Chapter 151
Who will Care for the Doctor’s Health?

Surendra Daga

INTRODUCTION
Doctors look after their patients’ health but who will look after the health of the doctor? Many studies show that when doctors experience ill health they disregard the advice they give to their patients in identical situations.1

Doctors are special patients because they have access to drugs along with the knowledge and skill for treating themselves, but being special does not necessarily lead to better care. In fact, doctors appear to be reluctant patients who look after their health in a haphazard way through curbside consultation, self-medication and self-referral to specialist services and often inappropriately.2

Little is known and documented about how and where doctors receive their health care. Authorities around the world (including Canada,3 UK,4 USA,5 Australia6 and Ireland) have initiated measures in their jurisdictions aimed at optimizing the health care of their own physicians.

DOCTORS’ PHYSICAL HEALTH
Many surveys clearly show that mortality is very low among doctors in comparison to general population. However, it is also true that doctors are at higher risk of certain physical and psychological problems.7 Illnesses experienced by doctors include all expected categories of illnesses expected for the population at large, i.e. cardiovascular disease, respiratory illness, musculoskeletal problems, cancer and psychiatric illness. Yet, it is well-known that doctors are often reluctant to seek medical advice. In one survey, 26% of doctors with a medical problem reported feeling inhibited consulting another doctor.8

A little is known about the disease burden of medical community in India and Indo-Asian countries where practicing doctor population is to the tune of about 25 lacs.

PROBLEM RELATED TO THE DOCTORS HEALTH
There is an attitude among the doctor community not to expect themselves or their colleagues to be sick. Hence, they face the associated complexities of self-diagnosis, self-referral and self-treatment. This may have repercussions for both their own health and due to complications for the quality of care deliver to their patients.

The peer reviewed English language empirical studies published between 1990–2009 from PubMed, PsycInfo, EBSCO, Medline, Biomed central and science direct searched and about 27 studies were identified for self-treatment and self-medication by both the physician and medical student. The analysis of studies revealed that more than 50% physicians believed it was appropriate to self-treat both acute and chronic conditions and this culture are strongly embedded in the physician. This behavior of complex, self-directed care could be regarded as an occupational hazard for the medical profession.

An interesting thought process exists among doctors that the colleague examining him during his illness will not give proper attention to him. In a survey, the following questionnaires were asked to a group of 225 General Practitioners (GP).

• Whether the doctor with whom they are registered is a close friend, relative, co-practitioner or none of these
• How often he had consulted the GP in the last 1 year?
• Details of prescription taken in the last 5 years
• Details of referral to a specialist
• Details of investigation performed in the last 5 years
• It they had been examined by the colleague during every visit of the doctors?

The result of the survey shows that only 39% were registered with GP who was independent of them, rest all were wishing either to be treated by friend, practice partner or spouse. The average rate of UK population is 4 times per year whereas the study shows that mean consultation with GP is 0.4 times per year. The majority of them were of opinion that they have not been examined thoroughly.8

Many doctors perform below their capacity after the age of 60 years because of illness and not treating themselves regularly as per health protocol.

DOCTOR HEALTH MAINTENANCE BEHAVIOR
There are very little in literature about the maintenance of health chart in relation to regular health check-ups and risk-factor evaluation for chronic noncommunicable diseases and in case of female doctors, for mammography and pap smear test.

Self-report questionnaire survey data shows that very few doctors are adequately vaccinated for tetanus and hepatitis B, despite the recommendation for vaccination against hepatitis B due to their occupational risks. Vaccination rate ranged from 49–87%, however, in another survey which included dentists and pathologists, laboratory supervisors found that their group achieved close to 100% Hepatitis B vaccination coverage.9

Lots of studies show that physicians are better at checking their cardiovascular health status. The prevalence of lifestyle diseases, i.e. diabetes mellitus, hypertension, cardiovascular disease, cancers, psychological illness and musculoskeletal disorders are significantly higher in young Indian doctors.10 The interesting phenomena is that in spite of very high awareness of lifestyle diseases among young doctors, there is hardly an effort to check the risk-factors to prevent these diseases.11
PSYCHOLOGICAL DISEASE

Practice of medicine is potentially bad for doctor’s health. He suffers increased rate of somatic and social dysfunction and higher levels of fatigue than the general population. The stress of work, lack of relaxation time, long and irregular hours of work, professional isolation, complex patients, team conflicts, intensive contact with very ill patients, lack of autonomy, increased eroticism and high positive expectations from public, role conflict between work and family and imbalance between work and family time are some of the contributory features which result in increased rate of minor and major psychiatric illness.

Subjective experience of being ill is not taught or discussed in medical teaching. The doctors may experience high level of shame associated with being ill, perhaps more than the general population. This is likely to worse when the problems are psychological in nature and considered as a stigma.

CANCER SCREENING

A variable proportion (ranging from 47–81%) of women doctors of the appropriate age reported having a mammogram within the past 2–5 years, in an Australian study, in comparison to the general population of the same group, where about 74% women had gone under screening mammogram. An interesting survey in Ireland found that over 30% of women doctors had never undergone a pap test whereas one Australian study data showed that 11% of women in general population have never had a pap test.

NEED OF THE DAY

It is accepted wisdom that doctors should have their own GP. The only question that remains is whether the doctor will allow his GP to operate independently. By having an independent GP we can ensure better documentation and delivery of evidence based preventive care and opportunities for health promotion advices. It has been noticed in a survey that having a GP facility is difficult for the doctor.

There is a need to incorporate physical health of the doctor into a debate. The associations of doctors should find out a way to inculcate a screening method and preventive health policies among the members.

There should be a roster of on call GP in a given area for emergency management of working doctors in that area.

CONCLUSION

Practicing physicians involved in clinical care are an important segment of public health care. The importance of a physician’s well-being was best articulated by prominent Greek physician Galen who said that a physician will hardly be careful of the health of his patient if he neglects his own. It was also documented that a physician explaining one’s own healthy practices could be more effective in motivating the patients to follow similar practices.

When talking about doctors’ health there is a tendency to focus on ill health and impairment. This focus is like shutting the gate after the horse has bolted. As a profession we need to place more importance on health and wellbeing and sustaining a rewarding career in medicine. A culture which discourages inappropriate health care behavior and places value on the practices that maintain health and enjoyment in work must, in the end, be better for patients as well as doctors and their families. This will require a little soul searching.

I would like to conclude by suggesting that an organization like Indian Medical Association, Association of Physicians of India and other professional associations should take lead in performing a survey of their members and should come out with guidelines in this respect.

In 1978, The American Medical Association held a conference on impaired physicians, after which, the medical associations of many states and other countries their own “impaired physicians” program.

REFERENCES