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Physicians Caring for Physicians as Patients

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Physicians Caring for Physicians as Patients

Olivia Seecof, MD

Family and Community Medicine Grand Rounds

9/30/2020

The image features a white background with two large teal geometric shapes. On the left, a teal triangle points towards the center. On the right, a teal trapezoid is positioned. Centered between these shapes is the text:

No financial disclosures
I am a physician and a patient

Outline and Objectives

Outline

- Introduction
- Application to family medicine
- Ethics
- Literature supported rewards & challenges
- Navigating the physician/physician-patient relationship
- Summary and questions

Objectives

- Critically examine the physician-physician patient relationship through evidence in the literature
- Use cases to reflect on personal experiences
- Learn how to apply new strategies to navigate the visit with a physician-patient

Introduction

- Physicians are less likely to receive longitudinal preventive healthcare
 - 29%-44% of physicians do not have a PCP or seek regular medical care
- Physicians are likely to avoid formal care by seeking curbside consultation or self-treatment
- Physicians are more likely than other professionals to work through illness episodes

Introduction

- Focus on the physician role of treating a physician-patient
- Many accounts of physicians as patients in the literature and media
 - less from the standpoint of the providing physician

“Death, so familiar to me in my work, was now paying a personal visit.”

– Paul Kalanithi, *When Breath Becomes Air*

Application to Family Medicine

Family Medicine = broad scope
of practice, “gate-keepers”

Academic medical center and
community practice

No “special training”

Clinical Scenarios to think about

- 1) Well Visit: 36yo emergency medicine attending physician comes to the office for a general well visit, asks you to complete her employee health screening
- 2) Depression: 28yo surgery resident comes to the office for a routine vaccine but is showing significant signs of depression
- 3) Labor and Delivery: 34yo prior resident at your program presents to the office for routine prenatal care then again to the labor floor in active labor
- 4) Admitted with acute problem: 65yo cardiologist had been self prescribing and titrating his Lasix, now admitted in CHF exacerbation
- 5) Dying: 81yo retired family physician with end-stage, metastatic lung cancer

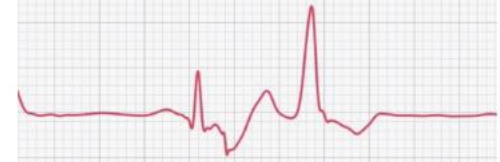
Screen-shot clinical examples

Hey Olivia! [redacted]! Hope you're doing well. Got your number from [redacted]. Will you be my PCP please? Lol
Haven't had a routine check-up in years and recently got stuck by a needle, so hoping to get blood draws soon

[redacted]! Can I make an apt with you in clinic? I need pre-employment ppk completed! And I don't wanna see my peers ;)

Homie - wanting to restart on the methylphenidate I was on during medical school. Is that something you're comfortably prescribing without a visit or should I figure out a good time to come see you?

[redacted] residents who graduated this past year. For my new job, I need a certification of health status and quantiferon gold test. I'm on cobra until my new insurance kicks in so I made the appointment at Jefferson and it's with you! I hope that's okay. Let me know if you'd prefer I see someone else.



Hey, funny question, sometimes my heart feels like it is beating extra hard (usually just once or twice, and it hurts a little but not too bad). I managed to catch it on the Apple Watch...the rest of it looked normal.

Do you mind recording my sumatriptans?

Just refilled!

Thank you

No prob!

Hey, covid era question! The rules at my hospital are that I don't have to wear a mask once I'm in my room...but I'm not opposed to wearing a mask. I know the nurse/midwife/OB will have masks and face shields and safety glasses. Would you still wear a mask if you were me?

Ethics

- History
 - 1794 English physician Thomas Percival wrote first code of conduct regarding physicians caring for themselves and their families
 - American Medical Association (AMA) adapted this in 1845
 - Revised in 1957 to omit references to treatment of family or professional courtesy

Ethics

- Autonomy
- Confidentiality
 - HIPAA: Protecting confidentiality with EMR!
 - Patient may be less likely to disclose something
 - Clinical scenario → Depression: 26yo surgery resident comes to the office for a routine vaccine but is showing significant signs of depression
- Slippery slope

The Literature

Original Article

Physicians Caring for Physicians: The Perspective of the Primary Care Physician

Authors: Kathryn A. Teng, MD, Robert S. Butler, MS, Sarah Schramm, MA, J. Harry Isaacson, MD, Craig Nielsen, MD, Carmen Paradis, MD

- How physicians provide longitudinal primary care to physician-patients has not been well studied
 - 29%-44% of physicians do not have a PCP or seek regular medical care
- Acute illness vs. longitudinal care
- This landmark study included focus groups and a quantitative survey
 - Survey: https://cdn-links.lww.com/permalink/smj/a/smj_2014_03_18_teng_13-221_sdc1.pdf

Survey questions

Please indicate to what extent you agree with the following statements:

When caring for physician-patients, I sometimes experience anxiety or self-doubt.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

Please indicate to what extent you agree with the following statements:

Providing longitudinal care for physician-patients is easier than it is for non-physician patients.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

When caring for physician-patients in a longitudinal setting, please indicate whether you use the same strategy as when caring for non-physician patients:

Make recommendations based on evidence-based literature despite potentially differing opinions from my physician-patients.

