

GENERAL PRACTITIONERS' ETHICAL DECISION-MAKING: Does Being A Patient Themselves Make A Difference?

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AIM

- To investigate if and how decision-making frameworks used by general practitioners with respect to ethical issues are altered by their own illness experience.

METHODOLOGY

Doctors-not-patients (DNPs)



Doctor-and-patients (DAPs)



10 participants in each group

Demographics very similar in both groups

CASE VIGNETTES

1. Empathy, communication and self-disclosure
2. Consultations involving socially taboo areas – the dying patient
3. Supporting patient choice and empowerment
4. The doctor as patient advocate

QUESTIONS

- How would you handle this consultation? What would you say/do?
- Would anything be different from before your illness experience (DAPs)/imaginary severe illness experience (DNPs)?
- Specific questions on:
 - Self disclosure
 - Empathy
 - Talking about taboo subjects
 - Patient choice and empowerment
 - Advocacy

CASE VIGNETTE ONE

EMPATHY, COMMUNICATION AND SELF-DISCLOSURE

■ DNPs



- Imagine you have had an acute myocardial infarction two years ago but you have made a full recovery and have been back at work for many months. Jane/James Dunn is a 67-year-old patient that comes into your practice presenting with sudden onset chest pain. You believe s/he is having an acute myocardial infarction. S/he doesn't accept your diagnosis of acute myocardial infarction saying "it's just indigestion doctor!" Jane/James wants to drive her/himself to the hospital.

■ DAPs



- Jane/James Dunn has very recently been diagnosed with the same illness you experienced. S/he comes into your practice for a consultation with you.

CASE VIGNETTE ONE RESPONSES

EMPATHY, COMMUNICATION AND SELF-DISCLOSURE



DNPs

- Mainly directive strategy
- Some acknowledgement of patient choice
- Personal illness wouldn't alter consultation
- Unlikely to self-disclose



DAPs

- Management firmly centred around empathy
- Identified strongly with the patient's dilemma
- Use of self-disclosure varied
 - Disclosures cited patient-centredness as reason for this, tightly linking to empathy
 - Non-disclosures also patient centred but not exclusively. Fears of harm, stigma etc.

CASE VIGNETTE TWO

SOCIALLY TABOO AREAS: THE DYING PATIENT

- Kevin Smith is a 49-year-old male recently diagnosed with motor neuron disease. He has come in with his wife for a consultation. They are both very upset and worried about the future and how things will end.

CASE VIGNETTE TWO RESPONSES

SOCIALLY TABOO AREAS: THE DYING PATIENT



DNPs

- A difficult consultation – various strategies performed to meet patient and his family's needs
- Generally, didn't think personal illness would change anything
- Didn't think consultation skills would alter from personal illness



DAPs

- Care and caring primary guiding tenet using similar but wider strategies compared to DNPs
- Role of doctor = dynamic facilitator
- Illness experience enhanced empathy
- Consultation skills improved - mainly due to increased empathy

CASE VIGNETTE THREE

SUPPORTING PATIENT CHOICE AND EMPOWERMENT

- Jade Wilson is a 55-year-old female patient that you know well. She has recently been diagnosed with lymphoma. Jade has a prognosis of a few months' survival without chemotherapy treatment. She doesn't want chemotherapy as she doesn't want to fill her body with "toxins". She trusts you but doesn't like the oncologist. She has come in to talk about Vitamin C treatment options.

CASE VIGNETTE THREE

SUPPORTING PATIENT CHOICE AND EMPOWERMENT



DNPs

- Some acknowledged patient choice: others strongly directive
- Ensured patient well informed
- Equivocal if personal illness experience could change anything
- Personal illness considered unlikely to change ability to empower patients



DAPs

- Strongly respected patient choice
- Needed to be linked to being well informed
- Roles strongly identified as facilitator, clarifier and holding and maintaining doctor-patient relationship
- Illness experience impacted in many ways; less blunt, more openness, more understanding

CASE VIGNETTE FOUR

THE DOCTOR AS PATIENT ADVOCATE

- Mary Hill is an 82-year-old lady who lives independently on her own. She is usually very social attending bridge club and volunteering at the local hospice shop regularly. Mary has arthritis in her left hip. The pain has become so excruciating over the last 10 months that she has been prescribed opiates for pain relief and spends most of her day in bed. She is on the maximum tolerated dose of opiates. Mary has been on the waitlist for a hip replacement for 9 months.

