

Ethical responsibilities in treating doctors who are patients

Guidance from the BMA Medical Ethics Department

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General points

- Stress often arises from the demanding nature of doctors' work and, if not managed properly, can seriously affect their health. High workload and organisational changes and a sense of having accountability without having authority to control the situation also contribute to poor health.
- Doctors need to monitor their own health and not be reluctant to seek professional help. They have a responsibility to ensure that their health problems do not affect patient care.
- They must comply with occupational health and safety requirements, including recommended vaccination and testing requirements.
- Doctors who think they may have been exposed to a serious communicable disease must seek and follow advice from a suitably qualified colleague, such as a consultant in occupational health, infectious diseases or public health, and, if found to be infected, have regular medical supervision.
- Doctors should avoid treating or prescribing for themselves, their family or close friends. They should be registered with a GP and consult their GP rather than deal with health problems alone or informally via colleagues.
- Doctors who are patients have the same rights as other patients, including the right to confidentiality. Only in exceptional cases, can the confidentiality of any patient be breached. Disclosure may be needed, however, if the individual puts others at risk.
- Doctors also have a duty to take action if they become aware that a colleague's health is affecting patient care.
- Many doctors seeking help from the BMA have experienced stress and a sense of isolation. Communication issues are often at the heart of their problems. Some also experience bullying or racism in the workplace.
- Confidential advice for doctors in difficulty is available from the BMA Counselling Service (08459 200 169) and the Doctor Advisor Service (020 7306 3272).

Introduction

Doctors are routinely exposed to health risks in the course of their work, including exposure to infection, needle-stick injuries and possible attacks by violent or mentally ill patients. They can experience health problems associated with their routine working patterns. Long hours, workload pressures, dealing with organisational change and coping with patients' anxieties take a toll. Many doctors also feel that such factors cause problems in their personal or family life. Evidence shows that doctors' stress levels are significantly higher than in the general workforce. Stress can also contribute to clinical mistakes. A BMA survey of doctors found that over 50% thought that their work had affected their health and over 30% dealt with this by self-prescribing. Less than 50% took sick leave and although most were registered with a GP, most consulted colleagues when ill, rather than seeing their GP.

Doctors need to monitor their own health and also take action if colleagues' health gives cause for concern. They should, however, avoid self-treatment and prescribing for colleagues or people emotionally close to them.

Treating oneself, family or friends

In the past, doctors assumed that they could treat themselves, their friends and families. In an emergency, there may be no choice and when advising about transient minor ailments, it may be reasonable to do so. As a general rule, however, it should be avoided. A confusion of roles can develop and doctors can find it hard to keep the right emotional distance. They may fail to notice symptoms that a dispassionate observer would note. Patients who are emotionally close to the doctor treating them lack the rights to privacy that other patients have. The guidance published by the General Medical Council (GMC) is binding on all registered doctors.

General Medical Council guidance

Wherever possible, you should avoid providing medical care to anyone with whom you have a close personal relationship. *Good Medical Practice* (2006), para 5

You should be registered with a GP outside your family to ensure that you have access to independent and objective medical care. You should not treat yourself. *Good Medical Practice* (2006), para 77.

You should protect your patients, your colleagues and yourself by being immunized against common serious communicable diseases where vaccines are available. *Good Medical Practice* (2006), para 78.

If you know that you have, or think that you might have, a serious condition that you could pass on to patients, or if your judgement or performance could be affected by a condition or its treatment, you must consult a suitably qualified colleague. You must ask for and follow their advice about investigations, treatment and changes to your practice that they consider necessary. You must not rely on your own assessment of the risk you pose to patients. *Good Medical Practice* (2006), para 79.

There has long been a cultural expectation that doctors do not take sick leave as that puts pressure on colleagues and patients. There has been a notion of 'working through illness', ignoring one's vulnerability and neglecting health problems. Health professionals often fear that there are career risks in acknowledging health problems, particularly psychological illness and substance misuse. Doctors tend to self-medicate, are reluctant to seek outside help or only do so at a late stage. Among their anxieties is often a fear of the stigma associated with illness.

In the past, few doctors registered with a GP. Although more doctors do so now, there is evidence that they still do not tend to consult their GP when problems arise. Efforts are being made to change this culture so that they can access help in confidence. But unease about adopting the role of a patient and worries about confidentiality can lead to self-treatment. The hazards of self-diagnosis are many but particular concerns include the temptation to extend oneself beyond one's competence and the ever-present possibility of denial about the true nature or extent of the condition. The GMC emphasises that other than in an emergency, doctors should avoid treating themselves but should seek expert advice at the earliest reasonable opportunity.

