

# 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](http://www.theothersidestory.co.uk)

