When a doctor becomes a patient

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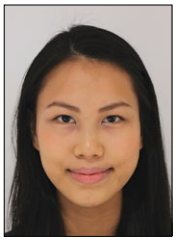

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An individual's identity is a learned response to social stimuli, modeling oneself to the expectations of others. Doctors are perceived to be benevolent, knowledgeable, and powerful in matters of life and death. However, a complex concept of reverse hierarchy and role disorientation can take place when a doctor becomes a patient. Because doctors dedicate much of their lives to ensuring the well-being of patients, they may have a skewed perception of their personal health risks and fail to acknowledge that they, too, can fall victim to illness.

'Them, not me'

Studies have found that doctors often do not advocate the same treatments for themselves than they would for their patients:

- Although most doctors recommend annual check-ups for their patients, 70% of physicians do not get one themselves.[1]
- Doctors are more likely to recommend potentially life-saving treatment with severe side effects to their patients than for themselves.[2]

These studies highlight how objectivity may be absent when doctors make decisions about their own treatment, as well as the complexity associated with treating a doctor as a patient.

A doctor's sense of identity often is strongest in a health care setting. However, becoming a patient precipitates a drastic change in authority, duty, privacy, and even attire. Earlier this year, a colleague was in the hospital for workup of a cluster of symptoms. On a personal level, she experienced a momentary loss of identity, increased anxiety, and loss of self-esteem, which reduced her ability to connect with those who, in her professional role as "doctor," were her colleagues. Trust became a matter of contention, especially in the context of understanding the inner workings of the health care system—its limitations, risks, and the possibility of human error. Professionally, she thought some management procedures were objectionable, but quickly assumed the passive role to avoid being labeled as "difficult."

My colleague relayed 2 interesting viewpoints. First, doctors' detached communication style seemed to evaporate when she revealed that she also is a physician. Perhaps it was the feeling of pride or competition that comes with being responsible for a colleague's welfare or the camaraderie that lessened the divide. Slowness to relay clinical information or disregard for transparency—sometimes seen in the inpatient setting—were not apparent during my colleague's care. However, aspects considered trivial from a doctor's point of view, such as pre-procedural fasting, lack of privacy, and room changes became acutely intrusive.

Second, my colleague observed that her treatment team was overly solicitous. They wanted her to be pain-free and organized "urgent" tests to minimize waiting time. She recognized that there was an overt obligation to procure excessive investigations and treatment compared with a usual patient, because there was wariness of her vigilance of when things go wrong or are overlooked.

This situation was a reminder that clinicians should be mindful of finding the middle ground between unnecessary treatment for a "doctor as patient" and uninformed treatment for a "standard patient."

Seek to understand

Role reversal represents the fundamental skill of connecting with others through self-awareness, self-regulation, and empathy.[3] Studies have found that doctors who have assumed the patient role show more empathy and possess better communication skills.[4] The situation for the doctor who becomes a patient may be disconcerting, but the "do no harm" nature of medicine and the generally accepting demeanor of patients render the relationship between empathy and role reversal especially harmonious. Although it is comfortable and convenient to stay on one side of the relationship, grasping an emotional representation of the other side is essential. It is the process of overcoming egocentricity and perceiving the subjective experience of the other role that is rewarding. We all desire to be understood, but to be understood, we must first seek to understand.

References

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Clinical Point

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