

## THE REST OF YOUR LIFE

## When a Close Friend Is the Patient

Dr. Anthony L. Suchman was the on-call resident running the medicine side of a hospital emergency department one night when the wife of one of his good friends walked in complaining of abdominal pain.

She required a pelvic exam as part of a proper work-up. Despite feeling ill at ease, he proceeded with the exam.

"It was awkward for both of us given that we were friends and knew each other in that social context," recalled Dr. Suchman, an internist in Rochester, N.Y. "We both knew that exam had to be done. But there was also the sense of being responsible for my friend's wife. If I didn't know her, I wouldn't have had any trouble going through the work-up and making a determination of what was going on. But there was this extra level of responsibility, or fear of regret, or fear of who knows what because we were friends."

It's a tricky business having friends as patients. Dr. Suchman likens it to other dual roles one assumes in life. In providing medical care to friends, "I take extra care to make sure I'm doing everything I would do as a physician who did not know the person and not back away from anything. It's the same thing you do when you have a doctor for a patient.

He explained that this extra sense of vigilance is needed because of the tendency to view friends in a positive light. "There might be certain things about them that they wouldn't want to tell us [physicians] because we're friends—about certain high-risk behaviors, for example. Or there may be certain things about them that we would want to deny seeing out of our loyalty to them that could obstruct our judgment."

Dr. Suchman makes it a point not to provide medical care to very close friends because he considers them adopted family members. And he strongly believes that physicians should not provide medical care to members of their own family.

Another point to consider: What if you make a medical mistake with someone who's a really close friend? "How are you going to feel about that?" said Dr. Suchman, who also chairs the board of directors for the American Academy on Communication in Healthcare, a group that promotes relationship-centered communication in medicine ([www.aachonline.org](http://www.aachonline.org)). "How is that friend going to feel about that? In some ways, you could be putting your friendship at risk as well as putting the patient-clinician relationship at risk."

For physicians willing to take that risk, he advises having a chat about informed consent during the first office visit to discuss what the risks might be. Ask questions such as, "Will you feel comfortable disclosing everything to me? Are you going to be afraid of how I might judge things that you tell me?"

As he sees it, the best way to care for a close friend is to refer them to the best physician that you know. But if you practice in a rural community and you're the only physician in town, "you don't really have a choice. You may have to be their doctor."



Dr. Eniko K. Pivnick, right, says having her friend, Dr. Natalie C. Kerr, left, perform esotropia correction on her now teenaged daughter, Lilla, eased the child's anxiety.

### A Deeply Rooted Trust

When Dr. Eniko K. Pivnick's 5-year-old daughter Lilla required eye surgery to correct her esotropia 12 years ago, there was no doubt in her mind that she wanted her close friend and colleague Dr. Natalie C. Kerr to perform the operation.

"It was very good for my daughter, because we knew her," said Dr. Pivnick, a pediatric geneticist at Le Bonheur Children's Medical Center in Memphis. "It took away anxiety for her."

Make that for mom, too.

Dr. Kerr and Dr. Pivnick have published medical research papers together, written book chapters together, and cared for patients together at the medical center for 5 years. "We trust each other professionally," said Dr. Kerr, a pediatric ophthalmologist at the medical center.

Even so, when Dr. Pivnick first asked if she would perform the operation, "I told her that my partner could do it if you're uncomfortable with me doing it," she said.

But no, Dr. Pivnick wasn't interested in hearing about any other option.

On the day of Lilla's surgery, Dr. Kerr asked her partner to assist with the procedure. That's a role she normally reserves for ophthalmology residents, said Dr. Kerr, who also directs the residency program in ophthalmology at the University of Tennessee, Memphis. "I felt like I would be more comfortable. Once we got started, it was just like any other case. Once you get the drapes on, I think it's pretty easy as a surgeon. Unless you come up with a crisis situation, I think it's fairly easy to be objective, do your job, and then you're done."

