

**What the public thinks of doctors and their health  
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**So what does the public think of doctors?**

Faced with such a sweeping question, I did what any sensible person does these days - and hit the button for the Google search.

Here are some of the quotable quotes which popped up on my screen.

Several hundred years ago, the French writer and philosopher Voltaire wrote:

Doctors are men who prescribe medicines of which they know little, to cure diseases of which they know less, in human beings of whom they know nothing.

While the Russian writer Anton Chekov said:

Doctors are the same as lawyers; the only difference is that lawyers merely rob you, whereas doctors rob you and kill you too.

Meanwhile, the American scientist Benjamin Franklin was of the opinion that:

God heals, and the doctor takes the fee.

Voltaire expressed the same idea somewhat differently:

The art of medicine consists in amusing the patient while nature cures the disease.

In case you are thinking that doctors are getting unfair treatment, here are some quotes from one of my favourite commentators on journalism, Oscar Wilde, who said:

It (journalism) justifies its own existence by the great Darwinian principle of the survival of the vulgarist.

He also said:

...there is much to be said in favour of modern journalism. By giving us the opinions of the uneducated, it keeps us in touch with the ignorance of the community... By carefully chronicling the current events of contemporary life, it shows us of what very little importance such events really are.

AND

The fact is that the public have an insatiable curiosity to know everything, except what is worth knowing. Journalism, conscious of this, and having tradesmen-like habits, supplies their demands.

Anyway, getting back to doctors.

Here are some other quotes about doctoring from the world's electronic library, which might help give some insight into the motivations behind some of those earlier negative comments.

On his examination paper a boy wrote, "A natural death is where you die by yourself without a doctor's help.

That sentiment is a reminder that for many people, doctors are associated with illness, death and suffering, and some of life's most difficult and traumatic experiences.

Perhaps another relevant quotation is that: There are some who bear a grudge even to those that do them good.

This is a reminder, perhaps, that the relationship between doctors and their patients is not one of equals. This, in part at least, reflects the very nature of illness, which can make people feel frightened, and vulnerable.

From that perspective, doctors, with their specialist knowledge, seem very powerful. And power can breed grudges and resentment. The Tall Poppy syndrome, perhaps.

But getting back to the issue, how does the public perceive doctors?

Such a sweeping question cannot be properly answered by a sweeping generalisation.

In fact, many of the answers to this question might appear contradictory - how the public views surgeons may be different to how they view the GP who has soldiered on, providing care in a country town, long after the banker has moved on.

Similarly, how the public sees the medical profession as a whole may vary from their perception of their own doctor.

As a profession, doctors are a relatively powerful force in society. Overall, they are probably also seen as better off than many other groups, although the woes of GPs do seem to have permeated the public consciousness.

Generally, though, doctors are seen as well paid, highly trained, well educated and influential, as illustrated by their dominant voice in media.

In the last few days, for example, at least a dozen press releases from the AMA dropped into my email inbox. There are few other groups who can outgun the AMA when it comes to getting a health message a run in the media.

A while back, a researcher at the University of Sydney ran the names of key players in health through a data base of Australian metropolitan newspapers, to see who had been mentioned most often in stories over the past five years.

There were so many hits for Kerryn Phelps, that the search engine gave up after 1,000. Her nearest rival scored less than 400 mentions.

Kerryn is widely acknowledged as an excellent media performer, but that finding also reflects the resources and influence that the profession is able to wield.

Last year, the BMJ investigated the status of doctors in several countries (BMJ 2002;324:11) and published a report concluding that respect for doctors is extremely high and has not altered noticeably over the past 10 years, despite what the profession believes has been negative media publicity.

In Australia, three-quarters of those surveyed said doctors were the most respected profession, coming third after nurses and pharmacists who scored 90% and 83% respectively.

Doctors' rating in Australia had increased slightly from the previous year.

You will not be surprised to know that journalists didn't rate a mention, among the trusted professions.

I think there is an interesting contradiction lurking in all that.

