



The transition from healer to patient is mentally and physically challenging. Often, this experience of transition is enough to influence the doctor's identity and perspective of being a patient. This essay seeks to explore the various challenges that doctors face in their transition. Mental obstacles faced by doctors who become patients ('doctor-patients') included unfamiliarity with the patient role and the conflict between concepts of illness and the 'ideal doctor'. Moreover, the doctor-patient's interactions with colleagues can present challenges to the experience of being a patient. This occurs through role ambiguity and mistreatment of the doctor-patient by other doctors. A possible solution to some of these obstacles could be to change doctors' perspectives of illness from the foundational stages of training.

The first challenge for the doctor-patient is overcoming a mindset that is unprepared for the vulnerability of being a patient. Early during training, medical students are often taught to approach health from the position of a healer. Seldom do medical students have the opportunity to approach health as patients over significant periods of time (Barry, 2014). Consequently, few completely understand the experience of being sick. Additionally, the large wealth of knowledge one gains as a medical student can falsely convince the student that they completely understand the patient's experience. This is often not the case as medical students who have encountered illness would attest (Barry, 2014). Overall this creates a contrast in the future doctor whereby one believes they understand the experience of being a patient without fully grasping it. The false sense of understanding the patient experience is often confronted when the doctor becomes the patient themselves. This can be very challenging because the doctor's mindset is often unprepared for the vulnerability and pain involved in becoming a patient.

The concepts of the ideal and invulnerable doctor also contributes to the challenge of becoming a doctor-patient. These images of what a doctor is are often created early during medical training (Ross et al., 2011). Medical students frequently feel pressure to fit the concept of the ideal doctor who has values such as complete dedication to their work, altruism and compassion. These character traits are not negative on their own. However, without having experienced the vulnerability of illness, this idea of a doctor can lead to an unrealistic impression of what a doctor should be. Part of this image is that as a healer the doctor should not get sick (Wessely and Gerada, 2013). Instead the doctor should be able to manage themselves well enough to avoid getting seriously ill. From this perspective, although doctors may treat diseases in patients, illness amongst doctors is considered a sign of weakness (Jaye and Wilson, 2003).

On a more fundamental level, the doctor can unconsciously develop the false perception that they are immune to illness. This view often arises in response to the stress of being a health practitioner. Doctor treat a range of afflictions that affect the human body, the idea of the 'invulnerable doctor' allows the doctor to escape the reality of their vulnerability to disease (Jaye and Wilson, 2003). This idea of a

doctor's immunity to disease can be further reinforced by the expectations and perspectives of the patients they treat (Ross et al., 2011). The ideations of the ideal, invulnerable doctor are very difficult to address for the majority of doctors because being a doctor forms a significant part of their identity (Klitzman, 2008, Wessely and Gerada, 2013). The ideas eventually contribute to denial of illness in the doctor. Many doctors stoically deny that they may be sick or downplay the extent of their sickness (Klitzman, 2008, Mirvis, 2009). Through this doctors avoid becoming the subject of treatment and maintain the ability to self-medicate (Jaye and Wilson, 2003). An example of this is apparent in studies which show doctors often continue to work when experiencing severe illness (Jaye and Wilson, 2003, Kay et al., 2008). In general, the concept of the invulnerable, ideal doctor contributes to the difficulty of the transition from healer to patient.

Role ambiguity also contributes to the difficulty of being a doctor patient. Both the doctor-patient and the doctor who treats them (the treating doctor) are responsible for role ambiguity. It originates from the doctor-patient when they refuse to entirely relinquish control as a physician in their interaction with the treating doctor (Wessely and Gerada, 2013). This is not an uncommon occurrence and often appears in the form of the doctor-patient attempting to negotiate the method of treatment with the treating doctor. In more extreme cases, the doctor-patient may entirely ignore the treating doctor and takes their management into their own hands through tactics such as self-referral (Wessely and Gerada, 2013). This highlights the underlying psychological challenge doctor-patients encounter in making the transition from a healer to a patient.