- I follow the same strategy I use with non-physician patients
- I do not follow the same strategy I use with non-physician patients

Please indicate to what extent you agree with the following statements:

I find caring for physician-patients rewarding because it gives me an opportunity to help them understand our role and work.

- Strongly Disagree
- Disagree
- Neither Agree Nor Disagree
- Agree
- Strongly Agree

Rewards

- **Believing your work is valued**
 - Discussing complex issues with greater ease
 - Professional growth
 - Enjoyable patient interactions

Challenges

- Maintaining professional boundaries
- Adhering to practice guidelines
- Anxiety and self doubt
- Medical explanations

Table 2. Open-ended comments regarding problems encountered when providing care to physician-patients in a longitudinal setting

Theme	Examples
Self-treatment	“When physicians self-treat, it definitely makes my job more complicated.” “The propensity of physician-patients self-referring to specialists.” “Some physicians definitely direct their own care.”
Following up	“Healthcare professionals are less prone to following routine preventive screens.” “They don’t listen! Lack of appropriate follow-up, even with instruction to do so!” “Their high workload sometimes limits the commitment they can make to their own health.”
Use of intimidation	“They often know what they want and that can be intimidating if I don’t agree.” “Saying ‘no’ to a VIP.” “Physician-patients telling staff they are ‘Dr So and So’ in order to bypass routine channels of communication.”
Crossing boundaries	“I have noted they peek into their charts.” “Physicians tend to get other opinions from colleagues/friends, then come back and ask you about it.”

The Experience Factor

- The evidence shows that with increased year of practice in medicine:
 - Physician ratings of anxiety when caring for physicians as patients decreased ($p=0.04$)
 - Physician ratings of work being valued increased ($p=0.003$)

Challenges

> [Perspect Biol Med](#). Autumn 2006;49(4):542-52. doi: 10.1353/pbm.2006.0060.

"Post-residency disease" and the medical self: identity, work, and health care among doctors who become patients

Robert Klitzman ¹

- Minimizing vs. Maximizing Symptoms
 - "Post-residency disease" = minimizing
 - "Medical student disease" = maximizing
- What about "during-residency disease"?

Specific to Residency

- Residents have *the least* experience → what other challenges are faced? or rewards gained?
- Residents more likely to ask another resident for medical advice rather than an attending
- Conflict of interest: desire to take care of personal health needs vs desire to protect professional reputation and confidentiality
 - Clinical scenario → Depression: 26yo surgery resident comes to the office for a routine vaccine but is showing significant signs of depression

Specific to Residency

Original Article | Published: 14 January 2014

When Residents Need Health Care: Stigma of the Patient Role

[Christine Moutier M.D.](#) [✉](#), [Michelle Cornette Ph.D.](#), [Jon Lehrmann M.D.](#), [Cynthia Geppert M.D., Ph.D., M.P.H.](#), [Carol Tsao M.D., J.D.](#), [Renee DeBoard M.A.](#), [Katherine Green Hammond Ph.D.](#) & [Laura Weiss Roberts M.D., M.A.](#)

Academic Psychiatry **33**, 431–441(2009) | [Cite this article](#)

- In this study, differences found between gender and specialty
 - Females were more concerned than males about confidentiality in seeking healthcare
 - Specialty programs expressed more concern about jeopardizing training status than primary care residents

