

Doctors do not adequately look after their own physical health

Margaret P Kay, Geoffrey K Mitchell and Christopher B Del Mar

Doctors' health has been discussed vigorously for two decades. Most studies have focused on their mental health — sleep deprivation, drug dependence, depression and suicide. Yet, mortality data show that most doctors die from physical rather than mental illness.¹ There are, however, limited data on doctors' physical health or their health maintenance behaviour.^{2,3} Here, we outline what information is available and stress how important it is for all doctors to have an independent general practitioner.

Doctors' physical health

We doctors enjoy a low standard mortality rate.⁴ However, this is a crude measure of health. One study found that 44% of doctors have chronic health problems,⁵ and another reported that half of a group of 408 GPs in the United Kingdom had had a serious illness or an operation as an adult.⁶ Illnesses experienced by doctors include all the expected categories for the population at large: cardiovascular disease (4%–15%), respiratory illness (10%–21%), musculoskeletal problems (9%–38%), cancer (2%–3%) and psychiatric illness (3%–10%).^{7–10} The interrelatedness of doctors' physical and mental health has been noted: 30% of doctors attending for psychiatric care were found to have a concomitant chronic physical illness,¹¹ and doctors with physical illnesses have been reported to be at higher risk of suicide.¹²

Yet, it is well known that doctors are often reluctant to seek medical advice. In one survey, 26% of doctors with a medical problem reported feeling inhibited consulting another doctor.¹³ One doctor described how his self-diagnosis and lack of an independent GP led him to delay seeking medical care for lymphoma.¹⁴

In a follow-up study of the sample of UK GPs mentioned above, 8.6% retired before 60 years of age because of illness.¹⁵ Little is known about the burden of disease in the Australian medical community. Such information could be used to inform both occupational health issues and initiatives for alleviating the current medical workforce shortage.

Doctors' health maintenance behaviour

We searched the medical literature for studies of the health maintenance behaviour of doctors, concentrating on interventions of proven efficacy: vaccination against tetanus and hepatitis, regular checks of blood pressure and serum cholesterol level,

ABSTRACT

- Studies of doctors' health have emphasised psychological health, and limited data have been collected on their physical health status.
- Doctors often fail to follow current preventive health guidelines for their physical health.
- About half of doctors do not have an established relationship with an independent general practitioner. This would enhance their health and provide a means of ready access to the healthcare system should a problem arise.

MJA 2004; 181: 368–370

mammograms and Pap smears. We found few data on doctors undertaking preventive health activities for themselves, even for those procedures or tests with evidence of efficacy.

The studies we did find are summarised in the Box. All studies identified were self-report questionnaire surveys. In all but one, doctors on medical registers, or a random selection from these, were recruited. Response rates ranged from 48% to 100% and were considered acceptable, as they were consistent with those of other self-reported studies. The resultant data were heterogeneous and often nested in surveys focusing on mental rather than physical health issues.

Vaccination

From available data on vaccination rates for hepatitis B and tetanus (Box), few doctors are adequately vaccinated. Despite recommendations for vaccination against hepatitis B due to our occupational risk,²² vaccination rates ranged from 49% to 87%. A survey including other occupational risk groups, such as dentists and pathology laboratory supervisors, found that these groups achieved close to 100% hepatitis B vaccination coverage.¹⁶

Cardiovascular checks

Studies show we are better at checking our cardiovascular health status — we can measure our own blood pressure and arrange a cholesterol test. One study showed that 93% of GPs had checked their blood pressure and 64% had checked their cholesterol level in the previous 3 years,¹⁹ consistent with preventive health guidelines.²³ Fifty-one per cent of doctors reported that it was acceptable to order a blood test for themselves for diagnostic purposes.⁵ The high rate of cholesterol tests reflects this. Whether independent advice is then sought about the results is not known.

Cancer screening

A variable proportion (ranging from 47% to 81%) of women doctors of appropriate age reported having had a mammogram in the past 2–5 years. By comparison, in the general Australian population, 74% of women have screening mammograms.²⁴ Reported Pap smear rates for women doctors ranged from 44.8% to 82%; 74% of Australian women doctors reported having had a

Centre for General Practice, University of Queensland, Herston, QLD.