This is - that while the medical profession often give the impression that they feel hardly done by and that, for a whole host of reasons, their professional standing has been somewhat eroded - that perhaps the news is not as bad as they assume.

On the other hand, it is possible that at an individual level, doctors overestimate their patients' perceptions of their care and relationship.

I have observed this many times with friends and relatives; they may be unhappy with aspects of their care, but reluctant to challenge their carer - whether a doctor or another health professional - because they don't want to damage the relationship which is so important to them.

This was mentioned by the Consumers Health Forum when I asked them for their views on the topic of this talk.

The Forum said it often received complaints from patients about their doctors' fees, but that callers usually did not want to name the doctor because they didn't want to jeopardise the relationship.

I know this as a journalist too.

It is easy to get an inflated view of your work's merit because people generally pass on only the good feedback. Because you are seen as being in an influential position, some people will be reluctant to upset you - the negative stuff is more likely to be said behind your back than to your face.

The pity about this - for journalists and doctors alike - is that the negative  
A study published in 1995 in an American journal

(Patients' attitudes about gifts to physicians from pharmaceutical companies. J Am Board Fam Pract. 1995 Nov-Dec;8(6):457-64) provides one example of a disparity between doctors and patients perceptions.

The survey, of almost 500 patients attending family practices, found that many were unhappy about doctors accepting gifts from pharmaceutical companies. The survey found that:

- \* half of the patients believed doctors should not accept meals from pharmaceutical companies
- \* almost 20 per cent believed doctors should not even accept ballpoint pens from pharmaceutical companies
- \* one third did not approve of their physicians accepting payment by a pharmaceutical company of medical conference expenses and
- \* more than one quarter disapproved of their physicians attending specific social events sponsored by pharmaceutical companies at a medical conference.

But I think it's a pretty safe bet most patients would not dream of even raising such issues with their doctors directly.

Interestingly, I think it is accounts by doctors as patients which provide some of the most revealing insights into the differences of doctors' and patients' perceptions of care.

The New England Journal of Medicine

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last year published a very positive review of a book called As I Live and Breathe: Notes of a Patient-Doctor.

The author, Dr Jamie Weisman, was diagnosed with a congenital immunodeficiency disorder at the age of 26, after more than a decade of undiagnosed and misdiagnosed illnesses.

The reviewer says the book does not lecture but offers observations of the disconnection between the physician's and the patient's equally "true" but vastly different experiences of an illness.

I am sure I don't need to tell anyone in this audience of the troubles of our health system, which often excels at providing fragmented, poorly coordinated care.

Writing recently in *The Medical Journal of Australia*, the head of the department of medicine at the Austin Hospital, said that:

(*MJA* 2003; 179 (5): 250-252)

Today's public hospital system is mainly based around the needs of those who work in it, rather than the needs of the patients receiving treatment. For example, ward rounds are often designed to suit busy visiting doctors rather than complex hospital needs.

He continued on..

Service provision in hospitals is poor. The overriding problem with hospitals as organisational entities is that they fragment the continuum of care. If supermarkets offered the same level of customer service as encountered at times in public hospitals, they would not survive in a competitive market.

He also said that:

Hospitals today are relatively inefficient. A patient with a complex medical problem is seen by a large number of clinicians — he or she often has to repeat the same history to the general practitioner, emergency room triage nurse, emergency room registrar and specialist, general medical registrar and intern, not to mention assorted consultants. The physical examination is also repeated on many occasions. Then there are allied health staff (physiotherapists, occupational therapists) as well as pharmacists and nurses.

He said it is: No wonder patients become agitated or exasperated and don't know who is looking after them!

His article was specifically about what happens in hospitals but of course many of the problems for patients arise not in hospital but in that chasm between the hospital and community based care.

Some might argue otherwise, but to a large extent, governments and funders have generally carried the can for problems with the health system. It is often assumed that more funding will solve every problem.

Which some would no doubt argue is entirely appropriate. Others might think it an incomplete assessment.