Strategies to address the challenges and reap the rewards



FOLLOW EVIDENCE-BASED MEDICINE



FOLLOW ROUTINE ASSESSMENT AND EXAMINATION PROTOCOLS



FOLLOW ROUTINE SCHEDULING AND COMMUNICATION PROTOCOLS



RECOMMEND THE SAME FOLLOW-UP VISIT SCHEDULE



DEFINE BOUNDARIES



THE PHYSICIAN- PATIENT RELATIONSHIP

Navigating the relationship

Boundaries

- Professional courtesy

Communication

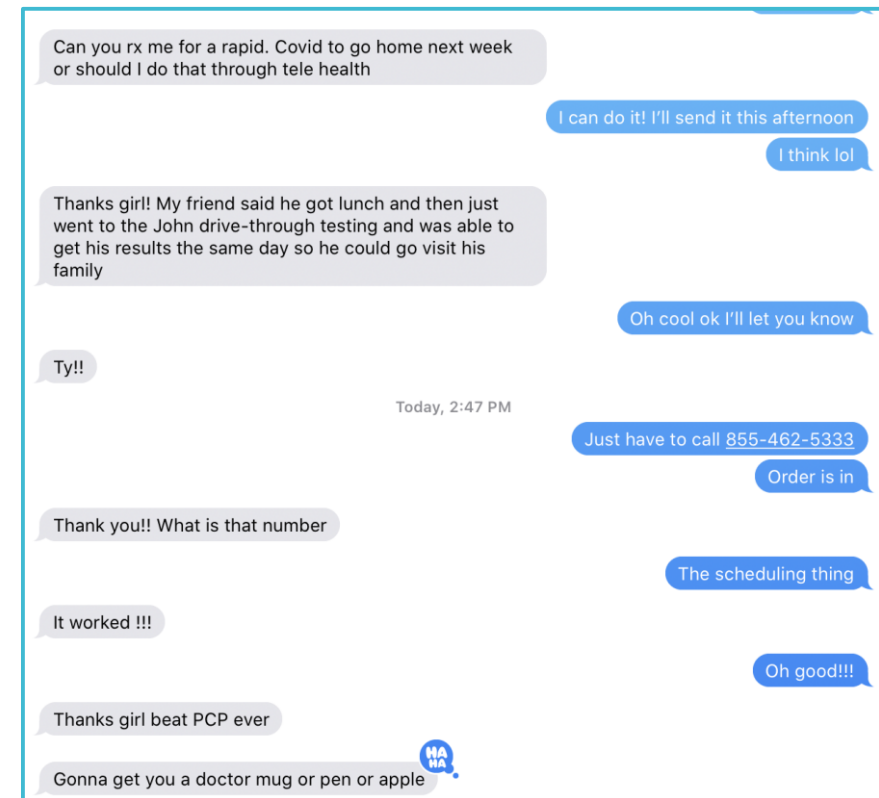
- Language

Self doctoring

- Diagnosis and treatment

Boundaries - Professional Courtesy

- Be upfront with expectations and allowances for things like communication and appointment times
- Curbside consult versus official visits
 - Who is assigned as your primary care doctor?
- *VIP Syndrome*



“VIP Syndrome”

Definition: A patient’s special social or political status – or our perceptions of it – induces changes in behaviors and clinical practice that can lead to poor outcomes

Nine Principles

- 1. Don’t bend the rules**
2. Work as a team
3. Communicate
4. Carefully manage communication with the media
- 5. Resist “chairperson’s syndrome”**
- 6. Care should occur where it is most appropriate**
7. Protect the patient’s security
8. Be cautious about accepting or declining gifts
9. Work with the patient’s personal physicians

> [Cleve Clin J Med](#). 2011 Feb;78(2):90-4. doi: 10.3949/ccjm.78a.10113.

Caring for VIPs: nine principles

Jorge A Guzman ¹, Madhu Sasidhar, James K Stoller

“VIP Syndrome”



Don't bend the rules

Are some rules ok to bend?



Where care is most appropriate

Preferential rooms



Chairperson's syndrome

Who is the best person to care for the patient?

Medical Communication

- Medical explanations
- Clinical scenario → Well Visit: 36yo emergency medicine attending physician comes to the office for a general well visit, asks you to complete her employee health screening
- Be confident
- Also a *reward*

Medical Communication

Acknowledge the physician- patient:

“I wonder what it is like for you being on the other end of the stethoscope?”

Providing comprehensive care

“I am going to make an effort to ask you the same questions as I would with any patient.”

Monitoring the relationship

“Because of the challenges that sometimes arise when one doctor is caring for another, we should reflect on how the relationship is going. I welcome your input at any time.”

Self doctoring

- Self diagnosis
 - Often, physicians formally present “late” in diagnosis
- Self prescribing
 - In 2008, study showed that >50% of study population physicians reported self prescribing medications
 - Most common medications prescribed: allergy meds, contraceptives and hypnotics

Self doctoring

- Clinical Scenario → Admitted with acute problem: 65yo cardiologist had been self prescribing and titrating his Lasix, now admitted in CHF exacerbation
- Supervised self doctoring
 - “I know that you are quite capable of arranging tests, appointments and so on, and you might prefer to do this, but I don’t want to dump responsibilities on you just because you are a physician.”
 - “If you are thinking of making decisions or plans on your own, my request is that you keep me in the loop, so I continue to have a clear view of what is going on in your care and can offer my expertise.”

In Summary

- In primary care, fortunate to have many physicians as our patients
- Important to reflect about rewards and challenges at all stages of training
- Thinking back to the clinical scenarios and objectives
 - Have your thoughts changed?
 - Will you act differently in the future?

- 1) Well Visit: 36yo emergency medicine attending physician comes to the office for a general well visit, asks you to complete her employee health screening
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Questions?

Thank you