

The Dilemma of a Medical Doctor Parent

Jamale Joseph Rizkallah* and Elie Joseph Chalhoub

Universite Saint-Joseph, Beirut, Lebanon

*Corresponding author: Jamale Joseph Rizkallah, Resident Universite Saint-Joseph, Damas, Beirut, Lebanon, Tel: 0096170169334; E-mail: jamale87@yahoo.fr

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Abstract

During his career, a medical doctor will inevitably face a situation where his patient is also his parent. Creating some distance will be more helpful, to him, as well as to the patient because of the deleterious effect the confusion of the roles will have on the care plan.

Keywords: Patient; Relative

A Medical Doctor Should Not Be Subjected to Treating Close Relatives

I come from a small Lebanese family and my medical degree puts me in charge of the health of my close relatives. This is far from being trivial in a Lebanese society where family links tend to define you. However other family members may find it suitable because no one is keen on taking a do-not-intubate decision even when facing a severe Alzheimer patient with probable pulmonary emboli.

Also, when you know the patient globally, which actually includes his financial situation, and his situation at home, the people he lives with, those who will take care of him in the hospital and who will be available to change his diapers or help him feed, other variables will be included in the care of plan equation. Hence, you may find yourself opting for a home-treatment approach rather than a treatment in the hospital which doubles the responsibility.

That put aside, the medical doctor will also be facing a great amount of stress, a different type from that "performance stress" we daily face when treating a "random" patient. When the relative becomes your patient, you want the best for him, in the shortest possible time frame. You suddenly face the delay your "random" patient suffers from. You are also the victim of a continuous harassment. Everyone wants to

make sure that "the patient" is taken care of properly, that he is getting better though the prognosis is severe, and you find yourself losing every single minute of free time you have left answering phone calls and calling back.

This situation becomes more difficult when the close parent is "really close". Despite all the experience you may have acquired through the years, it is very difficult to remain objective in these situations. Sometimes, it is easier to deny what the science tells you and hide behind faith and hope.

Of course, a medical doctor trusts himself and he will always want to be involved in the care of his relatives. However, creating some distance will be more helpful, to him, as well as to the patient he is taking care of. Indeed, a medical doctor should not be subjected to treating close relatives as a treating physician.

This situation will find its echoes in patriarchal societies, including Arabic countries, where family ties are the strongest. In such regions, family members tend to decide what information is to be disclosed to the patient! Patients with neoplasms will often receive chemotherapy thinking it is just another antibiotic cure! Medicine is not only about diagnosing the disease and giving the appropriate treatment. It goes well beyond the limits of the human body and may reach the family structures!