Meanwhile, there are some concerns that current and future trends in health care may adversely affect the doctor/patient relationship.

Changes in the delivery of health care - such as the move to multidisciplinary teams and changing patterns of practice by general practitioners, including the increasing number of part-timers - are likely to further impair continuity of care.

The Health Issues Centre in Victoria believes this may affect public's perceptions of doctors - encouraging patients, for example, to view GPs as proceduralists rather than as their identified carer with an overall sense of and responsibility for patients' well-being.

Mr Tony McBride, from the Health Issues Centre, who made that comment to me, also said: I hardly see the same GP twice these days.

That is although he tries to attend the same practice.

He also said that community resentment about lack of access to after hours care, and patients' increasing difficulty in accessing care, either because they can't afford the fees or can't get into their doctor, is likely to produce increasing resentment.

**Now, having touched on what the public thinks of doctors, the next question is: what does the public think of doctors' health?**

The blunt answer here - according to my journalistic survey of consumer organisations and my own gut instinct - is: not much.

If someone is sick, they are more likely to be worrying about their own health than wondering how their doctor feels.

That said, most reasonable people would be concerned to hear their doctor is unwell or stressed or overworked.

I certainly was when my GP mentioned to me he had been unwell. I was also glad to discuss it with him because it added to our relationship and my understanding of him. I was particularly impressed when he said he was glad he had been unwell because it had helped him understand what it was like to be a patient.

I can imagine in other situations though - for someone with serious health problems, for example, the last thing they might want to hear is that their doctor is not feeling well. They might feel they already have enough on their plate without having to worry about their doctor as well.

But even if patients are concerned about their doctors' health at a one on one level, at a global level, I doubt the issue even hits the radar amongst all the other health problems which the public worries about.

Of course, there are a few notable exceptions. As previously mentioned, GPs' woes have permeated the public consciousness. The medical profession has been extremely successful at highlighting its concerns about medical indemnity. There is undoubtedly public sympathy for the difficulties facing junior doctors and country doctors.

But generally doctors' health is unlikely to become a public issue unless it is directly affecting the public's health - for example, care being affected by doctors being tired, stressed, infectious, or sick.

In one sense, this is probably fair enough. Relative to many other groups, you would expect that overall doctors' health would be better than most.

High education, high income, and high social standing are all associated with better health outcomes. Tobacco smoking has become extremely uncommon amongst doctors - thank goodness.



It is true, however, that many studies have raised concerns about some aspects of doctors' health - including increased rates of drug abuse, stress, suicide, and mental health problems.

Many professionals and occupational groups have come under increasing stress and expectations in recent decades.

While members of this audience are no doubt acutely aware of the many surveys documenting high rates of stress and psychological morbidity amongst medical practitioners, I sometimes wonder if other occupational groups have been as well studied.

Similarly, when I read surveys - often with low respondent rates - about high rates of dissatisfaction amongst doctors, I wonder what similar surveys would show of other occupational groups. The workplace seems to have become a harder place for many in recent times.

That said, there is no doubt that health professionals are likely to face even greater pressures in the future. There will be more ageing patients, with multiple complex problems. There will be more pressure on scarce resources, whether we're talking about health funding or doctors' time. The complexity of clinical decision making will increase. Health and medical workforce shortages are unlikely to resolve in the short term.

All of this adds up to a future which is likely to be more rather than less stressful for doctors and others working in health care.

That said, we need to remember that stress is a product of both external and internal factors. It is not only the environment which produces stress, but how we respond to that environment which is important.

Doctors' health might not generally be of great interest to the public but it is certainly an issue involving the public interest. There is, of course, the adage: if you can't look after yourself, how can you expect to look after others?

Carl Jung expressed it a bit more eloquently. He said: The patient's treatment begins with the doctor, so to speak. Only if the doctor knows

how to cope with himself and his own problems will he be able to teach the patient to do the same.

However, many studies, in Australia and elsewhere, have highlighted that if they do get sick, doctors are pretty pathetic at looking after themselves.

As some wit once said: the physician who looks after himself has a fool for a patient.