Margaret P Kay, FRACGP, DipRACOG, Research Fellow;

Geoffrey K Mitchell, MB BS, FRACGP, Associate Professor in General Practice.

Faculty of Health Science and Medicine, Bond University, Gold Coast, QLD.

Christopher B Del Mar, MD, FRACGP, FAFPHM, Dean.

Reprints will not be available from the authors. Correspondence:

Dr Margaret P Kay, Centre for General Practice, University of Queensland, Medical School, Herston, QLD 4006. mkay@uq.net.au

Preventive care behaviour of doctors: percentage of doctors surveyed complying with preventive activity (period within which compliance occurred is given, where applicable)

Study	Design and sample	Vaccination		Blood pressure check	Cholesterol test	Mammogram	Pap smear
		Hepatitis B	Tetanus				
Chambers ⁶	Survey of 850 GPs (48% response rate)	49%	69%		52% (ever checked)		80% (5 years)
Coutts et al ¹⁶	Survey of 30 GPs and 50 other professionals with an occupational risk of hepatitis B infection (100% response rate)	83%					
Wachtel et al ⁹	Survey of 458 providers of care for specific health organisations (67% response rate)				71% (3 years)	81% (3 years)	82% (3 years)
Frank et al ¹⁷	Survey of 4501 US women physician respondents to Women Physicians' Health Study (all included)				90.8% (5 years)	79.8% (2 years)	
Wines et al ⁸	Survey of 275 urologists attending the Annual Scientific Meeting of the Urological Society of Australasia (70% response rate)	86%					
O'Connor and Kelleher ¹⁸	Survey of 300 members of the Irish Medical Organisation (64.7% response rate)			86.5% (5 years)	53.4% (5 years)		44.8% (5 years)
McCall et al ¹⁹	Survey of 544 general practitioners in Victoria (58.5% response rate)	87%		93% (3 years)	64% (3 years)	47% (2 years)	74% (2 years)
Richards et al ²⁰	Survey of 500 doctors (102 women) registered with the New Zealand Medical Council (62.2% response rate)				65.6% (5 years)		72.5% (3 years)
Cornuz et al ²¹	Survey of 686 general physicians in three cantons of Switzerland (72.3% response rate)			97% (5 years)	86% (5 years)		

Pap test,¹⁹ compared with 64% of women in the general Australian population.²⁴ A survey in Ireland found that over 30% of women doctors had never undergone a Pap test.¹⁸ Australian data show that 11% of women in the general population have never had a Pap test.²⁴

Although preventive guidelines do not recommend prostate specific antigen (PSA) testing,²³ studies have found that 26%–51% of male doctors over 40 years have been tested^{8,9} (the higher rate was from a survey of urologists attending a urological meeting).⁸ If our personal screening habits influence the screening we recommend to patients,²⁵ then these data have wider ramifications.

Doctors' own GP

It is accepted wisdom that doctors should have their own GP, and one study found that 55% of doctors do.⁵ But, the question remains, is the GP really operating independently of the doctor being treated? Another study found that, although 43% of doctors reported having a GP, fewer than 25% had an independent one: 5% treated themselves and 13% consulted their professional partner.¹⁹

What are the advantages of having an independent GP? Firstly, it can ensure better documentation and delivery of evidence-based preventive care and opportunities for health promotion advice. Secondly, having a GP facilitates access to the healthcare system, which is often difficult for doctors.²⁶ We do not really know why doctors have these difficulties. Contributing factors may include embarrassment, delusions of invincibility, or, simply, inconvenience compounded by being so busy.

Finally, finding a GP for routine health issues means that, when a problem arises, especially if the need is urgent (or embarrassing), a relationship with a trusted GP has already been established.

What needs to be done?

There is a need to incorporate physical health into the debate on doctors' health. Clearer recommendations for us all to have a GP, not just to coordinate preventive care, but to establish a pathway into the healthcare system when needed, should be supported by data. The paucity of such data is surprising (if not disgraceful).

