HOME ISN'T THE BEST CLINIC

Why Doctors Should Avoid Treating Family Members and Themselves

During festive gatherings, the doctor in the family is often faced with the prospect of being asked to dispense all sorts of medical advice. Once that distant uncle whom you have not seen in ages starts the inevitable line of questioning, a small circle soon forms and various ailments and alarming symptoms are pitched at the family's doctor — you. A growing lump, a painful bump, from acne to Zika; nothing seems to be off limits. On one occasion, I was personally asked to advise a relative who had a roaring cardiac murmur which I could hear just by placing my ear on his chest.

They come to us for quick advice in the hopes of reassurance; oftentimes they want to hear comforting words such as "it is benign" or "there's nothing to worry about". Unfortunately, bar the most obvious spot diagnosis, the setting and context of such social consultations are far from ideal.

Firstly, the fact that the "patient" is relating his history in a room with other people listening means that the account is likely to be condensed, lacking in details and incomplete. Intimate information that may be crucial in some cases cannot possibly be conveyed. Secondly, there is a lack of proper equipment at hand. Additionally, lighting is suboptimal and the physical examination that we rely on to exclude relevant conditions cannot be performed. Finally, there is also the lack of proper documentation. Once the doctor is unable to record the problem, findings and advice given, any follow-up would not be possible until the next social gathering, typically a year later. These conditions set the doctor up for misunderstanding, providing inappropriate advice and, worse of all, giving false reassurances leading to a missed diagnosis.

DOWNSIDE RISK

Some years ago, I met a senior neurologist at a social event and asked her about my son's frequent headaches. I was seeking the same reassurance that headaches in children was a common phenomenon and that there was nothing to worry about. However, she refused to offer any comfort and instead advised that I bring my son in for an assessment in case of serious pathology. I wasn't too happy with that conversation then but on hindsight, I realised that the doctor had much wisdom in her years of practice. I was a parent asking about vague symptoms for a child who was not even present at the time and I wanted the doctor to give me reassurance, a responsibility that the doctor should not have been asked to bear. If things went well, there would be little thanks to the doctor for giving charitable advice, but what if an insidious pathology was missed? Therefore, in such a scenario, the wisest option for the doctor is to insist that the patient be brought in for a proper assessment.

In the context of treating family members in social settings, missing a diagnosis or giving the wrong advice would be a painful affair that not only affects the two parties, but involves the other family members as well.

DOUBLE-EDGED SWORD

There are more complex issues at play when treating family members. The doctor is emotionally involved with family and this will inevitably affect professional judgement, which often demands a certain amount of detached objectivity. Obligation is a double-edged sword that cuts both ways. Sometimes, doctors may feel obliged to advise and treat immediate family members well beyond their own field of expertise. Family members who are being treated will also feel a sense of obligation towards the doctor, and this can interfere with health-seeking behaviour. For example, a persistent symptom such as chronic cough could be downplayed because the patient is unwilling to seek assistance early for fear of causing undue trouble to the busy doctor and preferring to wait for the next opportune family gathering. This may result in delayed diagnosis and treatment of progressing pneumonia. Patient autonomy is also compromised because the sense of obligation and fear of offending the doctor in the family restrict their choice to see other doctors and to seek a second opinion.

Ethical guidelines are quite clear in advising against the treatment of family members except during an emergency (American Medical Association Code of Medical Ethics Opinion 8.19 - Self-Treatment or Treatment of Immediate Family

