

Consultation Tips: When your patient is a Doctor...

With reflections and insights from a GP's personal experience as a hospital inpatient

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Disclaimer

- *These notes are primarily a reminder for myself and then advice to my colleagues.*
- *It is important to bear in mind that these are general principles derived from my own experience and may not apply universally. There will always be exceptions to the rule!*
- *Some of the tips included may be useful in all consultations and not just with patients who are doctors. This is likely to be the case with the “Expert patient”.*
- *The tips are not listed in order of importance. Importance will vary according to the patient in front of you.*
- *Some of the tips appear simple and obvious, however they were frequently not implemented in the hospital during my admission and hence I felt the need to highlight them.*

Tip One: The Doctor patient is a Red flag

- If your patient is a Doctor, treat this almost as a **Red flag**, in and of itself.
- Sit up and pay attention, **ESPECIALLY** if this is their initial presentation.

Why is the Doctor a Red flag?

- Doctors are trained to be highly resilient and independent, and are therefore unlikely to consult for trivial matters.
- Doctors have access to resources and clinical information that non-doctor patients may not have access to.
- They may present **EARLY** due to knowledge of subtle signs of serious illness. Do not dismiss the possibility of serious pathology without further assessment.
- Or they may present **LATE**, having exhausted every other avenue before seeking your help.
- They know how busy you are and wouldn't want to take up your time unless the matter is very concerning to them.

Tip Two: History is Key

- Do not be reassured by the fact that your patient is functioning normally despite saying they feel unwell.
- If they are SAYING something is wrong , it usually is the case.
- If they are SAYING they are unwell, they usually are.

- Doctors are trained to be resilient. They tend to maintain a high sense of responsibility for others and have the ability to push themselves to extreme limits. Therefore, **what you SEE may falsely reassure you**. Pay special attention to the history – it really is the key!

Tip Three: Address the patient as Dr

- Unless you are already familiar with your “Doctor Patient”, use their title to address them. If they prefer to be addressed less formally, they will let you know.
- You do not need to offer preferential treatment but the “Doctor Patient” needs you to acknowledge the fact that they are a Doctor.
- Acknowledging their qualification and level of understanding is important as it is likely that the “Doctor Patient” would require more detailed information compared to the average non-Doctor patient.
- Being a Doctor is an integral part of the patient’s identity. Using their title is a way of making them feel fully heard and seen.

Tip Four: Share the detail

- The “Doctor Patient” is likely to have a greater understanding of their condition or potential differential diagnoses than the average non-Doctor patient and so will appreciate more detail when informed of results and management options.
- Offer to share and show them their investigation reports rather than simply saying they are normal. **Tell them the numbers and don't miss the detail.**
- Offer to share evidence / articles regarding proposed treatment options.

Tip Five: Discuss, Listen and Collaborate

- Discuss and explicitly inform regarding your Plan and Differential diagnoses. Share your opinion but also what the other possibilities could be and what tests you are actually requesting. (*this may seem obvious but was rarely done during my hospital admission!*)
- Ask the “Doctor Patient” whether they think anything else needs to be done.
- Give permission for them to influence the plan.

Tip Six: Adopt humility

- Consider the possibility that your patient may know something that you don't. It's okay to say "I don't know".
- They may have knowledge , experience and expertise that you don't have.
- If they suggest or are concerned about something that you think is an impossibility, rather than dismissing it immediately, take a step back and acknowledge that you may not know. Look it up and then respond.

In my case, a doctor, in an attempt to reassure, told me that there was no such thing as Croup in adults. This doctor had no awareness of the fact that although it is rare, Croup can occur in adults and is often a more serious illness than in children.

Tip Seven: Be Kind and Compassionate

- How you make someone feel sticks with them, regardless of how competently (or indeed incompetently!) you do your job.
- Be kind at all times.
- The “Doctor Patient” is likely to recognise when you make mistakes but as long as you are trying your best and are kind, they will be kind in return.

I overlooked a multitude of errors due to the kindness of the individuals that were looking after me in hospital. I understood that they were trying their best.

Tip Eight: Let the Doctor retain some control

- It is highly disconcerting for a Doctor to become a patient
- The main issues are a lack of control and influence as a patient.
- The patient loses control over their bodily processes during illness and then has to rely on professionals to help. This is compounded by the lack of influence over the Consulting team, whilst being a patient, in stark comparison to what happens in their role as a Doctor.
- Try to give back as much control as possible. Do not assume that becoming a patient results in a complete loss of objectivity in your “Doctor Patient”.

Tip nine: Acknowledge the impact of uncertainty

- One of the biggest issues with sudden illness is the uncertainty it brings. The patient may have several questions running through their mind which no one can answer. Acknowledge them. These may include;
- *What is happening to me? Why is this happening to me?*
- *Am I going to die?*
- *What does this mean for the future?*
- *How long will this last ? Is it going to be a short term or long term illness?*
- *How will it affect my finances/ relationships / work etc. ?*

Tip Ten: Take an interest in their journey

- It is therapeutic to have your story listened to and to feel heard, even if the person listening is not in a position to make a diagnosis.
- Do not underestimate the impact of listening to your patient's journey.
- Show that you care by taking an interest in their story.

A nurse who was checking my observations asked “what’s brought you here?” He didn’t need to ask or listen. But it showed he genuinely cared and I appreciated that.

Tip Eleven: Pay attention to your language

- Avoid using the word ‘anxious’ when referring to your patient. It is disheartening to hear and the “Doctor Patient” will assume that you are dismissing their genuine concerns by labelling them as anxious.
- It is better to use words like ‘worried / concerned’ as alternatives to ‘anxious’
- If anxiety is in the list of differential diagnoses, do not mention it until you have excluded other pathology. If you do think it is important, mention it alongside other differentials.

Tip Twelve: Give explicit permission to the Doctor to take time off work

- Most “Doctor Patients” are highly driven and will want to take as little sick leave as possible.
- It is important to give permission to take time off and often saying “take longer than you think you will need” will mean they don’t return to work too soon.

Bonus Tip: Hello, My name is...

Shared by a colleague...

- Not knowing who is dealing with them is very unsettling for all patients, not just those who are Doctors.
- Always remember to introduce yourself by name and role.

Summary of Consultation Tips

1. The Doctor patient is a **Red flag**
2. History is Key
3. Address the patient as Dr
4. Share the detail
5. Discuss, Listen and Collaborate
6. Adopt humility
7. Be Kind and Compassionate
8. Let the Doctor retain some control
9. Acknowledge the impact of uncertainty
10. Take an interest in their journey
11. Pay attention to your language
12. Give explicit permission to the Doctor to take time off work
13. Hello, My Name is...