From White Coat to Hospital Gown:

When the Doctor Needs a Doctor

By Karen L. Brooks

STORY SUMMARY

- High levels of stress and responsibility threaten physicians' mental and physical health, but medical professionals often delay or refuse care.
- Reasons for avoiding care include inflexible schedules, concerns about confidentiality and the belief that self-treatment is sufficient.
- Experiencing illness and hospitalization helps physicians understand the patient perspective and can affect the way they deliver care.

In the 1991 film "The Doctor," an aloof surgeon notorious for his poor bedside manner is leveled by his own cancer diagnosis. Thrust into the patient experience, he considers for the first time the fear and frustration that come with navigating hospitals, interpreting medical jargon and facing gruff clinicians. After treatment, he returns to practice transformed, his approach re-shaped by a new understanding of the patient perspective.

The plot is loosely based on the autobiography of rheumatologist Edward Rosenbaum, MD, who in the 1980s experienced a similar awakening after surviving cancer. And Rosenbaum's epiphany was hardly unique. When confronting their own health issues, physicians have a reputation for delaying care until absolutely necessary — but once they do assume the role of patient, many report gaining profound self-awareness that forever changes the way they practice medicine.

'Better Givers than Takers'

Long hours, sleep deprivation, mountains of paperwork, malpractice lawsuits, struggles balancing work and family, university debt: the life of a physician is inherently stressful. This stress can color personalities and spark problems such as anxiety, alcohol and substance abuse and job burnout — issues that occur more frequently among physicians than most other people.

"Physicians are better givers than takers," says Todd Albert, MD, the Richard H. Rothman Professor and Chairman of the Department of Orthopaedic Surgery at JMC. "As a resident, you're trained, in a way, to never say no. It is extremely hard for a young physician to find balance, and that 'never-say-no' training stays with you."

A major barrier between physicians and health care, particularly for psychological issues and drug abuse, is a reluctance to voice concerns about colleagues. And physicians often fail to seek help independently because they are worried about losing their peers' respect and jeopardizing medical licensure if their mental health or addiction problems are discovered.

"The issue of reporting to the state is something we haven't gotten a great handle on. If I see a physician who is really impaired, I want to get them the treatment they need without putting their licenses at risk. I've had several experiences in which physicians have been reluctant to seek care because of that fear," says Kenneth Certa, MD '79, associate professor of psychiatry and human behavior at Jefferson with a clinical interest in the mental health of physicians and residents.

The Joint Commission, which oversees hospital accreditation, has begun advising that hospitals and licensing boards develop programs to identify physicians' mental health and substance abuse problems that are separate from physician disciplinary programs.

Self-Diagnosing, Self-Prescribing, Self-Referring

All physicians recommend healthy lifestyle strategies for their patients — diet, exercise, work-life balance and an annual checkup. But many do not take their own advice, working through illness, diagnosing and treating themselves and skipping routine screening tests. In 2000, one in three U.S. physicians reported not having a regular general practitioner.

"I've gone to my GP once in the past 12 years. Surgeons in particular do not go to the doctor — we are trained to wait for a crisis and then respond to it," says Jim Harrop, MD '95, professor of neurosurgery. "I haven't missed a day of work since I got my license. In order to take time off, you have to acknowledge that you're human. We see the sickest of the sick, the worst of the worst, and we don't want to acknowledge that those bad things could ever happen to us."

Physicians' stress levels make them susceptible to illness, but a large majority of residents report that they would continue working if they were vomiting or saw blood in their urine. Those trends typically continue for the duration of a career.

"I once had a kidney stone. The pain was indescribable, but I worked in the clinic all day and waited until evening to be operated on. I didn't want to cancel on my patients," Albert says. Many physicians consider it unnecessary to consult someone else for an illness they feel competent to manage — but self-treatment removes the objectivity essential to a physician-patient relationship. Physicians who do have personal practitioners often register informally with a friend or colleague, which might result in insufficient "drive-by" consults and examinations squeezed in haphazardly between meetings and appointments.

