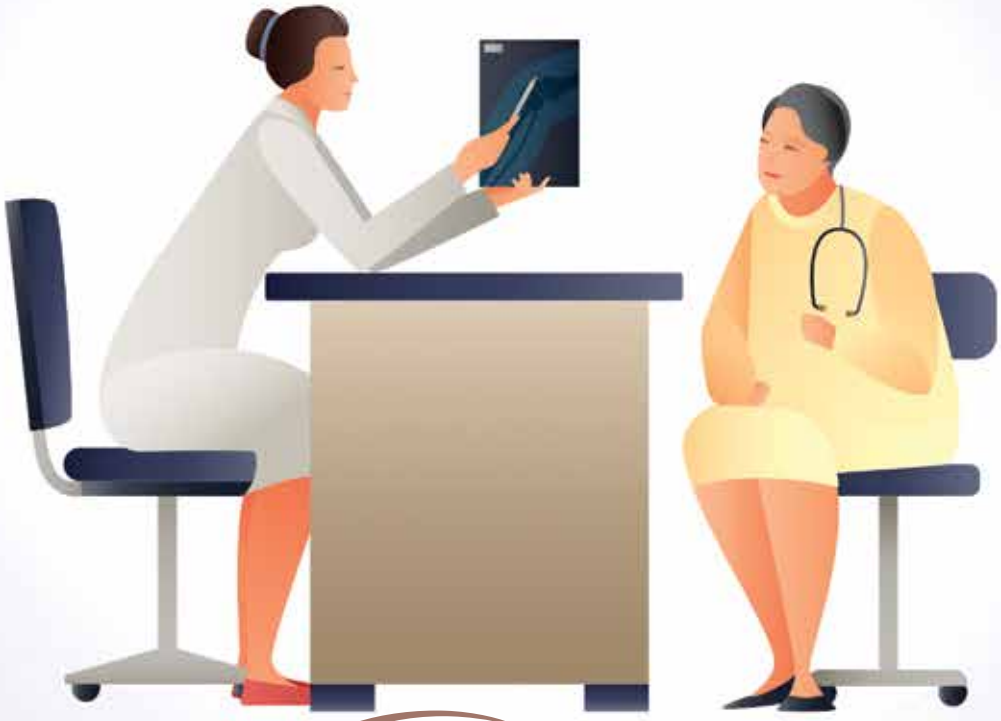

Treating FELLOW DOCTORS

Text by Dr Bertha Woon

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In the Singapore context, everyone has the freedom to choose which doctor to see when they fall ill. This is no different for doctors who become patients. This freedom of choice may be lost in an emergency situation such as a road traffic accident. However, in an elective situation, a doctor-patient may have to think hard about whom he/she trusts and what to do when he/she meets the physician again in a social/professional setting. When I was asked to write about this topic, I felt it was a trick question of sorts because there is actually no difference whether the patient is a doctor or not. **The usual issues of ethics, confidentiality, privacy, autonomy and beneficence apply.**

There are a few scenarios that come to mind:

1. General conditions for which a doctor seeks treatment from another doctor because he/she has already tried self-treatment and failed;
2. A doctor from a different specialty sees a relevant specialist because he/she is not familiar with his/her own condition;
3. A surgeon/proceduralist sees another surgeon/proceduralist for a surgical/procedural problem because he/she cannot operate/perform a procedure on himself/herself;
4. Doctor-patient and the doctor are friends;

5. Doctor-patient and the doctor are strangers;
6. Doctor-patient requires treatment in an emergency situation;
7. Doctor-patient seeks treatment in an elective situation (benign); and
8. Doctor-patient seeks treatment in an elective situation (malignant).

Just another patient

Although one may assume that the doctor-patient has good understanding of the condition, one should put aside any assumptions and take as detailed a history as usual. The same goes for physical examination.

It is a safe thing to double check what the doctor-patient's baseline understanding is on the condition and explain the investigations, differential diagnoses and possible management plan as clearly as needed. One should not assume that the doctor-patient knows everything, especially when the doctor-patient is from another specialty with respect to the presenting medical condition. It is prudent to allow all patients, whether doctor-patient or not, to ask as many questions and discuss the possible options/outcomes as he/she finds necessary to allay his/her anxiety.

Sometimes, it is not easy to set boundaries, especially if the doctor-patient is not just a colleague, but also a friend. Knowing the context of the doctor-patient's social history and life is often part and parcel of one's history-taking process and could be helpful in better patient management. When proposing the surgical plan, it is good to advise the preferred option as well as the other alternatives for the doctor-patient to consider. It is also prudent to give cooling time to the doctor-patient to make decisions, do the literature check and seek another opinion. Where needed, involve their family members and/or caregivers in the decision-making.

In this era of "Dr Google", it is not unusual for patients to want to drive the medical care, whether they are doctors by profession or not. As a result, one should get used to having very detailed discussions about options before making a shared decision.

For the relationship between doctor and patient to work, good communication and trust are essential. If there is anything that jeopardises it, it is better for one to gently suggest that the patient sees someone else. If the doctor-patient decides on a treatment that one is not comfortable with giving, it is proper to refer to another physician for a second opinion. It is important to maintain a good relationship with the patient and there is absolutely no shame in sending the patient for a second opinion. If one thinks that there is a better physician for his/her doctor-patient, it is alright to refer onwards. Always have the patient's best interest at heart, regardless of who he/she is.

My personal take

Personally, if a doctor opts to see me voluntarily, I take it as a great honour that he/she chooses me to be their physician. I would treat him/her as well as I treat any other patient. As with any other patient, our rapport is important. In most cases, I would extend professional courtesy as my senior doctors had taught me long ago – we do not charge for consultation. However, if the doctor-patient has insurance, then I would charge as usual. In any case, one's professional liability kicks in whether or not the patient is a doctor.

Given that my specialty is gender-sensitive, my patients are mostly women. And since I am in private practice, the patients I see would have come to me out of his/her own free will. After all, if he/she did not trust me, he/she would not have turned up for the consultation.

However, I am also aware that doctors in the restructured hospitals often do not have the luxury of being able to choose the patients they see. Assignments of patients to doctors are usually by the administrative clerks or by "luck of the draw". Most of the time, doctor-patients are reasonable and there would not be any issues. Outpatient difficulties, such as personality clashes, can be easily resolved by referring the patient to someone else on the spot in the case where there are objections. However, problems that arise when a doctor-patient is involuntarily admitted in a restructured hospital due to the severity of the condition or emergencies would be tougher to resolve. In the situation where there is a loss of choice, the difficulty of the doctor-patient assuming the sick role, trust issues and non-compliance issues can be challenging. Statements such as, "I don't trust you"; "I know better than you"; "I'm more senior than you"; "What do you know?"; "I don't agree with your diagnosis, investigations, management and treatment plan"; or "I won't do what you say" can erode the doctor-patient relationship from the get-go.

What can one do in such a situation? I think the better option would be to treat the patient as you would any other and to not let professional issues get in the way of your better judgement. Remember that it is normal for people to be difficult when they are not feeling well. Cut them, and yourself, some slack and do your best for the doctor-patient while bearing in mind *ethics, confidentiality, privacy, autonomy* and *beneficence*. ◆