Also, don't assume that your medically skilled patients will offer all relevant information without asking. They probably won't, or may even mislead you by editing their history as a result of denial or fear.

Encourage your physician-patients to bring all their medical concerns to you. Physicians really do tend to deny their own symptoms, or manage them on their own because they are too embarrassed to tell their doctor about their concerns.

Be confident in your abilities and conduct testing as you would with any patient. Book periodic health exams as indicated for the physician-patient and his or her family members. There is no need to second-guess yourself. You are the doctor, as your patient needs you to be.

Follow up cases in the usual manner. It's not a good idea to assume that your medically qualified patients will follow their own progress, as they would with their own patients.

Resist "corridor consultations." This is usually sub-standard care, as you are hurried and without access to your medical records. Your physician-patient may view the corridor consult as an opportunity to practice self-treatment using you as a surrogate. This is not a good idea.

Third-party billing procedures should be maintained with your physician-patient as as with all patients. Granting the physician-patient preferred status within your practice by offering complimentary services can undermine the doctor-patient relationship.

Finally, consider how you may identify with your physician-patient. He or she may be a lot like you. Recognize your own emotional responses to your physician-patient's problems as normal and healthy, and use them to better understand and treat your patient.

Your efforts to provide an environment in which colleagues can feel like "real" patients will encourage them to utilize the medical care system when necessary.

Comments regarding the provision of medical services to doctors and their families can be brought to the attention of the OMA Physician Health Program at 1-800-851-6606, (416) 340-2972, or e-mail: michael_kaufmann@oma.org OMR

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