The BMA also stresses the importance of all doctors being registered with a GP and acting promptly on any early warning signs, especially where they have a suspicion that their health is affecting their performance. Informal or 'corridor' consultations with colleagues should be avoided.

Responsibility for colleagues

Doctors have a responsibility to ensure that their health does not adversely affect their care of patients. In some cases, however, insight into the need for help and treatment is diminished. The doctor's colleagues then have a duty to take action, in the interests both of patient care and of the doctor's health. Not to intervene risks patient safety and can lead to deterioration in the doctor's health and performance. Colleagues, particularly junior staff, are sometimes reluctant to speak out due to loyalty or for fear of damaging their own careers. The GMC emphasises, however, the duty of all doctors to prevent risks to patients, including those arising from the ill health of colleagues.

Early recognition and treatment considerably increase the chances of successful rehabilitation for the sick doctor. Colluding with the doctor does not help patients nor the doctor him or herself.

General Medical Council guidance

You must protect patients from risk of harm posed by another colleague's conduct, performance or health. The safety of patients must come first at all times. If you have concerns that a colleague may not be fit to practice, you must take appropriate steps without delay, so that the concerns are investigated and patients protected where necessary. This means you must give an honest explanation of your concerns to an appropriate person from your employing or contracting body and follow their procedures. *Good Medical Practice* (2006), para 43.

If there are no appropriate local systems, or local systems do not resolve the problem, and you are still concerned about the safety of patients, you should inform the relevant regulatory body. If you are not sure what to do, discuss your concerns with an impartial colleague or contact your defence body, a professional organisation, or the GMC for advice. *Medical Practice* (2006), para 44. If you have management responsibilities you should make sure that systems are in place through which colleagues can raise concerns about risks to patients, and you must follow the guidance in the GMC's 'Management for doctors'. *Good Medical Practice* (2006), para 45.

The GMC also has further information on its website. This points out, for example, that its fitness to practise procedures are part of a wider system of healthcare regulation. It recommends that, if a medical professional has concerns about one of their colleagues, this should normally be dealt with at a local level first of all. If reported to the GMC, an assessment may be made that the concerns are more appropriate to be considered locally and the GMC may refer the matter to the doctor's employer.

Treating patients who are doctors

Confidentiality

A doctor's first concern is the patient. Doctors who happen to be patients are entitled to the same high standards of care. They have the same rights to confidentiality. Health professionals providing care must not share information, without patient consent, with others not directly concerned in treatment. Health professionals who are ill, particularly those suffering from mental health and addictive problems, are often reluctant to seek medical advice due to concerns about confidentiality in the 'small world' of the medical profession. These fears are not entirely unfounded, not least because the treating doctor must also take action if the sick doctor might be a risk to others. Worries about whether their confidentiality will be protected deter some doctors from seeking help. Generally, they should be able to be reassured that their confidentiality will be as closely protected as that of any other patient. Out of area referrals may be an option in cases where the sick doctor has particular worries about confidentiality or fears that he or she is likely to be formally treated by colleagues who are acquaintances, which may lead to inadvertent disclosure of their information.

Treatment providers need to ensure that the confidentiality of all patients – including health professionals who are undergoing care – is properly protected. Medical and nursing staff have clear professional duties in this respect. Auxiliary and administrative staff must also understand their contractual duties of confidentiality.

As with all other patients, however, doctors' rights to confidentiality are not absolute and action needs to be taken where their health poses a threat to other people. Wherever possible, this should be discussed by the treating doctor with the sick doctor prior to disclosure.

Treating the doctor as a patient

Treating a fellow health professional can be challenging. Doctors providing care for other health professionals need to treat them like other patients, without taking short cuts or making assumptions about them. Such patients should be offered the same explanations of what is involved in the investigation and management of their condition. They may already be well aware of such information but should be allowed the opportunity to be the patient and be offered advice and support, if they want that, as other patients would be. They may be much better informed than most other patients and their special knowledge should be recognised, without assumptions being made about the amount of information and detail they want. They should be reassured that seeking formal medical care is the right decision, rather than relying on their own interpretation of their condition. They should be encouraged to develop a continuing relationship with their doctor, including routine recall for follow up.

