

Doctors Need Different Doctors to Treat Their Relatives: A Subject That Does Not Receive Enough Attention in Medical Education

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ABSTRACT

Due to having medical knowledge, sometimes doctors may not need to refer to other doctors in case of illness of themselves or their relatives. Therefore, the correct diagnosis may be delayed. This paper discussed this issue from the perspective of a daughter whose father, a doctor, caused the diagnosis of her diseases to be delayed. However, delay in diagnosis is difficult to measure, reasons for the delay can originate from the system or can be caused by the course of the disease, by the patient, and sometimes by physicians, as in our patient.

Keywords: Child, physicians, delayed diagnosis, algorithms, trust

INTRODUCTION

Sometimes diagnosis of diseases may be delayed. However, delay in diagnosis is difficult to measure, reasons for the delay can originate from the system or can be caused by the course of the disease, by the patient, and sometimes by physicians, as in our patient. Physicians generally underestimate the possibility of their diagnosis being wrong and that this tendency to over self-confidence is related to both internal and systemically reinforced factors. The incidence and impact of physician-induced diagnostic errors or delays has not been a subject frequently studied and emphasized in the literature.¹ This may result in an over-diagnosis, or under-diagnosis. This paper discussed this issue through a doctor who delayed the diagnosis of his daughter. Through this case, new studies can be conducted on strategies to increase the accuracy of diagnostic decision making.

CASE REPORT

A healthy baby girl, who was born by spontaneous vaginal birth at term to a healthy 27-year-old mother and weighed 3,200 g, had no

health problems until the age of nine years. However, from the ages of nine to 15, she had perennial rhinorrhea with varying severities of serous characteristics, which was not accompanied by fever but caused frequent bouts of sneezing, slight wateriness of the eyes, and itching. The patient, whose growth and development were in accordance with those of her peers, had no history of cough, headache, or repeated infections accompanying these complaints. The patient's father, a practicing doctor, never referred her to another doctor until she was 16 years of age. When the complaints became severe, he recommended using antihistamines, which did provide some relief. However, the patient's complaints increased in the following years with intermittent headache, severe itching in her nose and palate, and intermittent shortness of breath. The patient stated that she was tired of experiencing these complaints. She was even prepared to have a nasal operation if necessary, and she was referred to our outpatient clinic. The patient's general health was good, although she appeared to be somewhat tired. There was slight redness under her eyes (allergic shiner), and her nasal examination showed bilateral hyperemic and hypertrophic concha. There was also a postnasal serous drip. The

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patient had no deformity in the thorax, and both hemithoraces contributed equally to respiration. On pulmonary auscultation, her expiration was found to be slightly lengthened, and occasional sonorous rhonchus was heard. Examination of systems other than respiratory system were normal. Laboratory results were within normal ranges including complete blood counting (Hb, Eos), biochemistry and total serum IgE levels. Posterior-anterior pulmonary x-rays showed no increases in aeration, with slight peribronchial thickening. The patient's forced expiratory volume in one second /forced vital capacity ratio was within normal limits, and a skin-prick test showed sensitivity to house dust mites. Based on all these findings, the patient was asked questions concerning allergic rhinitis and related criteria and was diagnosed with slight intermittent asthma. The treatments of nasal steroids, montelukast, and salbutamol if needed were recommended and improvement of clinical symptoms was observed in follow-up. Parents of the patient provided informed consent to publish the report.

DISCUSSION

Doctors often behave neglectfully about their own and family members' health. Due to having medical knowledge, doctors and their families do not visit other doctors. It seems that doctors trust themselves and are only admitted to other doctors if symptoms progress.² Furthermore, the literature does not emphasize the necessity for doctors or their families to visit other doctors for correct evaluation. Especially, to prevent the progression of disease and complications, this topic has not received the attention that it deserves in medical training. Due to the intense and lengthy working hours that doctors devote to their profession, they are frequently very tired at the end of their workdays and may also get bored with listening medical complaints.

As a result, even though they become sick, unless their illnesses are severe they let things ride, and this may cause delays in diagnosis.^{1,3} Therefore, trying to solve their medical problems by themselves may lead to delays in diagnosis. Additionally, doctors may refrain from having a check-up due to being afraid of facing medical problems. Furthermore, neglecting to admit to another doctor may be due to the lack of time.

However, doctors who are parents may treat their children's diseases themselves and might simply assume that the illnesses are

easy to treat. Indeed, doctors sometimes diagnose their relatives as having a certain disease without physical examinations, and they may often try to eliminate the symptoms rather than making clear diagnoses and recommending the correct treatments.^{4,5} Thus, an accurate diagnosis might be delayed. This report addresses the topic of under-diagnosis. As a result, an accurate diagnosis might be made later than it would be in other patients who have the same symptoms and findings.

In conclusion, sometimes having medical knowledge and over self-confidence may become disadvantages for doctors' and their families' health. Including this topic in medical training may help prevent this kind of problems.

Ethics

Informed Consent: Parents of the patient provided informed consent to publish the report.

Peer-reviewed: Externally peer-reviewed.

Authorship Contributions

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