CASE VIGNETTE FOUR

THE DOCTOR AS PATIENT ADVOCATE



DNPs

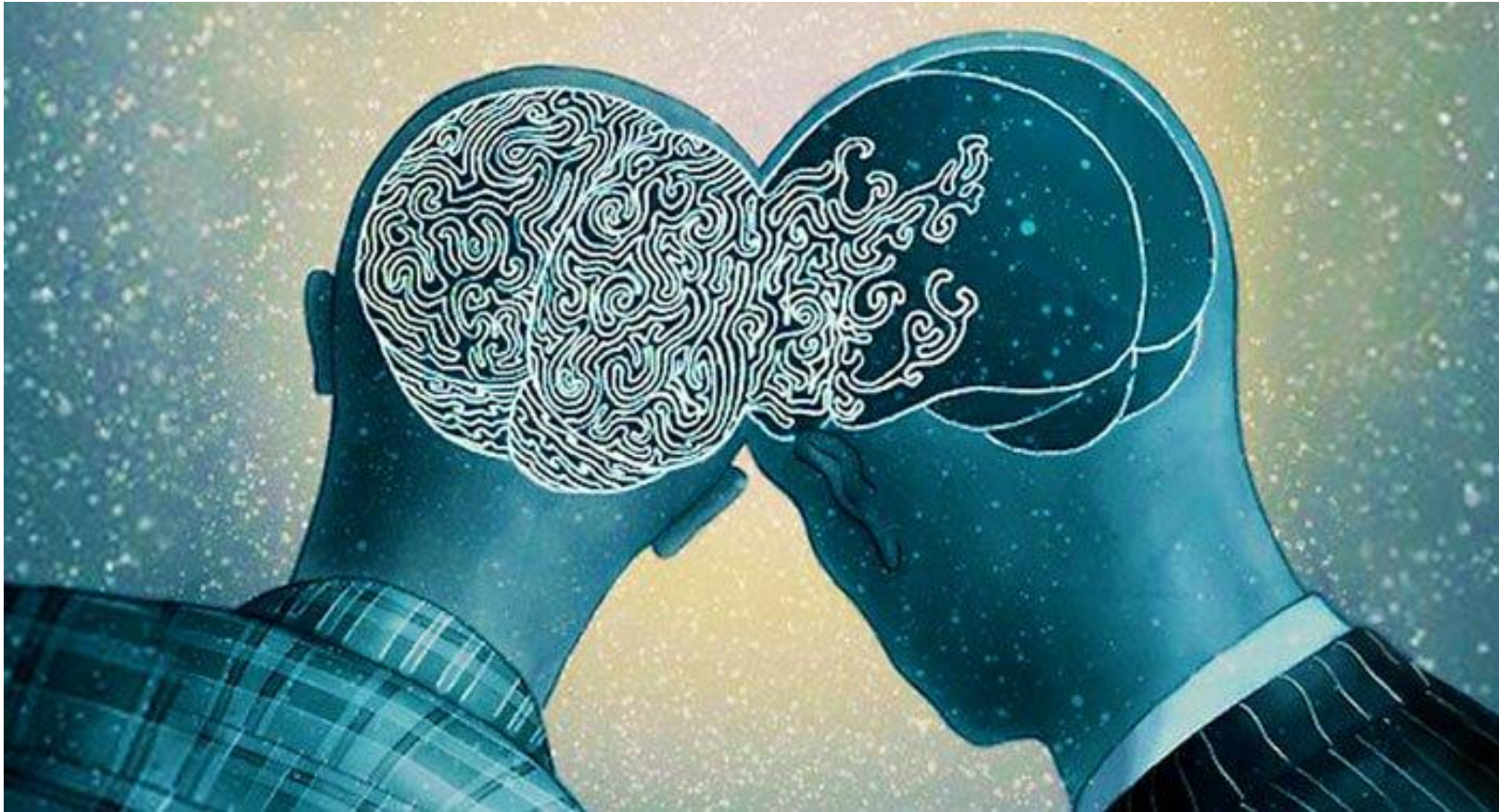
- Identified role as advocacy
- Other management strategies given by some, but not all
- Didn't think personal illness experience would alter anything generally (a few exceptions)

