

Journal Watch

Challenges faced by palliative care physicians when caring for doctors with advanced cancer

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Reference: SIR Noble, A Nelson, IG Finlay. *Palliative Medicine* 2008; 22: 71–76.

Abstract:

Background: It is possible that patients with advanced cancer, who are from the medical profession, have different or additional care needs than other patients. Previous training, professional experiences and access to information and services may influence their needs and subsequent illness behaviour. Caring for ‘one of our own’ may also evoke particular feelings and emotions from health professionals involved in their care and pose unique challenges in the delivery of equitable patient-centred care. **Aim:** To explore the experiences of palliative care physicians when caring for members of the medical profession with advanced incurable cancer. **Participants and methods:** Semi-structured interviews exploring the experiences of senior palliative care physicians were recorded and transcribed verbatim. Transcripts were analysed using interpretative phenomenological analysis (IPA) for emergent themes. Data were collected from ten senior palliative care physicians with a combined total of 107 years of palliative care career experience, caring for a reported combined estimate of 120 doctor–patients. **Results:** On the basis of their reflections, palliative care physicians reported that doctor–patients appear to find it difficult to assume a patient role, especially at a time they are likely to be truly vulnerable. This patient group will routinely attempt to maintain control of their care and environment using various strategies. These include self-referrals, accessing their own tests, directing the consultation and putting barriers up to psychosocial aspects of palliative care. Doctor–patients’ general practitioners are at risk of exclusion from the management of care, and referral to palliative care services appears to occur later in the illness journey of doctor–patients compared to lay patients. Participants recalled how caring for colleagues evokes powerful emotional responses, such as a strong desire to provide the best care possible as well as feelings of anxiety. They frequently find themselves under pressure to disclose confidential information from medical colleagues not involved in the doctor–patients’ care. Doctor–patients frequently receive what other healthcare professionals perceive as preferential treatment, which may unintentionally result in suboptimal care. **Conclusion:** The core needs of doctors with advanced cancer could be assumed to be the same as other patients. However, the juxtaposition of role from professional to patient appears to evoke unique care needs from the patient, and behaviour responses from the professional. Forewarning and awareness of these issues may help prevent potential problems in this patient group’s cancer journey as well as the experience of the professionals involved in their management.

Strengths: Majority of literature on doctors as patients looked at mental illness, substance abuse, and only one paper specifically looks at the dying doctor. This study sets out to explore the experiences of doctors dying from cancer, and also looked at the impact of such on physicians’ practice and emotions.

Weaknesses: Definite recall bias as physicians may have only remembered the more extreme experiences and does not reflect the cancer deaths of all doctors. Since not all doctors are referred to palliative care, these cases may reflect the more complex and severe cases. Data reflects perceptions of physicians and not the direct behaviours or feelings of doctor–patients themselves.

Relevance to Palliative Care: As time goes on, there will be more doctor-patients requiring palliative care services. This study illustrates several challenges in the end of life care of doctors and openly identifies reactions and behaviours of physicians involved in their care.