

While you are looking after your patients, who is looking after you?

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A culture of poor self-care, self-prescription and self-diagnosis seems to be ingrained in the medical profession. We need to do more to encourage doctors to place a higher priority on their own health and wellbeing.

As doctors, we are busy, hardworking and dedicated professional people. We recommend a range of strategies to our patients to maintain health and wellbeing. These strategies at the very minimum include eating a healthy diet, maintaining a regular exercise program and having a check with the doctor at least once a year. But how many of us are neglecting even these basic health strategies ourselves?

Doctors' health

There is a great deal of evidence showing that doctors are not good at looking after their own health needs. Of particular concern are the high rates of stress-related and mental illness among doctors, reflected in high prevalences of drug and alcohol abuse, decreased job satisfaction and burnout, and, tragically, in a high incidence of suicide.¹⁻³ (The suicide rate among doctors is three times the average rate for the general population.) All these occurrences are powerful indicators of poor self-care, and very similar patterns can be seen among other health professionals, such as pharmacists, dentists and veterinarians.

In response to concern about the suicides of a number of doctors and unrecognised stress and mental illness in doctors, the Doctors' Mental Health Working Group and subsequent Implementation Committee put together a report in 1997.⁴ The report strongly recommended that all doctors should have their own GP and not prescribe for themselves or for their families. However, there are considerable barriers to overcome.

The culture

In a survey by the Doctors' Health Advisory Service, fewer than 40% of doctors had their own GP – one whom they could name specifically. Moreover, among those doctors who could name their personal GP, many were naming a practice



partner or spouse, and many had not actually consulted that doctor in the recent past. Similar results have been seen in studies specifically of junior medical officers or GPs.^{5,6} Doctors seem to obtain the very worst medical care.

The culture of the medical profession is that doctors tend to self-diagnose, self-prescribe and self-refer. In our (i.e Hornsby General Practice Unit) surveys of junior medical officers and more recently of GPs, doctors are self-prescribing medications ranging from contraception and antihypertensives up to and including sleeping tablets, narcotic analgesics and antidepressants.^{5,6} There are no legal barriers to self-prescribing except in the case of S8 drugs; this is far from ideal patient care.

Most doctors can see the value in having a personal physician, in that patient care is optimised by seeing a doctor who knows the patient's history and can give care in the context of an ongoing doctor-patient relationship. Yet in a strange twist of thinking, most doctors do not think that this applies to themselves or their families.

The doctor as a patient

Doctors find it difficult to place themselves in the role of the patient. In our survey of GPs, 30% had suffered from a condition for which they would have liked to consult another doctor but had not done so because they were themselves a doctor.⁶ As a group, doctors find it hard to admit they are sick or they

Doctors' Health Advisory Service

For confidential advice about your health or that of a colleague, contact the Doctors' Health Advisory Service.

ACT	0407 265 414
NSW	02 9437 6552 (www.doctorshealth.org.au)
NT	08 8927 7004
QLD	07 3833 4352
SA	08 8273 4111
TAS	03 6223 2047 (after hours: 03 6235 4165)
VIC	03 9349 3504
WA	08 9321 3098

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prefer to battle on because they feel indispensable. They also seem to have to be certain that they are really sick before seeking help. This often means self-investigation and self-diagnosis. Furthermore, many doctors mistrust the skill of another doctor and feel uncomfortable and not confident in the patient role.

There are also concerns about confidentiality and medico-legal issues. This creates a terrible irony. If a doctor cannot seek appropriate care for a routine illness, how much more difficult is it for him or her to seek help for depression or over-using alcohol or drugs – conditions much more common among doctors than among others.

The dynamics of the doctor–doctor consultation are unusual and can be difficult. Doctors should seek out another doctor who is comfortable treating doctors and in whom they can place their trust. This may require some shopping around.

Both the treating doctor and the doctor-patient should agree that the consultation should be conducted as any other, so that there is no pressure on the doctor-patient to come up with his or her own diagnosis and management plan. The treating doctor should direct the consultation in a way that covers preventive health and lifestyle issues, allowing enquiry into delicate areas such as alcohol and drug use. In our survey of GPs, anxiety and depression were the most common pre-existing medical problems.⁶ Hence, the doctor treating a doctor must not forget that this patient is in a high risk group for stress-related illness, and the doctor-patient should be given an opportunity to discuss stress-related illness during the consultation.

Conclusion

So take a moment to consider your own health and wellbeing. Who is looking after you while you are looking after your patients? Are you really the best person to manage your own health care and that of your family? Find your own GP, someone who has the objectivity to look after all aspects of your health, and allow yourself the luxury of being a patient. **MT**

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