Common problems

Historically, the common disorders for doctors have been perceived as mental health problems (depression, anxiety), drug use disorders and alcoholism. All of these conditions are treatable. In addition, many doctors suffer from stress and declining job satisfaction. The BMA's Doctor Advisor Service has increasingly found common problems to be a sense of isolation, confusion about where to seek help and stress relating to drawn out complaints' procedures, including GMC complaint procedures. The fact that a health problem is referred to the GMC does not automatically mean that those doctors are unable to practise. In many cases, they can continue if they follow an agreed treatment regime and are suitably supervised. It is essential, however, that doctors who suspect or know that they have a health problem do not rely on their own judgement of their ability to continue working but seek expert assessment.

Some health problems, particularly addiction and mental illness, still attract stigma. With a structured approach to treatment, including long-term support, doctors have extremely good outcomes. Many return to safe and effective clinical practice but support mechanisms need to be available.

Testing for blood borne viruses

The Department of Health recommends that on appointment, all new healthcare workers should have standard healthcare clearance checks. All new workers should have checks for tuberculosis and be offered hepatitis B immunisation and the offer of tests for hepatitis C and HIV.

Where new staff have duties which include exposure-prone procedures (EPPs), they need additional healthcare clearance, including being non-infectious for HIV, hepatitis B and C. (The BMA Junior Doctors Committee has guidance on *Testing for blood borne viruses: BMA guidance for medical staff*, 2008.)

Guidance for doctors suffering from infectious conditions

Doctors who think that they may be suffering from infectious conditions such as Hepatitis B or HIV infection should follow advice from a suitably qualified doctor, such as a consultant in occupational health, infectious diseases or public health. They should obtain specialist advice on whether and to what extent they can continue their professional practice. They must act upon the advice given, which may be not to practice, or to limit their practice in certain ways. Doctors should not continue in clinical practice merely on the basis of their own assessment of the risk to patients.

If a doctor is treating a colleague with a serious communicable disease who refuses to modify his or her professional practice in order to safeguard patients, the treating doctor has a duty to inform an appropriate body. Wherever possible, the infected doctor should be informed before information is passed on to an employer or regulatory body. Appropriate bodies, in this context, include the Health Authority or Trust's occupational health physician. In the case of GPs, this would include the Local Medical Committee (LMC), and the local or regional director of public health. The GMC can take action to limit the practice of such doctors or to suspend their registration.

Doctors have a responsibility to ensure that they are protected from infectious diseases such as TB and Hepatitis B. Where doctors apply for new posts they must complete health questionnaires honestly and fully.

BMA Counselling Service

The BMA Counselling Service is staffed by professional telephone counsellors, 24-hours a day, seven days a week. All counsellors are members of the British Association for Counselling and Psychotherapy and are bound by strict codes of confidentiality and ethical practice. They can with work stress, mental health issues, drug misuse. The service also provides information about other specialist resources. BMA Counselling is confidential and callers can choose to remain anonymous.

Ongoing counselling is available and doctors can arrange regular appointments.

08459 200 169

BMA's Doctor Advisor Service (Doctors for doctors)

In addition to the BMA Counselling Service, Doctors for Doctors gives doctors and medical students in difficulty the choice of speaking in confidence to another doctor.

Callers are given the name of a doctor to contact. The service is not intended to be an emergency medical service. In such an emergency, callers should contact their own GP or usual medical adviser. The aim of Doctors for Doctors is to help callers to gain insight into their problems, supporting and helping them to move on. A wide range of problems are dealt with such as drug and alcohol problems, bullying at work and mental health issues, as well as the problems of doctors who have been referred to the GMC or the National Clinical Assessment Service. It is not able to provide an advocacy service or represent doctors at tribunals or GMC hearings.

Doctor Advisor Service, BMA House, London WC1H 9JP.

020 7306 3272

BMA employment advisers

The BMA has employment advisers around the UK who can assist members with issues relating to their employment. BMA members can contact the BMA's employment advice line, to speak to an adviser.

0300 123 123 3

General Medical Council

Doctors who are unsure about whether the GMC should be involved in a particular case can contact its advisors on the number below

0845 357 0022

General ethics advice

For general ethics advice, BMA members may contact:
the BMA on **0300 123 123 3** or

British Medical Association

Department of Medical Ethics, BMA House
Tavistock Square, London WC1H 9JP

Tel: 020 7383 6286

Fax: 020 7383 6233

Email: ethics@bma.org.uk