References

- 1 Samkoff JS, Hockenberry S, Simon LJ, Jones RL. Mortality of young physicians in the United States, 1980-1988. *Acad Med* 1995; 70: 242-244.
- 2 Hartwig B, Nichols A. GP health & well-being: the issues explored. Brisbane: Brisbane North Division of General Practice, 2000.
- 3 Departments of General Practice, University of Melbourne and Monash University. GP Wellbeing Project — final report. September, 2001. Melbourne: Commonwealth Department of Health and Aged Care, 2001.
- 4 Schlicht SM, Gordon IR, Ball JR, Christie DG. Suicide and related deaths in Victorian doctors. *Med J Aust* 1990; 153: 518-521.
- 5 Davidson S, Schattner P. Doctors' health-seeking behaviour: a questionnaire survey. *Med J Aust* 2003; 179: 302-305.
- 6 Chambers R. Health and lifestyle of general practitioners and teachers. *Occup Med (Lond)* 1992; 42: 69-78.
- 7 Nyman K. The health of general practitioners. A pilot survey. *Aust Fam Physician* 1991; 20: 637-641, 644-645.
- 8 Wines AP, Khadra MH, Wines RD. Surgeon, don't heal thyself: a study of the health of Australasian urologists. *ANZ J Surg* 1998; 68: 778-781.
- 9 Wachtel TJ, Wilcox VL, Moulton AW, et al. Physicians' utilization of health care. *J Gen Intern Med* 1995; 10: 261-265.

- 10 Australian Bureau of Statistics. National Health Survey: summary of results Australia. Canberra: ABS, 2001. (Catalogue No. 4364.0.) Available at: www.abs.gov.au/Ausstats/abs%40.nsf/b06660592430724fca2568b5007b8619/cac1a34167e36be3ca2568a900139364 (accessed Aug 2004).
- 11 Gautam M, MacDonald R. Helping physicians cope with their own chronic illnesses. *West J Med* 2001; 175: 336-338.
- 12 Centre C, Davis M, Detre T, et al. Confronting depression and suicide in physicians: a consensus statement. *JAMA* 2003; 289: 3161-3166.
- 13 Pullen D, Lonie CE, Lyle DM, et al. Medical care of doctors. *Med J Aust* 1995; 162: 481, 484.
- 14 Silagy C. A view from the other side. A doctor's experience of having lymphoma. *Aust Fam Physician* 2001; 30: 547-549.
- 15 Chambers R, Belcher J. Comparison of the health and lifestyle of general practitioners and teachers. *Br J Gen Pract* 1993; 43: 378-382.
- 16 Coutts T, Cannata S, Mira M, Fett MJ. Hepatitis B vaccine [letter]. *Med J Aust* 1992; 156: 294.
- 17 Frank E, Brogan DJ, Mokdad AH, et al. Health-related behaviors of women physicians vs other women in the United States. *Arch Intern Med* 1998; 158: 342-348.
- 18 O'Connor M, Kelleher C. Do doctors benefit from their profession? A survey of medical practitioners' health promotion and health safety practices. *Ir Med J* 1998; 91: 206-209.
- 19 McCall L, Maher T, Piterman L. Preventive health behaviour among general practitioners in Victoria. *Aust Fam Physician* 1999; 28: 854-857.
- 20 Richards JG. The health and health practices of doctors and their families. *N Z Med J* 1999; 112: 96-99.
- 21 Cornuz J, Ghali WA, Di Carantonio D, et al. Physicians' attitudes towards prevention: importance of intervention-specific barriers and physicians' health habits. *Fam Pract* 2000; 17: 535-540.
- 22 Department of Health and Ageing. Australian immunisation handbook. 8th ed. Canberra: National Health and Medical Research Council, 2003.
- 23 National Preventive and Community Medicine Committee of The Royal Australian College of General Practitioners. Guidelines for preventive activities in general practice. *Aust Fam Physician* 2001; 30 (Special Issue): S1-S61.
- 24 Australian Bureau of Statistics. Australian social trends. Health. How women care for their health. Canberra: ABS, 2004. Available at: www.abs.gov.au/Ausstats/abs%40.nsf/94713ad445ff1425ca25682000192af2/5496315bdf215c7bca256e9e00283acd!OpenDocument (accessed Aug 2004).
- 25 Frank E, Rimer B, Brogan DJ, Elon L. US women physicians' personal and clinical breast cancer screening practices. *J Womens Health Gend Based Med* 2000; 9: 791-801.
- 26 Rogers T. Barriers to the doctor as patient role. A cultural construct. *Aust Fam Physician* 1998; 27: 1009-1013.

(Received 28 Jun 2004, accepted 17 Aug 2004)