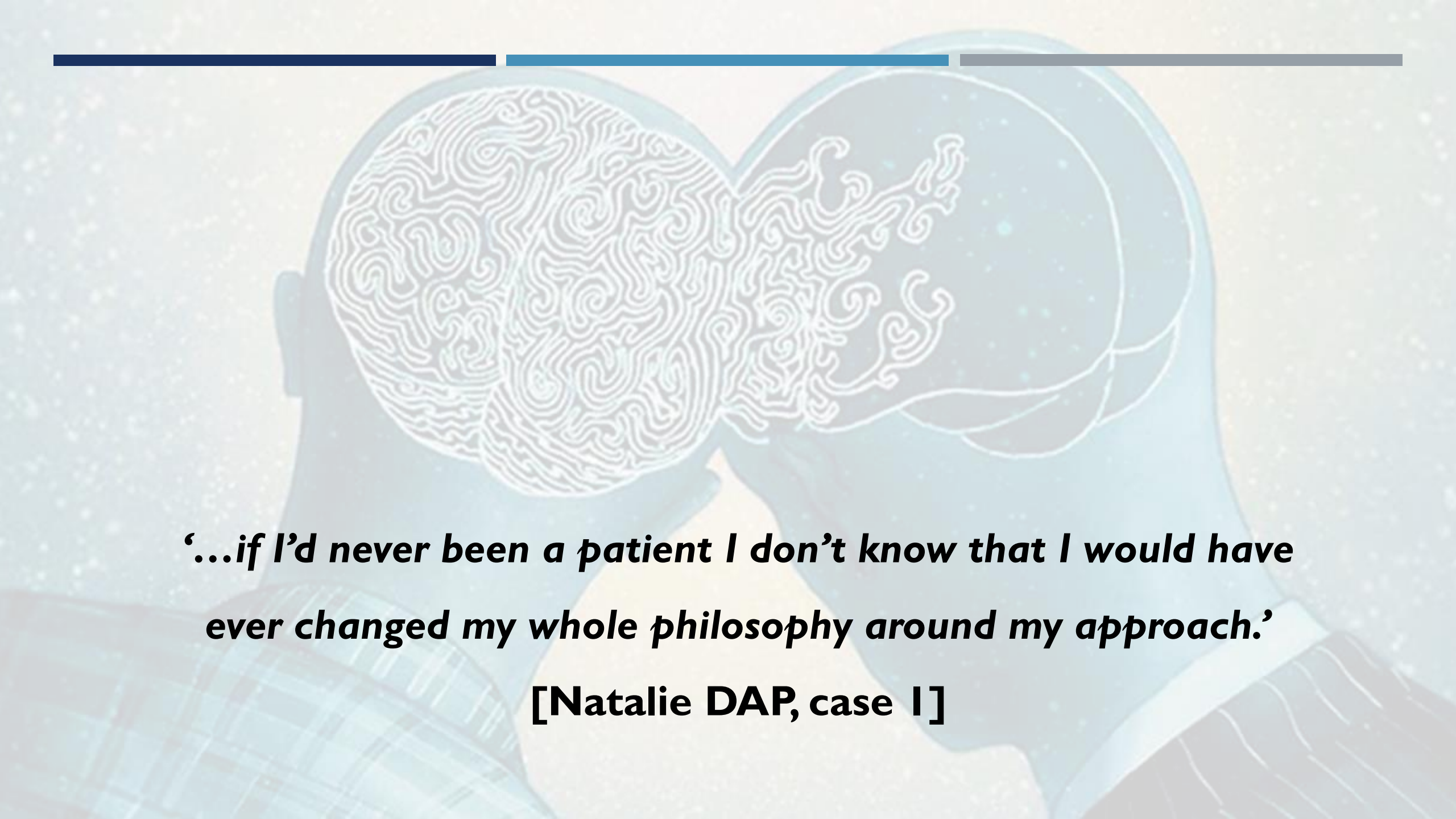


DAPs

- More strongly identified role as advocacy with greater breadth of reasoning and more strategies; also more strategies for pain management and other management issues
- Role of personal illness experience variable - unchanged to major influence via empathy

