Very few patients want to be in the hospital. They know that when they go into the medical setting, they are transformed from citizen to patient. In normal life, people can keep private things like their thoughts and bodies to themselves; however, in a hospital or clinic, “these territories of the self are violate,” wrote Erving Goffman, MD, in his classic book Asylums. This vulnerability makes noises louder, time slower, and interactions colder than how they might normally seem. For example, even if the nurse responds promptly to a patient’s call light to use the bathroom, any perceived delay can feel rude to the patient.

Most patients who come to the hospital or clinic do not feel well. They may have pain, nausea, vomiting, dyspnea, fever, or other things that can make patience short. Doctors have said for years that their symptoms of nausea and insomnia are diminished, but when they experience these symptoms themselves, they say, “It was so much worse than I ever would have imagined.” In addition, patients often develop fear from uncertainty that is compounded by long waits to see physicians, long waits for test results, long waits to have the call light answered, and long waits to be admitted or discharged from the hospital. Patients often fear the worst, and waiting is often worse than hearing the bad news promptly. The constant interruption of sleep for vital sign checks, medications, or lab draws adds additional strain and causes worry when the physician arrives only to be focused on length of stay, readmissions, and other quality metrics. Finally, a bill arrives in the mail weeks later that is frequently a hardship to the patient even with health insurance.

It is often said that physicians make the worst patients. Physicians are used to being in control, so having to ask the nurse for help with a bedpan likely has negative effects on the physician-patient’s psyche. Physicians also may try to “outreason” their attending physicians—for instance, one physician may argue that walking 10 laps around the nursing station obviates the TED hose and sequential compression devices that squeeze hard and make it difficult to sleep (as I have been told by other patients in the past). Another physician may ask about an off-label use of a medication because of a recently published observational study on improved one-year mortality. Still another physician may be fearful of being labeled a “drug seeker” or “troublemaker,” especially among nurses and physician colleagues, when pain is not adequately controlled. Interestingly, Peter Ubel studied how treatment decisions differed when doctors recommended a therapy for themselves versus another patient. In this particular study, physicians tended to chose treatments for themselves that involved a higher risk of death but fewer complications. Physicians may be less susceptible to biases such as psychological processes when they make recommendations to hypothetical patients rather than themselves. By contrast, when choosing for themselves, the decisions made by individuals are influenced by personal factors and may be more susceptible to cognitive biases, such as betrayal aversion and omission bias.

There are some positives that can come out of physicians being patients. Robert Klitzman, MD, a Columbia University Medical Center psychiatrist, found that physicians who became patients could recognize major flaws in the health care system that had gone unnoticed or thought of only as small inconveniences (e.g. cold office temperatures, long waits for preauthorization, getting stuck twice when a physician forgot to draw a tube). Even doctors who think of themselves as compassionate recognize that they can do better once they experience being a patient. Dr. Klitzman states that doctors who have been both a patient and a doctor can say, “I’m one of you guys, and these are the things we’re doing wrong.” For Dr. Manheimer, his experiences as a patient have inspired him to be more compassionate and more effective because he now recognizes the vulnerabilities of his patients. When patients complain, some physicians think, “That’s just a patient complaining again.” Physicians dismiss it way too often and instead should listen and take action.

References
1. Goffman E. Asylums: essays on the social situation of mental