



FOR PHYSICIANS WHO TREAT OTHER PHYSICIANS



« SO IF A COLLEAGUE ASKS YOU TO BECOME HIS OR HER TREATING PHYSICIAN, YOU CAN FEEL HONOURED BY HIS OR HER CONFIDENCE IN YOU, AND REST ASSURED, PHYSICIANS ARE USUALLY NOT DIFFICULT PATIENTS! »

A PHYSICIAN IS LIKE ANY OTHER PATIENT EXCEPT...

TAKING ON A PHYSICIAN AS A PATIENT MAY, AT FIRST, APPEAR TO BE AN INTIMIDATING PROSPECT. HOWEVER, BESIDES BEING REWARDING AND HELPING TO IMPROVE THE HEALTH OF THE MEDICAL COMMUNITY, CARING FOR A PHYSICIAN IS GENERALLY EASIER THAN YOU MAY THINK.

In fact, no matter their area of practice, physicians are familiar with pathology and the clinical approach, which makes discussions easier and helps ensure that they stay focused on the subject at hand.

Physicians are generally proactive and motivated to follow recommendations and are all too familiar with the limits of medicine and the health care system.

As they are well aware of your workload, they will be grateful for the time you devote to them.

So if a colleague asks you to become his or her treating physician, you can feel honoured by his or her confidence in you, and rest assured, physicians are usually not difficult patients!

BEFORE SAYING YES : A FEW QUESTIONS TO ASK YOURSELF

DO YOU KNOW THIS PHYSICIAN PERSONALLY? IS SHE OR HE A CLOSE COLLEAGUE, A CONSULTANT, A FORMER CLASSMATE, A PHYSICIAN YOU SEE IN A SOCIAL CONTEXT, A RESIDENT YOU SUPERVISE, OR A FORMER STUDENT?

You must then determine whether there is enough distance between you for both of you to feel comfortable.

It may not be a good idea to care for a close colleague, or a physician with whom there is a relationship of authority or a potential conflict of interest; for example, a supervisor, a division or department head, or another doctor from your own clinic, especially if one day you had to consider recommending to take time off from work (and one can never predict if or when that could happen).

If the doctor is someone you are acquainted with, but with whom you think you have enough distance, it's a good idea to decide together on the new "contract" you are establishing—the doctor-patient relationship, and all that it implies. If you are uneasy about dealing with some subjects, such as sexuality, or if you feel discomfort for whatever reason, it might be a better option to refer the physician to another colleague.

Above all, the physician needs to be treated with empathy and not feel embarrassed about consulting... no matter what the health issue.

YOU'VE AGREED TO CARE FOR ANOTHER PHYSICIAN: SOME ADVICE TO GET STARTED ON THE RIGHT FOOT

AS YOU DO WITH YOUR OTHER PATIENTS, SET UP A FORMAL APPOINTMENT WITH THE PHYSICIAN IN THE APPROPRIATE SETTING (I.E., IN YOUR OFFICE AND NOT IN THE HALLWAY).

Choose a time of day when you will have enough time; that way, your patient will be less likely to hold back so as not to make you late for your next appointment.

PRESENTING PROBLEM

Ask the physician what brought him or her to consult you at this time.

Research indicates that physicians rarely consult for preventive reasons; their tendency is to delay or not to consult until a new or concerning symptom appears. The reasons for their resistance are numerous and complex. Lack of time, fear of bothering someone for a minor problem or, on the other hand, being worried about a serious illness, are frequently given as reasons. But above and beyond these factors, the main reason is the discomfort they may feel in the role of the patient, which is reinforced by a medical culture that continues to project the image of the tireless physician who is invulnerable to disease.

