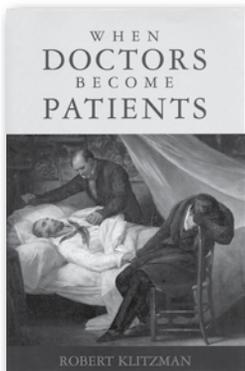


Doctors as Patients

Review by Vincent J Felitti, MD, FACP



When Doctors Become Patients.

by Robert Klitzman.
Oxford, (UK): Oxford University Press, 2008.
ISBN-10: 0195327675.
ISBN-13: 978-0195327670.
Hardcover: 333 pages.
\$35.00.

When Doctors Get Sick.

by Harvey Mandell, Howard Spiro, editors. New York (NY): Springer, 1987.
ISBN-10: 0306426536.
ISBN-13: 978-0306426537.
Hardcover: 488 pages.
\$109.00.

When Doctors are Patients.

by Max Pinner, MD; Benjamin Miller, MD, editors. New York (NY): WW Norton, 1952.
Hardcover. Out of print.

It is commonly said (especially by nurses and wives) that doctors make terrible patients. *When Doctors Become Patients* is a serious and insightful exploration of the point. Certainly, many physician-patients have written critically about the way they were treated as patients, mainly focusing on their treatment as human beings. This book takes on the more difficult task of analyzing our emotional responses to being sick, not our responses to disease or treatment. The author has done a superb job of interviewing a number of physicians who are seriously ill, deconstructing the interviews, and reassembling their responses around several core themes like life and death, certainty and uncertainty, loss and self-esteem, and anxiety and denial.

When Doctors Become Patients is thus structured quite differently from two earlier, equally important, and interesting approaches to the subject: *When Doctors Get Sick*, by Harvey Mandell and Howard Spiro, and *When Doctors are Patients*, by Max Pinner, MD, and Benjamin Miller, MD.

These latter two books are valuable compendia of case report descriptions by several dozen different physicians of their personal experiences with several dozen diseases ranging from AIDS, brain tumor, and brucellosis through hemochromatosis to seminoma, tuberculosis, and ulcerative colitis. Their orientation is thus quite different.

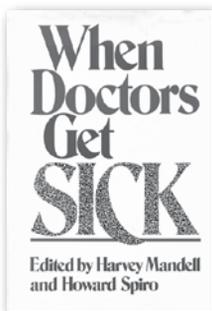
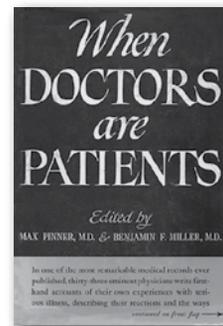
Robert Klitzman, MD, makes the observation that personal illness is singularly difficult for physicians because we frequently define ourselves by our work and hence are resistant to relegating medical responsibility to others for our own evaluation or treatment. He points out how we are taught to treat disease, not about being sick. I am thus reminded how pleased

I was some years ago, in the early stages of a cerebellar stroke, with my diagnostic acumen at recognizing the diagnosis. The thought never even crossed my mind to ask for help, which was done only at my wife's insistence: I was a doctor, not a patient.

Using more blunt terminology, denial of illness is a major point of focus in the book's opening chapters, even if we avoid the very idea in medical practice by renaming it patient noncompliance. Feelings, after all, are not very often explored. Who of us ever asked a patient how they felt about having a myocardial infarction, lung cancer, or dying?

Dr Klitzman has a chapter on our *coming out* as patients, an interesting point reminding one of how obituaries refer to people *passing away after prolonged illnesses* instead of dying of some specified cancer. As one interviewed physician says, "I felt as if we were living double lives, as if we were prisoners twice"—because of both illness and secrecy. Part 2 deals with being a doctor after being a patient. A meaningful number of physicians sought alternative treatments in addition to conventional allopathic medicine. Workaholism and retirement are practical sections. Part 3 deals with subsequently changed patient interactions by those continuing to work. The chapter on improving medical education is excellent, a sorely needed topic of improvement.

All told, this is a significant book that will be meaningful to many physicians. Those of us administratively involved will do well to remember it when discussions again come up about improving physician morale. There is a lot to be said for understanding what is really going on, whether in patients or ourselves, including in ourselves as patients. ❖



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