QDHP
Queensland Doctors' Health Programme

Caring For Doctor-Patients: Yes, Compassion and Aequanimity can Co-exist.

Dr Margaret Kay

MBBS(Hons), PhD, FRACGP, DipRACOG

Medical Director, QDHP

Ms Vicky Dawes

MBChB, MCouns

Education Officer, QDHP

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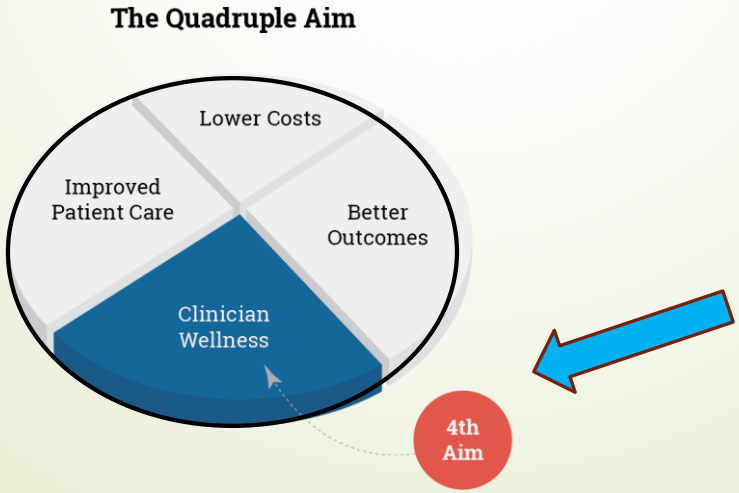
A Key to Quality Care

- Optimising health system performance
  - Patient experience
  - Quality of care
  - Reduced cost of health care

Berwick's Triple Aim



Bodenheimer & Sinsky, 2014
Wallace et al, 2009

If all doctors should have a GP?

then **someone** has to be our GP…

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The Treating-Doctor

Aequanimity

Sir William Osler (1849-1919)

"an aequanimity which enables you to rise superior to the trials of life"

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The Doctor

Luke Fildes
1891

Compassion

Can we extend the same Compassion to our doctor-patients?

http://lawprofessors.typepad.com/.a/6a00d8341bfae553ef0120a71cc0af970b-pi

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A Visit From the Doctor

By Alexander
Sharpe Ross

Aequanimity

Can we maintain our aequanimity with our doctor-patients?

http://www.jhalpe.com/items/index/page:18/search:category;Paintings/sort:artist_id/direction:asc

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When the patient is a Doctor

Aequanimity

Compassion

The Scream

Edvard Munch
1893

https://www.edvardmunch.org/the-scream.jsp

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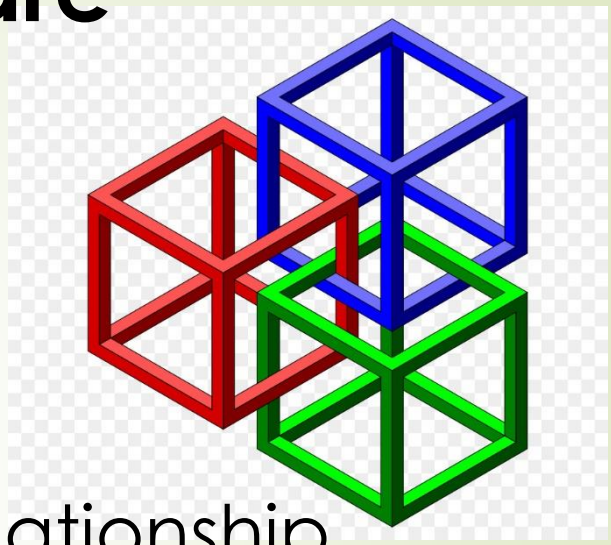
A framework for care



1. Establishment of the relationship

2. Strengthening of the relationship

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1. The Doctor-Patient

The decision to seek care…

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Multiple decisions…

Uncertainty

- Why
- When
- Who
- How

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https://en.wikipedia.org/wiki/Relativity_(M._C._Escher)