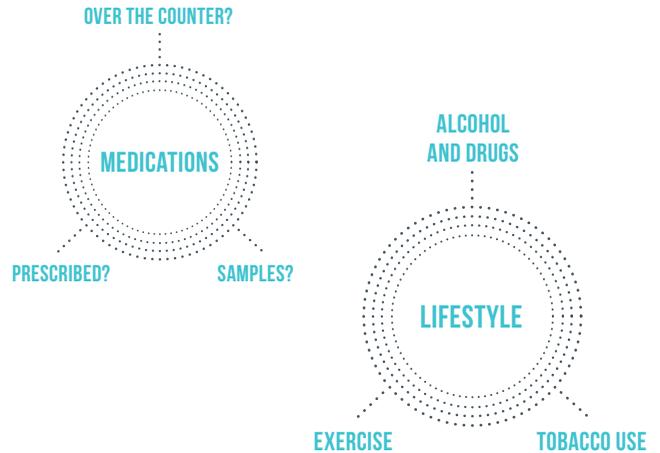
Yet, at some point, we all become patients...

PERSONAL AND FAMILY HISTORY

PERSONAL AND FAMILIAL SITUATION (SPOUSE, CHILDREN, SEXUAL ORIENTATION, ETC.)

Never presume that all is well or that "everything is perfect." Just like anyone else, physicians have family, professional or financial difficulties, and may feel uneasy about confiding in a colleague, especially at the first appointment.

« DISCUSS HOW YOU COMMUNICATE RESULTS AND RETURN CALLS, AS YOU DO WITH YOUR OTHER PATIENTS. »



For several decades, physicians have been less likely to smoke than the general population, which may explain their longer lifespans. However, research indicates that they have the comparable levels of alcohol abuse. Physicians are less likely to use illicit drugs, but misuse or abuse prescription drugs (especially benzodiazepines and opiates) more often.

REVIEW OF SYSTEMS

Physicians work in a demanding profession and it's important to take the occupational risks into account. Heavy workloads, long hours or unpredictable schedules combined with a high level of responsibility can lead to fatigue and burnout. The literature shows that physicians are particularly vulnerable to stress and mental health problems.

Therefore, in your review of systems, take into account your patient's individual risk factors (hypertension, diabetes, etc.), and be particularly attentive to stress factors, both personal (separation, disease or death of a loved one, financial problems) and professional (work overload or conflicts, professional setbacks, such as a complaint or legal proceedings, or a recent change in professional activities, etc.).

PHYSICAL EXAM

If you feel uneasy about performing a complete examination, just remember the established protocols and follow them, as you would do with any other patient (STI screening for physicians at risk, rectal examinations when indicated, and for older physicians, consider the possibility of cognitive disorders, etc.).

DIAGNOSTIC OPINION

Even if the diagnosis appears obvious, be thorough and systematic when you provide your opinion and your investigation and treatment plan; physicians appreciate detailed explanations, just like other patients. If you are uncertain about the diagnosis or less familiar with the type of illness your physician-patient presents with, remember that physicians understand that uncertainty comes with the job.

The announcement of a more serious diagnosis, such as cancer, may lead to feelings of vulnerability and anxiety in physician-patients, in the same way as other patients, and perhaps even more so, because of their medical background. *Remember that physicians have the right to be patients.*

TREATMENT

Here, you can adopt a collaborative approach, especially for more frequent problems that the physician consulting you is familiar with. For example, if your patient prefers one drug over another to treat high blood pressure, you can be flexible as long as you remain true to your convictions.

FOLLOW-UP

Recommend the same follow-up as you would for your other patients.

TRAPS TO AVOID

- ⋮ Because your patient is a colleague, and in order to break the ice, it may be tempting to “shoot the breeze,” especially at the beginning of the interview. Avoid getting side-tracked or talking about yourself: keep the focus on the patient!
- ⋮ As sometimes occurs with other patients, you may find that a physician makes requests that you find unwarranted (such as insisting on seeing you when it isn’t convenient, interfering with the content of the medical record, asking for around-the-clock availability or for your personal telephone number). If these requests persist despite your refusals, you might have to ask yourself if you are the right physician for this patient. If that is the case, don’t hesitate to refer the physician to another colleague who could perhaps maintain healthier boundaries.

Remember that you are always free to accept or to refuse to care for a fellow physician.