PROFILE

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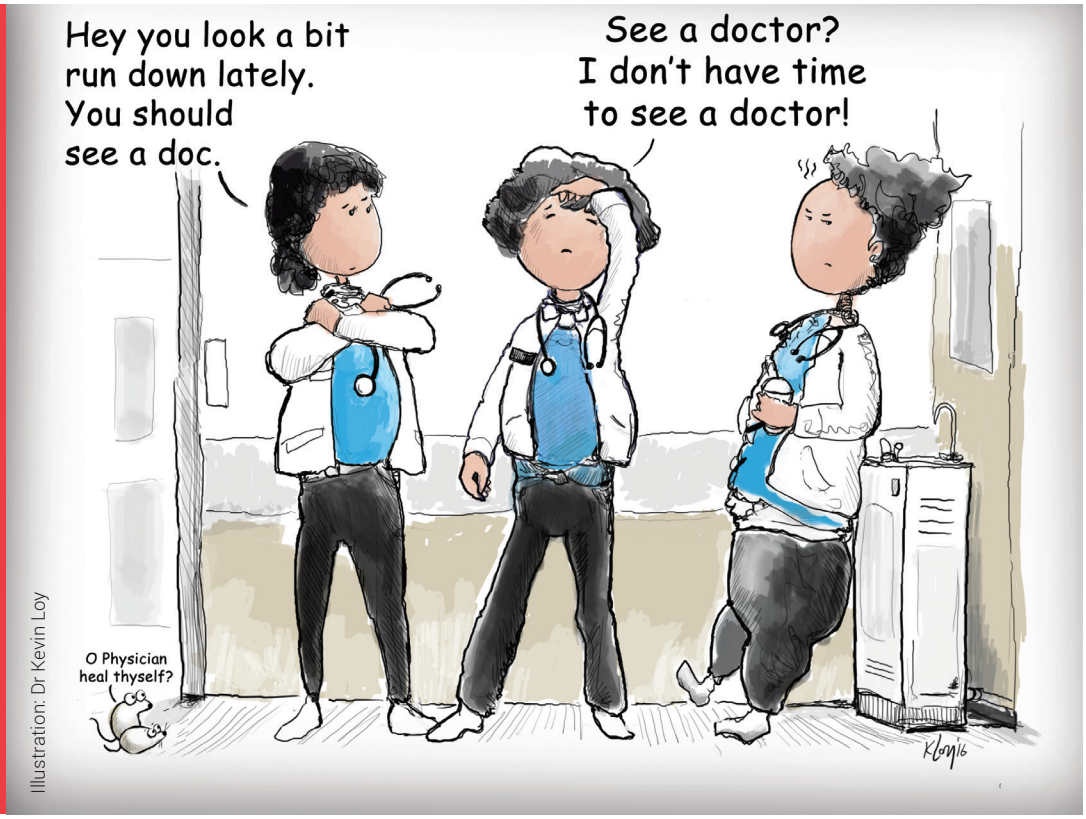

Illustration: Dr Kevin Loy

Members). The doctor should certainly not provide chronic care for immediate family members over an extended period of time. Disease progression can be very subtle and even clinically astute physicians will miss these changes occurring in front of their eyes in their daily encounters with family.

SELF-TREATMENT

Physician self-treatment and treatment of family members are usually addressed together in ethical guidance. This reflects the duality of psychological roles that a doctor plays when he attempts to treat himself: there is tension between his embedded "medical self" and the unfamiliar role of being sick. Their professional roles are deeply ingrained in doctors from the time they enter medical school. They learn to look after and treat "the patient", who is someone sitting on the other side of the consultation table, lying on the hospital bed or undergoing a procedure on the operation table. The patient and the doctor are two entirely separate entities, each with its expected role in the doctor-patient relationship. When a doctor falls ill and requires treatment, it is no wonder that he will feel intense conflict. The same problems with regard to treating family members would apply if the doctor is unable to exercise detached objectivity when he attempts self-treatment.

DOCTORS MAKE BAD PATIENTS

It has been said that doctors make the worst patients. Delay in seeking treatment is often the norm and the opportunity to treat diseases that may benefit from early intervention may be lost. This could be due to the doctor's heavy schedule and clinical demands as the long hours spent in the wards leave little time for self-care. It seems ironical that medical services can be hard to access even though doctors work in a hospital. I suspect that many doctors do not even know where the hospital staff clinic is located, much less make use of its services when they are ill. When symptoms of illness appear, they tend to be ignored or downplayed.

Studies have identified personality traits that make doctors resistant to seeking help early. Doctors can be perfectionists, obsessive-compulsive and may have a fear of failure. Many of us practise various forms of self-denial, where the patient's needs override our own needs. It is not easy to accept the notion that we will one day fall ill just like any other human being.

Finally, there is the stigma attached to illness among the medical fraternity, especially with regard to mental health issues. The medical community in Singapore is small and concerns of maintaining medical confidentiality may prevent early treatment of mental health problems.

Doctors need to be reminded that we can claim no special status in our own susceptibility to illness and disease; we are not immune to affliction or addiction and we too will one day fall sick and require help. We should not walk this path alone. We should seek help early. ◆