Barriers to Health Access

Patient	Provider	Profession
•Embarrassment •Time •Cost •Personality •Specialty •No GP •Fear of implications •Health literacy •Already satisfied	•No Confidentiality –Doctors –Staff • Poor quality of care –Over-treatment –Authoritarian	•Structural issues –Long hours –No locums • Should be healthy • Self-treatment • Corridor consults • Lack of cues to formal care

Cultural

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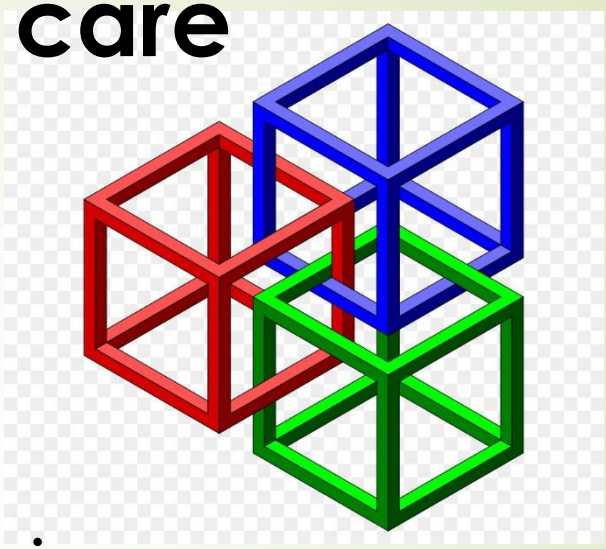
Kay, 2008 BrJGP

A framework for care



So the Doctor-Patient needs to

1. Establish a relationship

and

2. Strengthen that relationship

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Establishment of the relationship

- Found a GP
- Gone to their doctor

Requires a response

Aequanimity
and
Compassion

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Strengthening of the relationship

Six components

1. Presentation of illness
2. Acknowledge the whole patient
3. Set common boundaries
4. Holistic health care
5. Develop rapport
6. Share the decisions

Aequanimity + Compassion

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The presentation of illness

- normal history
- normal examination

} Find the disease

- want their illness understood
- want to be a 'normal patient'
- avoid assumptions
- reinforce the health access
- understand mandatory reporting (high threshold)

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Acknowledge the whole patient

- Know more about the patient than just the disease
- Acknowledge the ***context*** of illness
  - job
  - family
  - hobbies

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Set common boundaries

- confidentiality
- self-prescribing
- self-referral
- cost
- *mutual agreement/respect*

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Holistic health care

- Family history
- Immunisation
  - ?UTD
- Preventive health
  - add the recall
- Identify risk factors
- *Wrap around care for physical and mental health – not just a technical consultation with a deliverable*

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Develop rapport

- Takes time
  so enable follow up
- *Trust*

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Share the decisions

- Health literate patient
- *Demonstrate empathy*
- Assist with concordance
- Enable realistic expectations
- Acknowledge the uncertainty of illness
- Follow-up is essential

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Strengthening of the relationship	Patient-Centered Consultation Method
Presentation of illness	Exploring both the disease and the illness experience
Acknowledge the whole patient	Understanding the whole person
Set the common boundaries	Finding common ground
Holistic health care	Incorporating prevention and health promotion
Develop rapport	Enhancing the patient-doctor relationship
Share the decisions	Being realistic

Stewart,M., et al Patient-Centered Medicine. Transforming the Clinical Method. Radcliffe Medical Press, Abingdon,UK, 2003.

Strengthening of the relationship

Deliver a Patient-Centred Consultation

- Acknowledge health literacy
- Provide empathic care
- Identify potential boundary issues

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Avoiding the Traps

- Remember your ‘role’ in the consultation
- Avoid over-investigation
- Avoid assumptions of knowledge
- Allow enough time

Dare to Self-reflect

Caring for the doctor-patient

"the secret of the care of the patient is in **caring** for the patient."

Peabody, 1926.

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Questions?

Thank you

m.kay1@uq.edu.au

Dr Margaret Kay

Medical Director,

Queensland Doctors' Health Programme

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