9-30-2020

Physicians Caring for Physicians as Patients

Olivia Seecof, MD
Thomas Jefferson University

Follow this and additional works at: https://jdc.jefferson.edu/fmlectures

Part of the Family Medicine Commons, and the Primary Care Commons

Let us know how access to this document benefits you

Recommended Citation
Seecof, MD, Olivia, "Physicians Caring for Physicians as Patients" (2020). Department of Family & Community Medicine Presentations and Grand Rounds. Paper 446.
https://jdc.jefferson.edu/fmlectures/446

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's Center for Teaching and Learning (CTL). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Department of Family & Community Medicine Presentations and Grand Rounds by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.
Physicians Caring for Physicians as Patients

Olivia Seecof, MD
Family and Community Medicine Grand Rounds
9/30/2020
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 relationship
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, “gatekeepers”

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
Hey Olivia! 🍎 Nobel! Hope you're doing well. Got your number from 🤝. 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.

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?

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 mine 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?
• 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
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_s3-221_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 |
• **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

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

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

Caring for VIPs: nine principles

Jorge A Guzman, 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 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
• 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

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
References


Krall EJ. Doctors who doctor self, family, and colleagues. WMJ. 2008;107(6):279-84.


Questions?

Thank you