« WRITE UP YOUR PRESCRIPTIONS AND MAKE YOUR RECOMMENDATIONS AS YOU DO WITH YOUR OTHER PATIENTS, WITHOUT NEGLECTING NON-PHARMACOLOGICAL APPROACHES AND LIFESTYLE ADVICE. »

TAKE THE TIME TO DISCUSS YOUR MUTUAL EXPECTATIONS AND THE FRAMEWORK THAT YOU WISH TO ESTABLISH WITH THE PHYSICIAN CONSULTING YOU.

- 01** By prescribing all blood tests, exams, prescriptions and referrals, you leave no doubt about your role and you will avoid the pitfalls associated with self-diagnosis and self-treatment.
- 02** Referrals to specialists: It's probably a better idea for you to take care of these yourself. Yet, sometimes physicians will consult a colleague on their own for a minor problem or for an emergency. If this does occur, ask for a copy of that consultation and any laboratory tests related to it.
- 03** Give the physician the possibility of consulting in another region if she/he so wishes, especially in cases of more personal health problems that could cause the physician to be uneasy about running into a colleague or a patient.
- 04** Discuss how you communicate results and return calls, as you do with your other patients.
- 05** Discuss also how your physician patient should contact you if need be. Are you comfortable with giving your personal email, or if the physician calls you directly, would you prefer that he or she leave a message with your secretary? Can he or she contact you when you are out of the office, at another worksite (such as the hospital), or would you prefer that the physician leave a message at your office?
- 06** For appointments, the physician may wish to see you very early in the morning or at the end of the workday. Sometimes, physicians expect preferential treatment and it is entirely legitimate to show professional courtesy and to want to accommodate a colleague, as long as you respect your own limits.
- 07** In general, physicians don't want to be a bother, so if a physician asks for an emergency appointment, it is highly possible that it is for a good reason and it would therefore be wise to see the person quickly.
- 08** Be aware that, as physicians, we tend to identify with the colleagues under our care. As your patient is a physician like you, you may be inclined to put yourself in her or his shoes and thus hesitate to prescribe uncomfortable examinations, to make certain diagnoses or to recommend to take time off from work. Trust yourself and your own judgment.

Don't be surprised if there are concerns about confidentiality—this is a frequent issue, especially if the physician is well known in the community. Discuss the subject openly and reassure your patient.

WHEN TIME OFF IS WARRANTED

EXPECT RESISTANCE!

Physicians find sick leave very difficult to accept. They generally have a great deal of difficulty slowing down or taking some time off, and their feelings of self-worth may be compromised. Above all, they will be extremely concerned by the impact of their absence on their patients and fellow physicians.

To help the physician better accept the situation, provide your reasons for recommending taking time off, and express your concerns about the risks of continuing to soldier on (such as the risk of committing errors or being exposed to complaints).

An important fact to have in mind is that many physicians either do not have disability insurance, or may have « exclusions » for certain illnesses. In many cases, many months can go by before benefits kick in. Openly discuss these issues with your physician-patient, because they may explain or partially explain any reticence.

In some cases, it's not necessary for the physician to cease all professional activities. It is then a question of considering the various activities the physician does instead of assessing working hours only. Discuss with your physician-patient whether it is possible to maintain some tasks and to temporarily halt the most demanding ones.

If the leave or absence is caused by a mental health illness, a psychiatric consultation could facilitate any issues around insurance coverage.

You can also contact your provincial Physician Health Program (ex. QPHP) and talk to a physician-advisor who will be able to guide you with your case, in complete confidentiality.

If you are thinking about a progressive return to work for your physician-patient, be specific about the progression of activities.

A word of caution! Physicians often want to return to work too early!

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By adding physicians to your patient list, you contribute to the health of your colleagues and to the vitality of your medical community.

And if you have not yet done so, start looking for your own physician right away!

REMEMBER THAT, ABOVE ALL, YOUR PATIENT SHOULD FEEL COMFORTABLE ABOUT DISCUSSING ALL ASPECTS OF HIS OR HER HEALTH AND REASSURED ABOUT THE CONFIDENTIALITY OF THE CONSULTATION.

QPHP : 514 397-0888 or 1 800 387-4166
www.pamq.org

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