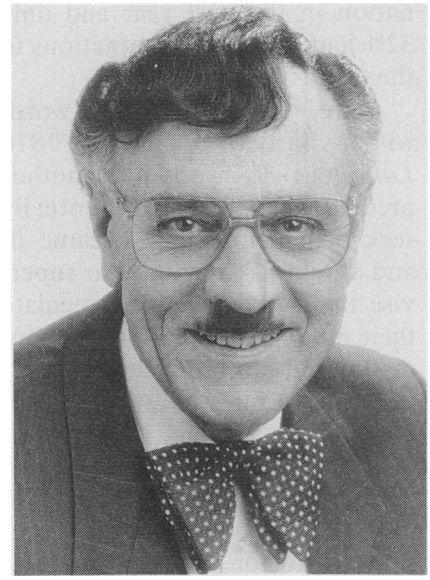
Pay more attention to your own health, physicians warned

Patrick Sullivan

Lloyd Bartlett says physicians must not spend all their time worrying about patients' health. They must save some of it to worry about their own.

The Winnipeg general surgeon, a past president of the Manitoba Medical Association and leader of the CMA's recent antismoking campaign, says that even though doctors have detailed training and access to the best care, they don't profit from their specialized knowledge. In fact, he says, physicians tend to have shorter life spans than nonphysicians.

For instance, unpublished research by Bartlett reveals that the mean age of 100 physicians who died recently in Manitoba was 68.7 years. In 1985, Dr. W. Harding le Riche reported that the mean age of 289 physicians whose deaths were listed in *CMAJ* from Jan. 1, 1983 to Apr. 1, 1984, was 68.6 years. The mean age of the 196 physicians whose deaths were listed in the journal last year was 70.5 years. By comparison, the US Centers for Disease Control estimates that the average life expectancy in Canada is 76.5 years.



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Bartlett gathered his information by using data supplied by the College of Physicians and Surgeons of Manitoba and the Manitoba Department of Vital Statistics. He determined that 76% of the deaths he studied were caused by conditions "amenable to prevention or to modification by early recognition or by eliminating predisposing causes".

Bartlett maintains that the record should be much better, but is not surprised that it isn't. "Physicians tend to deny physical illnesses, psychiatric problems or alcoholism", he says, "because admitting them may affect them economically and professionally. Their spouses and families and even their colleagues may cover up for them.

"And when the physician does perceive a problem there is difficulty in reversing the role from healer to patient. Self-treatment from the sample drawer is often a first step. Corridor consultation with a colleague without benefit of a detailed history, past illnesses or physical examination is often the next step. The physician knows the pitfalls and weak-

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nesses of the health care system and may be reluctant to enter it."

Bartlett says that even when doctors do seek treatment they may receive less than optimal care because their caregivers may avoid embarrassing or uncomfortable questions or procedures.

He says common conditions ranging from alcoholism to colon cancer to hypertension can often be detected through relatively simple measures such as the periodic health examination. Yet, he says, physicians often ignore such testing. He cites a survey of 1194 physicians specializing in cancer treatment and research that found that only 33% of the specialists had undergone a periodic examination in the past year and only 32% had had four examinations in the past 10 years.

Are such checkups worth while? Bartlett quotes an 1876 *Lancet* article in which the author predicted people would eventually seek help before they became ill and would ask doctors "to supervise their vital functions, regulate their mode of life, and teach them to stay the morbid changes which they know may be silently progressing".

Bartlett says a physician's failure to seek such preventive care "constitutes negligence" because a doctor should know better. He says they are under emotional and other stresses from the day they enter medical school and stress takes a toll. "We use preventive care for our teeth but ignore our bodies", observes Bartlett. "Even our automobiles get spring and fall checkups. Physicians who downgrade the value of a periodic health examination are simply ignoring reality."

As a minimum, he thinks doctors should follow the checkup schedule recommended by the Mayo Clinic in Rochester, Minnesota. It calls for two examinations for patients during their 20s, three during their 30s, four during their 40s and five during their 50s. After age 60, the examinations are conducted annually.

Bartlett says each examination should begin with a complete history that includes lifestyle questions concerning diet, alcohol use, smoking habits, drug use and seat-belt use. There should also be a complete physical examination "that is especially vigilant in certain areas, looking for early signs of serious disease such as a 0.5 cm area of induration in the prostate".

When discussing the results, Bartlett says the examining physician should forget that the patient is a doctor. "It is most important to use the same standards as for any other patient and not to assume that anything can be omitted because the physician-patient has special knowledge of the subject."

Bartlett thinks there are several ways to safeguard physicians' health. He thinks medical students should be taught about the profession's occupational hazards and ways they can be avoided. He says that there are also several rules doctors should follow:

- They should never self-prescribe.
- They should never diagnose or treat themselves or their families.
- Every physician should have a personal physician.
- Physicians' complaints should be investigated and treated as promptly and objectively as those of any other patient.
- A request for a corridor consultation should result in a formal office interview and examination.
- Doctors should receive thorough and complete periodic health examinations.

"Physicians should take full advantage of their specialized knowledge for their own benefit", Bartlett concludes. "Unfortunately, many of them don't. Just look at the ages in *CMAJ*'s death notices."■