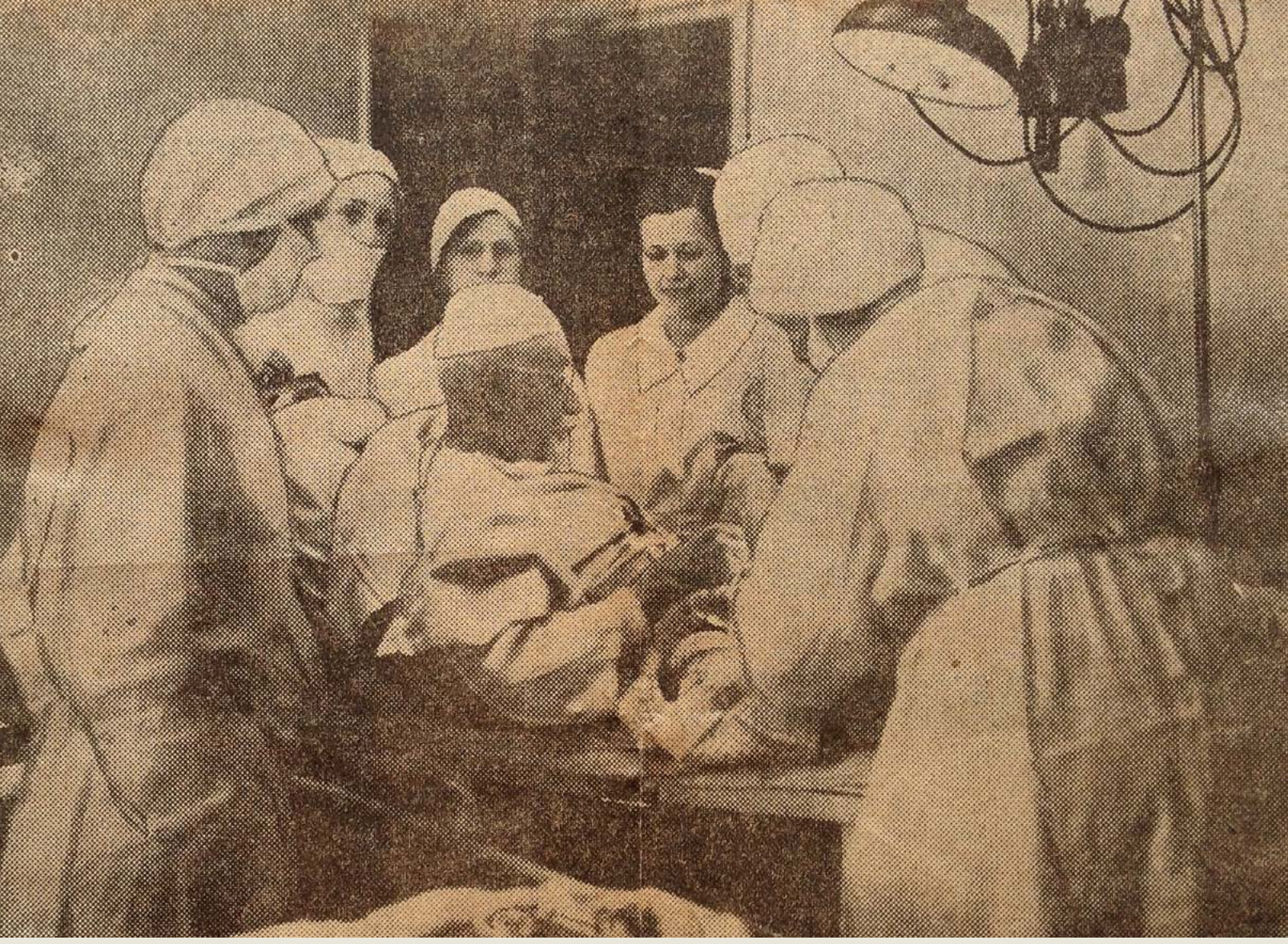
Certa says time pressures prevent physicians from obtaining care: "Medicine is not forgiving about taking time off, especially for house staff or students. A lot of people depend on them, and it's hard to get them to find the time to see me or anyone else."

When serious illness forces physicians to seek care, transitioning into the patient role can prove difficult. Physicians are used to being in control, and illness involves loss of control. They may feel uncomfortable showing weakness to colleagues or patients and worry about privacy if seeking help in their own professional communities.

The tendency of physicians to give other physicians "VIP treatment" can cause additional problems. Thomas Willcox, MD, associate professor of otolaryngology as well as a patient at Jefferson — he was treated for non-Hodgkin's lymphoma last year — knew he could use his rank as a faculty member to expedite appointments or deviate from treatment protocol but refused to take advantage of those opportunities.

"I didn't meddle because I have experienced it myself when caring for other doctors — they sometimes want to

RIGHT: Craig Richman, MD '88 (top), and Thomas Willcox, MD, associate professor of otolaryngology at Jefferson (bottom, on left), have both played the role of patient in recent years.



Evan O'Neill Kane, MD 1884, operates on himself for a inguinal hernia at Kane Summit Hospital in Kane, Pa., on Jan. 7, 1932. The operation was considered more delicate than that of February 1921, when Kane astounded the medical world by removing his own appendix. Image courtesy of Thomas Jefferson University Archives & Special Collections.

Self-Surgery: The Ultimate Self-Treatment?