In that case, there are too many foolish doctors around.

It is not entirely fair however, to blame individual doctors for that situation. Their professional culture has often made it difficult for them to seek help.

I was recently sitting at lunch with some medicos when their conversation turned to specialists who were currently in treatment for mental illness. No names were given but it made me feel uncomfortable. No one else at the table appeared at all concerned.

So there is no doubt that concerns about confidentiality can be realistic and a major barrier to doctors seeking care.

There are many other barriers - what, for example, should doctors working in rural and remote areas do when they or their families get sick?

Apart from concerns for doctors' own well-being, the issue is important for patient care.

It seems obvious that doctors who are distressed, unhappy and unwell will have more difficulty meeting their patients' needs. They are also less likely to stay in the job.

A study published nearly 20 years ago (Fam Pract. 1985 Sep;2(3):128-35.) surveyed 57 general practitioners about how they felt about their work and then assessed their quality of care through several different mechanisms.

Doctors who felt more positive about their work were more likely to show openness to patients, to show more attention to psychosocial aspects of

their patients' complaints and to have a higher rate of referral to medical specialists.

Those who were more frustrated with their work had higher prescription rates and were less likely to give explanation to patients.

Such a study does not, of course, answer the chicken and egg question - whether this is a causal association and, if so, which comes first: poor care or poor work satisfaction?

More recently - just last year in fact - the Annals of Internal Medicine published an article titled "Who Is Sicker: Patients—or Residents? Residents' Distress and the Care of Patients".

It said:

There is growing evidence that, despite generations of denial, physicians' feelings matter. Studies have shown that frustrations, tensions, and annoyance with time pressures are linked to giving patients short shrift:

...

The article went on:

It is obvious that patients should care if residents—and older physicians, nurses, and other health professionals, for that matter—are depleted and discouraged. Physicians and their families should also care because professional experiences and attitudes can affect home life.

The article also said:

Policymakers should care because the health of our society depends in part on the health and effectiveness of health professionals. Medical educators should worry: The problem is happening on their watch.

The article was commenting on a study showing that 76% of 115 residents surveyed met criteria for burnout. Of those with burnout, more than half judged that they had rendered suboptimal care at least monthly compared with 21% of residents who were not at a low ebb.

The article continued on:

It is improper for us to sacrifice our own health, family, and community in order to care for others. Part of our calling is to relieve suffering. We cannot relieve the suffering of others if we, ourselves, are suffering. Poets and musicians may function better when they are melancholy, but physicians do not.

Finally, before I end, I would like to mention two particular groups of doctors whose health needs are deserving of much greater attention.

The first is overseas trained doctors - many of whom have been placed in some of the most difficult jobs - areas of need positions in rural and remote areas, often without appropriate support.

These doctors face huge stresses - culturally, professionally and personally. There are obvious implications, for both their own health and that of the communities they serve.

The second group is Indigenous doctors. This group numbers no more than about 55. After recently speaking to several Indigenous doctors, I was left with the impression of an overwhelming sense of despair.

While the state of Indigenous health is cause for national shame, for these doctors it is a far more personal issue. They watch their patients, their families, their friends and even their medical colleagues die young.

They go to funerals often.

They are such a small group, that they are pulled a million different ways by committees, community groups and others wanting their involvement and advice.

Dr Louis Peachey told me that he is looking forward to relinquishing his presidency of the Australian Indigenous Doctors Association because he feels so worn down by the "constant cycle of grief".

One of his least favourite tasks has been the writing of "sorry business" letters, like the one sent recently to the family of an Aboriginal doctor who died unexpectedly in his 30s of a sudden illness.

I don't know if any formal studies of burnout have been done in this group of doctors, but anecdotally, at least, it seems the incidence would be far higher than for other medical practitioners.

While not all Indigenous doctors end up working in Indigenous health, the implications of such high rates of burnout are sobering, considering the great needs of their patients.

And on that rather sad note, I will end.

Thank you for asking me to speak with you today.

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