



Review RD 09 (2011)

WELFARE OF ANAESTHETISTS SPECIAL INTEREST GROUP

YOUR OWN GENERAL PRACTITIONER

Doctors are strongly recommended to have their own General Practitioner (GP; see RD01).

This recommendation is still important, despite the potential of loss of confidentiality which may occur if doctors are consulting their GP about a condition which may be significantly affecting their performance.

This document contains Dr Peter Arnold's light-hearted, but none the less serious, attempt to encourage doctors to register with and attend a GP on a regular basis, as many of these barriers to seeking medical help for themselves still apply.

WHY DON'T YOU HAVE YOUR OWN GP?

HOW MANY EXCUSES CAN YOU FIND? HERE ARE 21!

- 1 Taking a health problem to another doctor lays me open to professional ridicule for not recognising, myself, that the problem is a) trivial, or b) serious.
- 2 I don't believe that my symptoms really amount to much; they're probably just something simple. If I wait a while they will go away.
- 3 If I take my symptoms to another doctor, my own diagnosis might be proved wrong !
- 4 It would place me in a position where I would have to take the "submissive" role of patient and "counselee", rather than my usually assertive role as doctor and counsellor.
- 5 I wouldn't know how to be a patient, being accustomed to being the doctor.
- 6 Going to another doctor would make me dependent on someone else, when I am used to people being dependent on me.
- 7 I would have to accept the other doctor's opinion, whereas I would know more than he/she does on the subject. In particular I would know this patient better than he/she ever could.
- 8 I can manage my own minor problems - if I'm seriously ill I refer myself to a specialist; why do I need a GP?
- 9 I'm embarrassed at possibly having to discuss my anxieties about my health - I could be labelled a hypochondriac.
- 10 I wouldn't like my life insurance company to know about any illnesses I might have - they might load my policy. If I don't consult another doctor, they'll never know.
- 11 I'm fearful of possibly being forced to disclose aspects of my personality or sexuality which I would rather remained secret.



- 12 Revealing my inner self to a colleague would place him or her at an unfair advantage in our competitive commercial world.
- 13 I know how I would manage a patient presenting with my problems. How can I accept a different way of going about it?
- 14 Can I place my trust in another doctor, whose training and experience may not be as good as my own? I can accept that a specialist would know more about his/her field of practice than I would (unless he/she is in the same speciality), but how can I accept that a GP might know more than I do?
- 15 How much do I discuss management, suggest investigations, or referral to a specialist? After all, this is the age of patient-doctor partnership. Shouldn't I have a say in my own management?
- 16 Any GP would be intimidated by having to attend to me (especially if I am a specialist); he/she would not be able to treat me objectively.**
- 17 How well will the GP respect my confidentiality? Will he or she mention me to a spouse? Indeed the spouse might well be the receptionist! How would that affect our relationship, especially in our close-knit neighbourhood?
- 18 It isn't convenient to find the time to see a GP; I've got too much work to do looking after my own patients.
- 19 How do I make an appointment without being embarrassed about having to front up to the receptionist? Do I sit in the waiting room with the other patients, some of whom may have been MY patients too?
- 20 How confidential will my records be? Will the receptionist read them?
- 21 How do I pay the bill? Do I ask to be bulk-billed, or do I pay, and if so at what rate? Do I give a present in appreciation? If so, do I keep giving presents?

Dr Peter Arnold
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ACECC is a joint initiative of the Australian and New Zealand College of Anaesthetists, the Australian Society of Anaesthetists and the New Zealand Society of Anaesthetists.

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