NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

# MDlink Literature Review

**April 22, 2013**

## 1. Background: Literature Review

### A) Summary and Introduction

This literature review explores relevant literature surrounding the treatment of physician-patients. Specifically, it reviews issues related to physicians acting as family doctors for themselves and/or their families; physicians treating physicians; and, potential repercussions for physicians not accessing primary care. It also provides a preliminary rationale upon which to base a training program for "training the trainers" and/or identifying "champions".

Among the basic pillars of quality health care for an individual is having a designated primary care physician (PCP). To this end, many national medical associations have put forward guidelines emphasizing this need.[1] In Canada, a 2009 report from the Royal College of Physicians and Surgeons of Canada (RFPSC) and Canadian Medical Association (CMA) set the target of 95% for all Canadians to have a family physician by 2012.[2] Given that access to primary health care results in better health outcomes, the stakes are understandably high.[3] Since physicians are susceptible to the same illnesses as their patients[4] it is not surprising that the CMA recommends that every practicing physician also have a PCP.[5] However, physicians often ignore this advice[4] – tending to self-diagnose and treat, delay, or avoid personal medical care altogether.[6-7] Physicians often find it more difficult to access independent primary care compared to the general population,[8] and are among the lowest users of formal health services.[9] Although the reasons for this are widely varied, it is clear that many do not readily embrace the receiving end of the physician-patient divide.[10] Indeed, competence as a physician does not automatically result in becoming a good patient.[11] Nevertheless, physicians require access to appropriate primary care.[12]

### B) Key Theme: Issues and Consequences Related to Physicians and Primary Care

According to the 2008 Canadian Physician Health Survey, nearly 33% of Canadian physicians indicated they were not registered with a PCP.[14] Although this percentage undoubtedly varies across the country it is consistent with a recent Quebec poll, which indicated that 66% have a PCP.[7] Within this number 25% were registered with a close colleague and 7.5% with a family member or acquaintance, while only 55% were "neutral". Research suggests it is quite common for physicians to not have an independent PCP.[15]

It is common practice for physicians to treat friends and family members.[4,19-20] Although convenient, serious issues that can affect diagnosis and treatment can arise from treating a family member or friend, such as a reluctance on the part of the patient to question the PCP or to disclose pertinent personal information.[4,16] To this end, the CMA Code of Ethics recommends that physicians limit treatment of oneself and immediate family to minor and/or emergency services.[17] In spite of this, a survey of Ottawa-area physicians reported that rates for self-prescribing and prescribing to family members are 47% and 58%, respectively.[18]

Self-treatment by physicians is a potentially dangerous practice due in part to its lack of objectivity, such as in the case of anxiety or denial, which can blur the accurate evaluation of symptoms.[13,21] Despite recommendations against self-treatment being well-defined in both the professional and academic literature,[11,22] self-treatment is very common among physicians.[4,23-25] Cross-sectional studies suggest that between 42% and 82% of physicians treat themselves in some fashion.[11] A report from the 2004 International Conference on Physician Health (ICPH) noted that, for a variety of reasons, a large percentage of physicians choose to self-prescribe and cautions that this practice can be the beginning of "a slippery slope".[26] It is generally acknowledged that

self-prescribing among physicians poses a risk to their health, and by extension, the health of the public. However, self-prescribing should not solely be viewed as a cause of physician impairment, but a symptom of the barriers they face in accessing primary care.[1, 21]

**C) Key Theme: Physician Barriers to Accessing Primary Care**

Research suggests that physicians often face multiple barriers in accessing primary care. In Pullen and colleagues (1995) study on physician attitudes towards their own medical care, 26% reported having a condition in the past warranting medical consultation but felt inhibited about seeking medical care.[27] Many physicians also report difficulties in actually finding a regular PCP, which can be a complex process.[28-30] In Kay and colleagues' (2008) systematic review, researchers summarized barriers from 26 qualitative and quantitative studies, classifying them under three categories – patient, provider, and system.[8]

From a physician-patient perspective embarrassment is a common barrier. For instance, Davidson and Schattner (2003) found that 71% of physicians describe feeling embarrassed when seeing another physician.[22] They worry that they are overreacting to a trivial illness,[29] that their own diagnosis or treatment could be proven wrong,[30] or they do not want to impose upon another physician's time.[8] Other patient barriers include personality factors,[28,31] and their level of medical knowledge.[29,30] Barriers related to the provider of physician health care often involve issues of confidentiality, as well as the quality of care that physicians receive. Indeed, the tight-knit communities that exist within the medical profession can make it difficult to assure confidentiality.[21] Many physicians fear their PCPs will discuss their care with peers, that office staff might have access to personal health information, or that other details might be disclosed within their workplace.[8,22] It has been reported that physician-patients frequently feel dissatisfied with the quality of the care they receive,[25,32] which can reduce the chances of physician-patients seeking additional medical care in the future.[29]

Finally, barriers exist within the medical system itself, the most predominant of which is related to culture. It is common for physicians to face pressure from both their colleagues and own communities to be healthy. Self-treatment is actively encouraged by peers[22] and acknowledging the medical needs of a colleague may be considered taboo.[30] For example, a 2002 nationwide Norwegian study found that as many as 25% of physicians hide their illnesses from their peers.[38] When it becomes culturally normal for a physician to seek independent primary care, access will greatly improve.[8]

Strategies are needed to challenge the prevailing culture of self-reliance.[8,22] Otherwise, physicians who do seek primary care are likely to continue experiencing discomfort in the role as a physician-patient[33] and may resort to self-treatment.[6]

**D) Key Theme: The Need to Train PCPs to be Providers for Physician-Colleagues**

Issues surrounding physicians' access to health care, as well as their treatment behaviours, are complex.[8] These complexities could be addressed by gaining greater insight into what physicians' needs are in primary care settings.[25] PCPs often lack training in how to treat their colleagues.[8] As one might expect, the intricacies of treating physician-patients can be more difficult than that of a "ordinary" patient.[20] Providing primary care to physicians would be best undertaken by experienced individuals.[13,15] There is a need for stakeholders (e.g., occupational health services) to identify key individuals who are willing to treat their peers and are committed to becoming properly educated to help reduce the high frequency of self-treatment in the medical profession, and to counteract any related stigma. Such training would likely include how to manage the nuances of consulting physician-patients (e.g., role confusion).[33]

Although one's health is relevant in any work environment, its importance is significantly higher in medicine given the intrinsic link to critical decisions regarding the health of others.[34] Consequently, a physician's poor physical and mental health can potentially have a negative effect on patient outcomes and the overall quality of care they provide.[35,36] The benefits experienced by physicians who have an independent PCP and who are compliant with preventive health behaviour, emphasize the importance of improving physicians' access to primary care.[28,31] Indeed, there is merit in educating physicians on not only the importance of avoiding treatment of themselves and their families, but also on "how to be a patient", and "how to be a physician's physician".[37]

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