North Coast Physician

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Cover Photo
"SUMMER SUN ON THE FERN WALL"
Stephen Kamelgarn, M.D.

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FRIEND AS PATIENT

Lee Leer, M.D.

We all know that psychotherapists are not supposed to have any sort of personal relationship with their patients outside of the therapeutic setting. This includes avoiding patient contact in social settings and very clearly avoiding the development of friendships – be they romantic or purely platonic. And therapists should never take on friends as patients.

Less well defined, I think, is the "wall" that non-psychiatric physicians should build between our professional and private, social, contacts. I do not set out to provide the answers, but simply to raise the question and pose a few examples from my own experience over the years. I'm not talking here about the casual advice we're all asked for by friends, or the occasional antibiotic or inhaler prescription we're expected to write. Nor about the brother or sister or aunt or uncle who wants to relay the details of a recent appointment with their proctologist and see if I agree with the advice given. I'm talking about long-term patient-physician relationships with long-term friends. I imagine such things are more common in small, somewhat insular communities such as ours, but I'm sure the potential is there for all physicians who do any sort of continuity care.

The first time I heard of a physician treating friends or family was when I was in college. The father of a friend was a surgeon, and when the surgeon's wife developed breast cancer, said surgeon felt that he and only he was skilled enough to do her mastectomy. So he did. As far as I know, all went well, but even then, that struck me as the pinnacle of hubris at best, and as a huge mistake at worst.

As a medical student. I was on a family medicine rotation when the program director developed atrial fibrillation and was suddenly a patient in his hospital's ED. He was – by his choice – treated by the residents. I was impressed by his commitment to teaching, to say the least. While this wasn't really an example of friends treating friends, it was close, and it struck my somewhat by surprise.

When I began practice and joined a four-doctor family medicine group, I found myself caring for the families of my colleagues… as they cared for my family. This wasn't really something I thought much about – I mean, we were the best practice in town, so why should we expect our families to go anywhere else?

It wasn't until I'd moved to Humboldt County that I began encountering friends from outside of my medical circles who wanted to become patients… as well as patients who became friends. The latter would tend to happen because of overlapping and fluid social circles. I would not meet patients and seek to become friends with them, but instead would find myself at a group dinner with friends, and there would be a patient or two of mine.

More recently, with the retirement of my senior partner, Dr. Olsgard, and with the daunting shortage of primary care physicians in Humboldt County (not to mention the loneliness of being the only board certified geriatrician in the county), I am asked more and more by long term friends if I might take them on as patients. Mostly, I say yes, and mostly I think it works out just fine. Initially in my career, though, it was quite challenging for me. I found myself having trouble being relaxed and being my usual "doctor self" during the encounter. Though I can't think of any specific examples of problems, I'm sure I was at the very least somewhat awkward during office visits. I'd find it difficult to switch from a discussion we'd been having about bicycling or cooking or whatever just the day before to focusing on the medical issues that would need to be resolved in the constraints of a time-limited visit. More challenging still was dealing with sensitive issues. Example: if I'm friends with both members of a couple, as is often the case, might my patient be reluctant to tell me that his/her marriage is in trouble, or that there'd been a third party involved, that his/her partner is unaware of? I think the answer goes without saying. Equally awkward would be the scenario where a very dear friend happens to have very odd – at least by my standards – medical beliefs. Let's say this friend perhaps believes in homeopathy, or believes that all pharmaceuticals are poison, or that chronic Lyme disease is a real thing and needs to be treated with a year or so of antibiotics. I have experienced some of these issues, and finessing them has probably altered some friendships, and has clearly led to loss of said friend as a patient, which in and of itself is another potential source of friction.

In the past few years, I think I've gotten more comfortable blending roles, and have for sure gotten more directive and clear with which role I'm currently seeing

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self in. I start out each new friend-patient relationship with a little blurb about how everything is confidential, and that I will never tell anyone that we saw one another at the office, let alone what we talked about. Having made this clear at the outset, it still happens that a friend-patient will be surprised that my wife, with whom they're conversing in the grocery store, has no idea that I saw them as a patient the day before. "Oh, I didn't know he doesn't tell you!" they'll say. So I wonder, really, whether my definition of confidentiality – which I clearly state – is really the same as my patients', and if they really believe what I tell them in the first place.

Lately, I think the start of a professional relationship is more awkward for the friend-patient than it is for me. Most of my friend-patients want to be excessively careful not to overstep the bounds of friendship. They don't want to ask me about a medical problem when we're at a social encounter. Most are very careful to use our EMR's email system, rather than my personal email. Though to this day there are a few who seem intent on calling me at home, or texting, or using my personal email for even the most mundane medical needs. I tell them that it's their privacy they're potentially compromising, but they don't seem to care, HIPAA be damned. My experience is that most friends become patients without realizing that the time may come when they want/need to share something very sensitive or confidential with me. I mean, at first it's just a question of providing the right high blood pressure medication, or washing the wax out of their ears. Occasionally, though, the family issues, or the substance abuse issues become necessary to discuss. At that point, in my experience, the friend-patient can have an even more difficult time broaching such a sensitive subject than can the "regular" patient.

What I haven't experienced yet is the death of a very dear friend who has become a patient. It will of course happen, and I imagine it will be more or less the same as the deaths of other patients of whom I've grown quite fond over the 20-something years I'd been caring for them. I worry though: will all our other friends think I'd done enough, or question my medical decisions? Will the surviving partner be upset with me? Will the dying friend suffer more than necessary because he/she doesn't want to impinge upon our friendship and bother me at off hours (or the opposite: will they bother me at all hours and drive me crazy)? Will I second-guess myself more than I do with non-friend patients?

The American College of Physicians, in its 6th Ethics Manual, had this helpful, albeit ambivalent, advice:

Physicians should usually not enter into the dual relationship of physician–family member or physician-friend for a variety of reasons. The patient may be at risk of receiving inferior care from the physician. Problems may include effects on clinical objectivity, inadequate history-taking or physical examination, overtesting, inappropriate prescribing, incomplete counseling on sensitive issues, or failure to keep appropriate medical records. The needs of the patient may not fall within the physician's area of expertise . The physician's emotional proximity may result in difficulties for the patient and/or the physician. On the other hand, the patient may experience substantial benefit from having a physician-friend or physician–family member provide medical care, as may the physician. Access to the physician, the physician's attention to detail, and physician diligence to excellence in care might be superior (1).

As far as I can tell, the ACP is suggesting that we ought not to take on friends as patients, because we may provide inferior care; except, if we do take them on, we may end up providing superior care.

So who knows? If I have any advice, based on my personal experience, it's to avoid any but the most basic care of one's immediate family, and to be very up front with friends about the pros and cons of developing a patient-physician relationship. Thus far, in my experience, the upside of being a friend-physician far outweighs the downside. Still, I tread lightly and carefully.

Reference:

1. https://www.acponline.org/clinical-information/ethics-and-professionalism/acp-ethics-manual-sixth-edition-a-comprehensive-medical-ethics-resource/acp-ethics-manual-sixth-edition

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