Sir William Osler, regarded as the "father of modern medicine," famously wrote, "A physician who treats himself has a fool for a patient."

But all physicians are guilty of treating themselves to some degree. One legendary JMC alumnus took self-treatment further than most, performing surgery on himself on three separate occasions. In 1921, Evan O'Neill Kane, MD 1884, chief surgeon at Kane Summit Hospital, wanted to test his belief that ether was being used too liberally during operations when less dangerous local anesthetics could be used. He did so by using mirrors to guide himself in removing his own appendix. The procedure was a success, and Kane returned to work 36 hours later.

This was neither Kane's first self-surgery nor his last. In 1919, he had amputated his own finger after it became infected. Then in 1932, at age 70, he operated on himself to correct an inguinal hernia that had bothered him since he was injured while horseback-riding six years earlier.

Of Kane's hernia surgery, *Time* magazine reported, "To the operating room in Kane Summit Hospital he summoned a reporter and a news photographer. While they recorded details he propped himself on an operating table, cleaned the left groin where he was to cut, gave himself a local anesthetic, proceeded to operate. He chatted and joked with the nurses as he cut, sponged and sutured for one hour, 45 minutes."

Again, Kane was back at work less than two days later.

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dictate what I should do or cut corners to treatment plans, and that can have adverse outcomes. If you don't apply the same algorithms to all patients, bad things might happen. Changing medicines or dosages to control side effects, discharging someone early or being talked into doing a different procedure than your instincts tell you to are dangerous shortcuts," Willcox says.

Harrop says he struggles to convince his physician-patients to follow his advice. "I treat doctors all the time, and they don't listen to a word I'm saying. I tell someone not to go back to work for six weeks, and they go back in two."

An Exercise in Empathy

Among the few bright sides of physician illness is the one discovered by William Hurt's character in "The Doctor" — a new compassion for patients. Ill physicians learn how exasperating things like long waiting times or noisy hospital roommates really are. The experience is often powerful enough to change the way they deliver care.

"All the years I practiced, I never knew how much pain my patients were in when they had ruptured discs," says William Buchheit, MD, Jefferson's former chair of neurosurgery, who had a cervical discectomy shortly after his retirement. "My experience in the hospital made me completely rethink how I had approached things. Simply getting pain medicine was a problem; the nurses didn't want to give me more than I was written for, and it was not enough. I was in agony, so I picked up the phone and called the resident myself. But the average guy can't do that."

Craig Richman, MD '88, medical director at Meadows Psychiatric Center near State College, Pa., had a pituitary tumor removed in 2010 and was surprised how infrequently medical staff identified themselves when they entered his hospital room throughout his six-day stay.

"Only students introduced themselves; otherwise, I had to ask for everyone's name and role. I have always introduced myself to patients, but now I am extra-aware of that in my own practice. A patient should never have to read a name badge to figure out who someone is," says Richman, who also gained a new appreciation for the efforts patients put into managing their prescriptions.

"As a doctor, even I have difficulty making sure I take my nine medications and don't run out of refills," he says. "This has made me more sensitive when my patients struggle with their medication regimens."

Willcox's experience with cancer even changed the way he interacts with patients physically.

"One thing I do intentionally now is to touch people more. The nurses in the Infusion Center, when they touched me, it would break down a barrier. I gave one of my patients a hug today. Almost without exception now, when I go by a bedside, I put my hand on my patient's hand," he says.

"One of my mentors, Dr. Louis Dinon, used to glibly remark that every doctor should get sick every year, and some more than once a year, because they've lost their humanity. I couldn't help but think about that once I started getting this whole new perspective during my treatment. Now I'm on the patient side for life."

Physician-Patients Are Simply Patients

The easy answer to all of the issues posed when physicians face illness is the same: physician-patients are just patients. They must adjust to their new role and use the healthcare system like all other patients, choosing their clinicians based on who will provide the best and most thorough — rather than the most convenient — care.

Certa says the best way to maintain health is through communication with a close confidant. "Everyone, including physicians, should develop a relationship with someone who will nag you to stay healthy — in a loving way, of course," he says. "For physical health, they can remind you to schedule that colonoscopy or take your medication every morning. For mental health, having someone to talk to keeps you sane. There is a hierarchy of defense mechanisms that people use to deal with all the slings and arrows of daily life, and the healthiest defenses are the ones that involve other people."

Physicians treating other physicians should reassure their patients about confidentiality and use the same protocols they would in any similar case, avoiding "corridor consults" and explaining diagnoses and treatments comprehensively without assuming the patient has background knowledge to fill in any blanks. By helping ill physicians focus on healing and not being responsible for care, those providing advice or treatment enable them to return to health as quickly and effectively as possible. ■