Nevertheless, role ambiguity can also stem from the treating doctor. One of the more common ways this can occur is when the treating doctor approaches the doctor-patient predominantly as a colleague instead of a patient who needs to be cared for. One facet of role ambiguity is when the treating doctor inappropriately relates to the doctor-patient as a colleague instead of a patient. The treating doctor in this case may tend to defer inappropriately to the doctor-patient's requests for treatment without properly treating the doctor-patient from a clinical perspective. This may particularly be the case when the doctor-patient is in a position of seniority over the treating doctor (Jaye and Wilson, 2003, Nisselle, 2012). Another aspect of role ambiguity is the overestimation of the doctor-patient's ability due to their medical background. Amongst treating doctors it can be assumed that since the doctor-patient has a background in medicine, they automatically comprehend all the medical information presented to them. While this is sometimes the case, a lot of doctor-patients find this experience confusing and distressing. Role ambiguity tends to be frustrating for the doctor-patient as it can prevent them from receiving the adequate level of care they require (Jaye and Wilson, 2003).

Mistreatment of the doctor-patient by treating doctors can pose a significant challenge to being a patient. As mentioned earlier, doctors do not necessarily always comprehend the patient experience. This partially distances doctors from the patients. Moreover, doctors' negative perception of illness can emotionally alienate the doctor from patients (Jaye and Wilson, 2003, Ross et al., 2011). Within the

chaos of the medical field, it can be easy to forget that patients are also people. An example of exactly this can be seen in the Rosenhan experiments. Although it may not have been the experiment's primary intention, the experiment highlighted how easy it can be as a health practitioner to dehumanise the patient (Rosenhan, 2001). This is expressed through incidences like medical students and doctors forgetting to introduce themselves or delaying in delivering critical health information to the doctor-patient (Klitzman, 2008, Tomlinson, 2014). While these instances of neglect may be small, they can also play a profound role in the patient's experience. Interestingly these acts of mistreatment are often decried the most by doctor-patients, perhaps because of its involvement with their identity. The challenge behind this is so significant that once doctor-patients have recovered they often attest that these experiences have changed their method of practise and made them better doctors (Fox et al., 2009).

Long-term solutions to the challenges that the doctor-patient encounters in being a patient could most effectively be made during medical training. Many doctors develop a stoic view of health during training through an informal, clandestine socialisation and institutionalisation process can be hard to address directly (Jaye and Wilson, 2003, Wessely and Gerada, 2013). Consequently it is essential to emphasise correct perspectives of the concept of illness in relation to the doctor during medical training. Doctor-patient have recommended that it may "benefit doctors...to acknowledge their own vulnerability during training" (Fox et al., 2009). In doing this it is necessary to also teach emotionally safe ways for a doctor to access healthcare which doesn't stigmatise their illness. Overall these solutions assist in addressing the mental barriers the doctor-patient may encounter. Of equal weight is the importance of teaching doctors how to care for other doctors in a professional manner that firmly deals with the issue of role ambiguity (Jaye and Wilson, 2003, Gorman and Gorman, 2013). Finally it is important to continually highlight the importance of patient-centred health care that combines "clinical acumen...with humanism" during medical training and practice (Schapira et al., 2014). This prevents dehumanisation of the patient and is vital in preventing mistreatment when interacting with colleagues who are doctor-patients.

In conclusion, despite extensive clinical exposure to patients and a wealth of medical knowledge, the doctor still finds the experience of being a patient to be unfamiliar territory. This new state of affairs is often rejected because acceptance of sickness directly contradicts the notion of the ideal, invulnerable doctor. However, once the doctor-patient has accepted their illness and entered this terrain, they still face challenges. These include role ambiguity and accidental mistreatment by colleagues. In order to address this, changes should be focused on altering doctors' perception of illness from the foundational stages of medical training. These stages shape the doctor's perspectives of illness (possibly for the rest of their career). In addressing these formative stages one addresses the root of these challenges and secures the hope of healing the patient instead of simply applying a band aid to already well developed issues.

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