DOs AND DON'Ts

WHILE TREATING PATIENTS WHO ARE DOCTORS THEMSELVES

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I would like to share the contents of an e-mail which I came across in a medico legal group about 2 years ago. The mail was followed by animated and enlightening responses from the members of the group.

The mail was written by a doctor who was a faculty in one of the AIIMS' institutes in Delhi. His one and a half year old son had developed myopia as a complication of retinopathy of prematurity (ROM). Since the Ophthalmology Department in his institute did not have the necessary facilities for treatment of the condition, it was recommended to him that he consult a particular Pediatric Ophthalmologist of a private hospital with the requisite facilities. The Doctor phoned the Ophthalmologist who asked him to bring the baby on a particular date. A day prior, he sent his resident doctor to the reception desk to confirm his appointment. He was asked to report at 9 am and that is what he did the next day punctually.

He reached there with his baby and his wife who also a doctor. After standing for an hour in the hot and humid climate (there was no vacant chair available); he sent an SMS to the Ophthalmologist informing him of his presence. After getting no response to this for half an hour, and after observing that even those patients who had arrived after him were being led into the doctor's chamber, he questioned the staff at the reception who asked him to first deposit Rs 750. He readily deposited this amount.

Meanwhile the baby was crying continuously because of the heat. Another hour went by and he was still not called in by the doctor. Unable to contain his anger any longer, he left the clinic without asking for a refund of the fees. At 2:15 pm he received a call from the doctor's office asking whether he wanted his child to be checked up by the doctor. To this he replied "No".

I now quote verbatim from the last part of his letter.

He wrote addressing the admin of this e-mail group :

"Sir, please help me to find my thought. Whether my expectation from this doctor was wrong? Whether other professionals like IAS, IPS, etc. behave in a same manner with their professional colleagues? Whether I wrongly interpreted the following lines of medical ethics: "I will treat my colleagues with respect and dignity." Sir, whether I am wrong to feel humiliated"

A number of doctors responded to this mail. The majority of them condemned the behavior of the Ophthalmologist and a few suggested actions which this doctor ought to take.

I do not wish to discuss the responses to the above mail.

But the larger questions that need to be asked are: Is good old Professional courtesy amongst doctors on the decline? Is this inevitable on account of societal changes and sheer increase in the number of doctors? We need to ponder.

Being called upon to treat a medical colleague or his or her family member is a common experience.

These situations have never really been analyzed nor have the various aspects been discussed objectively.

I'd therefore like to review some of the aspects of what I like to call : Doctor--'Doctor-Patient' Relationship!

The fact that another doctor chooses to consult you for a medical problem indicates his or her confidence in your professional abilities and is a sort of recognition. However, in its wake it also throws up a number of challenges. It is worthwhile trying to understand these.

Most of us are familiar with what is known as the 'VIP syndrome'. Put simply, it indicates that ironically, the more care one takes in treating an important patient, such as a medical colleague, the more often things somehow do not turn out as expected. Of course, there is no rational explanation for this but there are many who will vouch for this by their experience.

In order to minimize the occurrence of this strange 'syndrome', it would be instructive to consider the following very incisive tips by Schneck SA (published in JAMA Vol. 280, No. 23). They constitute invaluable guidelines when called upon to treat a doctor colleague :

1. **Do not accept such patients (who are themselves doctors) if you are likely to feel an excessive degree of anxiety from the responsibility of their care. Such anxiety may lead to indecisive actions.**
2. **History taking and physical examination should be as thorough as for any other patient. Do not avoid asking personal questions and when appropriate, do not omit examination of intimate parts such as breast, rectal or pelvic examination because of embarrassment.**
3. **If it is a relative of the doctor, speak directly to the patient, as much as possible, without the interference or editing of the doctor-relative.**
4. **Remember that the ill physician is as sick and frightened as any other patient. Ask for and consider the patient's self-diagnosis seriously. Discuss the diagnostic and / or treatment plan in detail even if the patient says it is not necessary.**
5. **Avoid too much of a personal identification with the patient due to empathy or sympathy. Such feelings, while understandable, can interfere in diagnostic testing and therapy. Negotiation over testing can lead to too many or too few investigations. Modifying routine standard practices to save the patient time, trouble and money may result in poor medical care.**
6. **Discourage the physician-patient from self-ordering investigations or ordering them for relatives.**
7. **Discuss the issues of privacy, confidentiality, payment, etc early so as to avoid misunderstanding later on.**
8. **Instruct your staff to treat the patient with courtesy and respect.**

Interestingly, the amended Code of Ethics published by the Medical Council of India (Year 2002) - called 'Regulations relating to the Professional Conduct, Etiquette and Ethics for medical practitioners', continues to restate the following decades-old homily to doctors :

"A Physician should consider it as a pleasure and privilege to render gratuitous service to all physicians and their immediate family dependants"

To my mind, this clause deserved a more modern and contemporary amendment in keeping with present times. While these wordings were quite appropriate and achievable in the more gracious and less turbulent times of yesteryears, in the current competitive / materialistic / fast-track times, they may be little bit out of sync.

Several years ago, a very senior surgeon and a President of our Association made this very candid comment: "Whereas the expectation of a doctor when he consults another doctor is that he would get extra attention from his fellow-colleague, quite often exactly the reverse happens. I suspect, this is more to do with human nature than anything else. Understandably, 'rendering gratuitous service', after a certain point, can become a significant disincentive to highly efficient service."

It was precisely because of this that the Personal Health Insurance Scheme for members of AMC was created a number of years ago. As a matter of fact, it is my opinion, that the MCI code of ethics should state something on the following lines: "It would be advisable for all physicians to be covered under some Health Insurance Scheme so that the need to seek gratuitous service from colleagues does not arise"

In the USA, for example, the sentiments run along similar lines, reaffirmed in their common refrain of there being 'no free lunches in life!!'

Undoubtedly, once the embarrassment of monetary compensation is out of the way, the comfort levels of the treating doctor and doctor-patient are enhanced.

Going back to the excellent suggestions offered by Schneck to be followed when called upon to be a 'Doctor's Doctor', I would like to especially stress that the history-taking, examination, investigations & treatment of the physician - patient should be as thorough and diligent as for any other patient. Nothing should be taken for granted.

This cautionary advice is especially relevant and needs to be carefully borne in mind especially because there are at least half a dozen cases of complaints in the Consumer courts filed by 'doctor-patients' against their treating doctors !

Many of these cases are on-going, thus precluding specific discussion on them.

However, an interesting (and educative) allegation was pertaining to professional fees. When the defendant doctor said in his defense that not only did he treat the patient with diligence, he even didn't charge any professional fees as a professional courtesy, the plaintiff doctor submitted that perhaps that was precisely why he was casual and careless in the treatment!!

Never be under the assumption that just because the patient is a doctor, it is not possible that he or his family will ever make allegations of negligence against you or file a case against you should there be an adverse outcome of treatment.

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