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## 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?

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