Pivnick maintains that the experience made her relationship with Dr. Kerr stronger. "Not because she did the surgery, but how she handled it," she explained. "She became almost like a family member."

Dr. Kerr noted that a chief benefit of having friends as patients is an underlying sense of trust, the notion that, "you will do the very best for them or their child because of that relationship. Because you

know them, you might know their needs a little bit more, their personality types, their viewpoints, and how they're likely to react to certain things."

However, certain circumstances can jeopardize such a tightly knit relationship. If something goes wrong, "your emotional investment might make it more difficult for you to be objective and handle things in a professional manner, particularly in [an operating room] situation," Dr. Kerr said.

Providing medical care to friends also can complicate efforts to preserve patient confidentiality. "It's that much more difficult to maintain that if you see people in a social setting or you're close to them emotionally," she said.

When friends of Dr. Kerr require invasive ophthalmologic care "I certainly tell them about other people in the community who do what I do so they feel like they have options," she added. "Having said that, I would not do anything invasive on my own children. I would certainly draw that line."

### A Mark of Honor

Dr. Faith T. Fitzgerald considers it a mark of honor to provide medical care for friends.

"Almost by definition your friends know your flaws," said Dr. Fitzgerald, a professor of internal medicine at the University of California, Davis. You can feel comfortable telling your friends things you couldn't tell anybody else, knowing that they trust you, she said. "It's a deeper honor to be allowed to take care of your friends, because they know everything that's wrong with you in a characterologic sense and [about] decisions you made in the past."

One of her longtime patients is a close friend who also is a physician. When he makes an office appointment, they share what she calls a "mutual understanding, which allows both of us to go directly to the point. There aren't that many hidden parts of either my skills, knowledge, and adeptness, or his family life, his stresses and strains. In that sense, it is a more revelatory and facilitated interaction."

Another friend—who is not her patient—recently designated Dr. Fitzgerald as her durable power of attorney before undergoing cardiovascular surgery. Dr. Fitzgerald found herself getting input from members of her friend's large, extended family, from the cardiovascular surgeons, and from the physicians in the ICU. For her, the question became, whom do I represent today?

"Was I being my doctor self or was I being a family member because I am an adopted member of their family?" she asked. "Or was I being a patient advocate? Sometimes I had to wonder: Which of these roads do I need to take here if I thought something wasn't going as well as expected? That negotiation is not easy."

Several years ago, one of her patients, who was a friend and former lobbyist, developed myeloid metaplasia and began a steady decline. Around the same time, the administrators from a nearby school district he had once represented notified the man that they were naming a school in his honor and invited him to attend the ceremony.

That gesture "made him most proud," she recalled. The problem was that the man was on the brink of death. His son called Dr. Fitzgerald and asked, "Is there any way we could take him down to the ceremony?"

"Why don't you rent an RV?" Dr. Fitzgerald suggested. "That way, he could be lying in a bed and there could be people with him." The family ended up buying a recreational vehicle, but the man died about a week before the ceremony.

Three years later, Dr. Fitzgerald phoned the man's son to ask his advice on how to rent an RV. She needed one for her mother, who was frail from the late stages of Parkinson's disease but wanted to accompany her daughter on a drive to San Diego.

He told her not to worry; he'd take care of it, Dr. Fitzgerald recalled. "The next day, I came to my house and in front was parked this enormous RV. [He'd] had it mechanically checked out, filled up the tank with gas, and drove it to my house so I could use it for my mother."

The door of the RV was not wide enough to accommodate her mother's wheelchair, so the next day, the son drove over a second option: a 1988 banana yellow diesel Mercedes-Benz "with enormous doors and a front seat that lies down flat, all gassed up ready to go," Dr. Fitzgerald said. The generosity of spirit in that deed "was extraordinary," she said. "There's an act of friendship, one that lasted well after the old man's death." ■

By Doug Brunk, San Diego Bureau

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