The sick doctor, a patient like any other?
Qualitative study amongt 33 french doctors

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Method

- 2010 semi-directed interviews
  2 researchers
- 13 by one researcher with practicing general practitioners (GP) between the ages of 26 and 58 (average 47 years, 6 men and 7 women) “**who have had a personal contact with disease**”
- 20 by another researcher with medical or surgical specialists and GPs “**who have been treating others doctors**”: 4 GPs and 16 specialists
  12 men and 8 women among whom were 15 doctors working in a hospital setting and 5 in an urban setting
- Average duration of interviews : 36 minutes
  recorded, transcribed, anonymized and coded (data triangulation) by the 2 researchers and their research director
- Interviews were stopped at data saturation

Results : Sick Doctors (1)

- 10 neglected their symptoms
- All consulted a specialist
- 6 consulted a friend
- Criteria : competence for 8
- feelings : shame, humiliation, embarrassment.
- 10 did not hide their status, 3 hide it

"To be sick when one is a doctor is unthinkable, the sick one is usually on the other side of the desk "

"*I do not have a long enough stethoscope to auscultate my own back"*

Certainty makes you very powerful and the disease teaches you that you are like others, and that is a good thing"

He gave me 36000 explanations, I strictly understood nothing"

I returned to work with the cast still on

Finding a locum before : *"An emergency almost more urgent than getting diagnosed and treated"*

"I dropped my ideologies".

Results : Sick Doctors (2)

- Advantages :
  favoritism
  greater understanding (disease, consequences, treatment)
  autonomy with possible self-prescribing
  facilitated access to care
- Disadvantages :
  lack of objectivity toward one's own symptoms (n=5),
  immediate comprehension (n=4)
  tendency to dramatize the clinical signs (n=3)
  delay of consultation (n=3)
  distress related to medical knowledge (n=3)

Results : Doctor's Doctors (1)

- Same duration (n=11)
- Identical information (n=10)
- Identical fear (n=7) : *"they have the same symptoms, the same diseases, the same anxieties"*
- Adapted behavior (n=13) to the patient
- Same way of consultation (n=6)

BEHAVIOR

- Importance of human support (n=6)
- Need of technical expertise (n=3)
- Keep complete control during the whole process (n=3)
- correct follow-up (n=9)
- More flexible schedules of consultations forcolleagues (n=4)
- Receive more quickly (n=4)
- Give their cellular phone number (n=3), internet (n=2)

Results : Doctor's Doctors (2)

- The patient was practicing or not (n=9), clinician or not (n=6), general practitioner or specialist (n=3)
- Own specialty (n=5) : *"It was difficult for me to examine him. I did not stop telling myself that he knew more than I did , that he had already examined himself because he knew what to look for and how"*
- 6 insisted on the necessity of receiving the patients in their offices and not in a corridor
  4 recommended doing a systematic clinical examination

Results : specificities of care

- Sharing knowledge modified diagnoses announcement (n=12)
- Impossibility of lying (n=3)
- Negligence of the symptoms (n=10)
- Proliferation of self-prescribed exams (n=6)
- Easier understanding of the symptoms (n=9)
- Place of medical vocabulary and technical terms (n=7)
- Doctors had more questions about their treatment (n=5)
- Doctors began treatment faster (n=6)
- Difficulties due to socio-professional impacts of the disease (n=4) and refusal of sick leave (n=2)
- DD have a higher availability (n=7)
- DDs payed more attention to logistical aspects (n=3)

Results : specificities of relation (1)

- **from the point of view of the patient:**
  difficulty for a doctor to trust another doctor (n=6)
  difficulty to recognize him as a DD (n=4)
  difficulty to lose doctor's power (n=5)
- **expectations of SDs** : clearness of delivered information (n=11)
  quality of care (n=8)
  greater availability (n=7)
  need for decision making (n=5)
  need to be treated like any other patient (n=5)
  need to be an actor of one's own disease (n=3)
  need for reinsurance (n=3)

Results : specificities of relation (2)

