

Dread looking after Doctors?

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About Me....



- * Introductions

Some questions...

- * When was the last time you consulted a doctor?
- * Has anyone ever been admitted to hospital?
- * Has anyone ever looked after a doctor patient before?

Aims and Objectives

- * To consider the differences between medical and non medical patients and the implications of these for practice
- * To examine the concept of Professional Courtesy
- * To discuss breaking bad news to doctor patients

Task 1

- * Think about being a patient yourself. What are you most afraid of?

To me being a patient is...

- * Embarrassing
- * Undignified
- * Frightening
- * Stressful
- * Time consuming
- * Isolating

Task 2

- * What are the differences between 'doctor' patients and 'normal' patients?
 - * Good aspects
 - * Not so good aspects

My thoughts on differences

- * Knowledge
- * Previous experiences
- * Expectations
- * Contacts

Professional courtesy

“...encompasses privileges given to doctors over and above the usual courtesies given to patients who are not colleagues”

Task 3

- * Can you think of examples of Professional Courtesy from other walks of life?

Some history

- * Dates back to Hippocrates
- * Tradition amongst Physicians not to charge each other for treatment
- * Embedded in the AMA ethical code 1847
- * Still exists to some extent in the US
- * Purpose:
 - * To discourage doctors from treating themselves and family members
 - * To foster bonds between Physicians

In the UK...

- * We do not pay upfront for our healthcare so less clear cut
- * Asking someone you know?
- * Seeing the best person available?
- * Receiving preferential treatment?
- * Shorter waiting times?
- * Convenient appointments?

A vote...

- * Should Professional Courtesy exist?

Task 4

- * In your groups debate why Professional Courtesy should or should not exist.

My experience of Prof Courtesy

- * No locum doctors
- * Always reviewed by a Registrar or Consultant on a weekend
- * Expedited investigations
- * Information

Breaking bad news

- * A very personal example....
 - * I am alone
 - * I am in pain
 - * An SHO I have never met
 - * Tells me I have metastatic cancer out of the blue

Task 5

- * Think of an example of when you have received bad news (not necessarily medical).
- * What made it easier/more difficult?

Getting it right...

- * Right person
- * Right setting/environment
- * Right level
- * Right aftercare

Task 6

- * Is it easier or more difficult to break bad news to a 'doctor' patient? Why?

Breaking bad news to doctors

- * Sometimes we forget the 'rule book' when dealing with other members of our profession
- * Why?
 - * Assume they already know what's going on?
 - * Assume they can handle bad news better than lay patients?
 - * We are just flustered and therefore our general communication skills suffer?

Task 7

- * Read the articles:
 - * 'How doctors choose to die'
 - * 'How to die: doctors see things differently to most people'

Task 7 Cont

- * Consider if you were in my situation.
- * Debate in your groups how aggressive you would be with your own clinical management.

Questions?



Summary

- * Special group of patients
- * Can be challenging professionally
- * Do not assume knowledge, but equally do not patronise
- * Do not forget the ‘communication rule book’

Shameless self-promotion...

* www.theothersidestory.co.uk

