Physicians may be among the most reluctant people to play the role of patient.

As a physician, you might assume you're in the know when it comes to receiving the best possible healthcare. With all of the resources at your fingertips, it would be almost impossible not to. But "physicians are so busy taking care of others that they neglect their own needs," says Steven H. Farber, MD, a cardiologist in The Woodlands, Texas, and author of Behind the White Coat: Intimate Reflections on Being a Doctor in Today's World. "It's very easy not to follow your own advice."

A busy schedule is no excuse for neglecting to get regular healthcare, as you have probably emphasized to your own patients. Physicians, though, may be among the most reluctant people to play the role of patient.

Based on a study conducted in October 2003 by the Journal of the American Medical Association, "a physician-patient's ... trust or acceptance of medical advice may be difficult. Physicians have greater than average death anxiety and although they may actually grasp the significance of the information much faster than the average patient, their rational understanding does not necessarily translate into emotional comprehension." The study goes on to note that physician-patients are expected to take a more passive stance in matters of their own lives and deaths.

So it should come as no surprise that, given their lack of time - and even lack of trust - many physicians tend not to have their own physician.

A similar study in the Archives of Internal Medicine in November 2000, asked 915 physicians whether or not they have a regular source of care or primary-care physician. Researchers hoped to determine the predictors of not having a primary doctor, and if having one is associated with the subsequent receipt of preventive services.

According to Cary Gross, MD, assistant professor of medicine at Yale University School of Medicine and principal investigator of the study, "We were surprised that a full third of MDs did not have a [regular source of care], and that internists in particular seemed unlikely to have one. I think that internists don't have primary-care docs because they mistakenly believe that because they have the training to be primary-care doctors for other people, then they can also care for themselves." The study results showed that 39 percent of internists reported having no primary-care physician; surgeons followed close behind at 34 percent. Pediatricians (78 percent) and psychiatrists (79 percent) were the most likely to have a primary-care physician.

Health beliefs, habits count

Data from the Archives study indicated a direct correlation between physicians' personal health beliefs and their use of a primary doctor. "Respondents who were more fatalistic about their health were almost twice as likely to lack a [physician]," according to Gross. "In contrast, those who expressed faith in the ability of physicians and other authority figures to influence their health outcomes were far less likely to lack a [physician]."

Do the health habits of these physicians then influence how they counsel patients? Apparently so, based on another study in JAMA.

The study, conducted in 2002 by Kenneth Wells, MD, and associates, looked at the link between physicians' personal health habits, and their practices of counseling patients on smoking, maintaining a healthy weight, exercise, and alcohol use.

The conclusion? The more bad habits physicians have, the less likely they are to effectively counsel patients, and vice versa.

According to Wells, "Physicians with poor habits in all four areas are unlikely to counsel even patients with liver disease about alcohol. In contrast, physicians with good habits in all four areas routinely counsel all patients who drink about alcohol."

"Doctors are so used to being in control, and there is a sense of detachment that they have in order to distance themselves from diseases," says Farber. "They are hiding behind their role as doctor and are just as capable of denial as anyone else." This can lead to problems like addiction.
"It is so simple for doctors to become addicted," says Farber, who also runs a Web site, www.behindthewhitecoat.com, that features a physician-to-physician bulletin board. "The temptation is there; you can prescribe almost anything for yourself. I would say 10 [percent] to 15 percent of physicians have problems with addiction."

When they find themselves in health trouble, physicians "need to get away from the mentality of being too busy - and the reminders need to be there," says Farber. He claims his own experience with illness was an eye-opener.

"I am a patient with a chronic illness, and as a result, I can empathize with my patients and relate to them on their level. I feel that this experience has made me a better doctor," he says.

**Awareness starts early**

There are no reliable methods of encouraging physicians to use a primary-care doctor and get regular preventive care. Efforts thus far tend to target mostly medical students and residents. Deborah Danoff, MD, associate vice president, division of medical education, at the Association of American Medical Colleges, believes the importance of teaching young medical students good health habits - for themselves and their patients - cannot be overemphasized. "You have to assure that you bring to awareness the importance of health prevention. Most medical students are so young they don't even yet think about health prevention topics themselves," she says.

One impending change in the medical school curriculum, says Danoff, is the incorporation of the "Healthy People 2010" goals - a set of nationwide health objectives coordinated by the Department of Health and Human Services and other federal agencies. "Nobody changes a curriculum overnight, but it's already an ongoing effort," she says.

"Medical schools are more conscious now to the problems faced by doctors, and there are more attempts being made to teach doctors how to take care of their own needs," says Farber.

For those physicians out in the trenches, wellness committees commonly sponsored by state and county medical societies are one resource to help physicians obtain better health information.

**Professional courtesy**

When you do visit another physician for care (or you treat a fellow colleague) it's important to be aware of the issue of professional courtesy, or providing discounted (or free) services.

"I remember years ago where physicians or their families had expected or requested professional courtesy," says Brad Fenton, MD, whose Philadelphia practice includes a number of physician-patients. "But it's not much of an issue anymore. There are people who can take their friends and family members and maintain the appropriate professional relationship ... ."

Still, there must be a professional courtesy policy set out in writing and approved in advance by the governing body of the practice, according to Alice G. Gosfield, Esq., of Alice G. Gosfield and Associates, P.C., a health law firm based in Philadelphia.

Professional courtesy is defined under Stark II, Phase II regulations as the provision of discounted healthcare services to a physician or his immediate family members. The courtesy must be offered to all physicians on the entity's bona fide medical staff or in the local community without regard to volume or value of referrals.

(Additional information regarding professional courtesy, and how it applies to Stark law, can be found at www.gosfield.com under the newsletter article "Stark II, Phase II: The Interim Final Story," May 2004.)

In the end, Fenton believes that, whether they are physicians or not, "there are always going to be people who are more willing to be partners in managing their healthcare. There are people who can be objective and appropriate ... and then there are people who feel that they don't want to be in that position of responsibility [for their own health]."

You may assume as your own physician that you are in good hands managing your own care. But the importance of having a primary-care doctor far outweighs the perks of being your own "second opinion."

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