- **from the point of view of DD:**
  feeling of having particular obligations (n=6)
  multiple projections (n=9)
  feeling of proximity, even of affection (n=6)
  impression of having a particular look on the other (n=4)
- importance of forgetting that one is treating a doctor (n=4)
  particular relationship (n=3)
  fragility of the doctor facing the other (n=3)
  importance of shared knowledge (n=3)
- *“He expects to get a particular glance, I can understand this and I offer that easily to him”*

Difficulties encountered by DDs

- Distance (n=10)
- Fear of the other's judgment and fear of mistakes (n=8)
- Identification (n=7) to the other *"I am the other since the other is like me"*
- Emotional bounding and risk of complicity (n=6), refusal (n=3), interference (n=2)
- Traps to be avoided : self-prescription, misunderstanding of doctors' difficulties to delegate (n=6), need to use a different way of handling the consultation (n=10))
- All DDs based their arguments on the need not to mess things up if themselves were sick
- 9 DDs considered necessary not to hide their profession, while 4 thought the opposite

Which necessities and ressources ?

- Experience : half of the participants
- To be aware of one's own limits
  To authorize oneself to delegate (n=4)
  To clearly establish from the beginning the relationship and to clearly define the respective status (n=8)
- Regular supervision (n=7)
  Mutual aid by colleagues (n=4)
  Work in a team or in networks of care (n=7)
  Take part in regular staff or debriefings (n=7)

Reflects (1)

- 1) Position : **familiarity and reciprocal identification**
- 2) Past and future : **nostalgia** of the SD not being the doctor
  fear of the DD of being one day in the position of the doctor he is treating
- 3) **accelerated process**: immediacy of the link to the disease shortened clinical examination, absence of interaction for the SD, also impacts the DD who can hardly sugar-coat the illness to his knowledgeable patient
- 4) **temptations to hide or to forget information**:
  "telling or not telling" that he is a doctor to his DD
  "acting as if he were not, while remembering that he is" for the DD
  Patient's temptation to refuse the symptoms for the SD
  attitude of not taking into account the patient's profession (for DD)

Reflects (2)

- 5**) SD's tensions**
  freedom (self-prescription, easier and targeted access), fidelity to the role of doctor
  constraints of 1) his work conditions (private practice), 2) his own patients (thinking of others, overcoming), 3) his friends and family, 4) his DD and 5) himself
- **6) DD's tensions :** to be attentive he is treating a SD and to treat him like any other patient
  7) **reciprocal judgment**
  8) **delicate nature of interaction and relationship**
  - patient's need for letting go without giving up and being implicated
  - DD's acceptation to lead the treatment without neutralizing his patient

Main findings

- The sick doctor (SD) is a **knowledgeable patient**
  SD is a **mirror** for the doctor's doctor (DD) who treats him as he would like to be treated
- **Emotional aspects** and professionalism.
  Distance and **proximity**.
  Not to do **more** than for others, but **not** to do **less** either
  Not to let the patient carry his disease but implicating him
- **<u>3 traps :</u>**
  - not to establish a **formal framework** of consultation with physical examination and medical discussion
  - **thinking it is only an individual prob**lem
  - believing that things will sort themselves out without a **real mobilization**

Further research

- What are the **specific constraints**?
- How to **position** oneself as a Doctor's Doctor
- What place for
  GPs as DDs ?
  dedicated structures ?
  attending physician ?
  self-prescription ?
  preventive medicine?
- General questions :
  - What does it mean **to be ill** ?
  - How **to care for the other** ?
    how to **integrate what patients know, want, fear** ?
  - How should one treat **someone who is close** ?

Conclusions and recommandations

- 1) the **sick doctor is a patient above all**
- 2) **looking after a sick doctor is looking after a patient**
- 3) **patient and doctor are partners** for an optimal care
- 4) **motivation to look after sick doctors needs personal and institutional investment** : reflexion about methods tools and procedures: attending physicians, preventive medicine, establishing correct and negotiated self-prescription, specialized structures, insurance and prevention mechanisms...
- 5) **sensitize doctors to the fragility they share with all human beings**