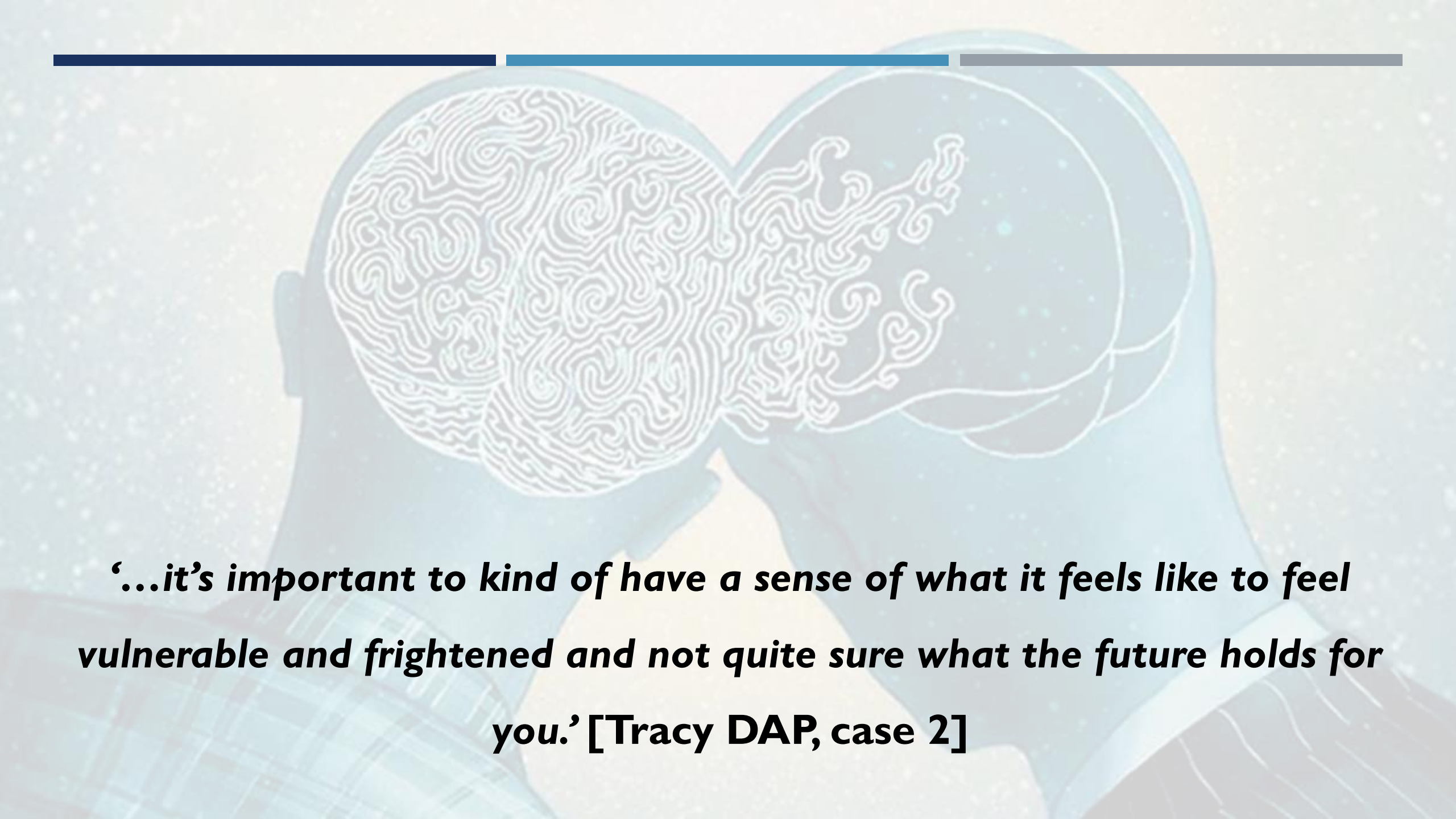
EMPATHY



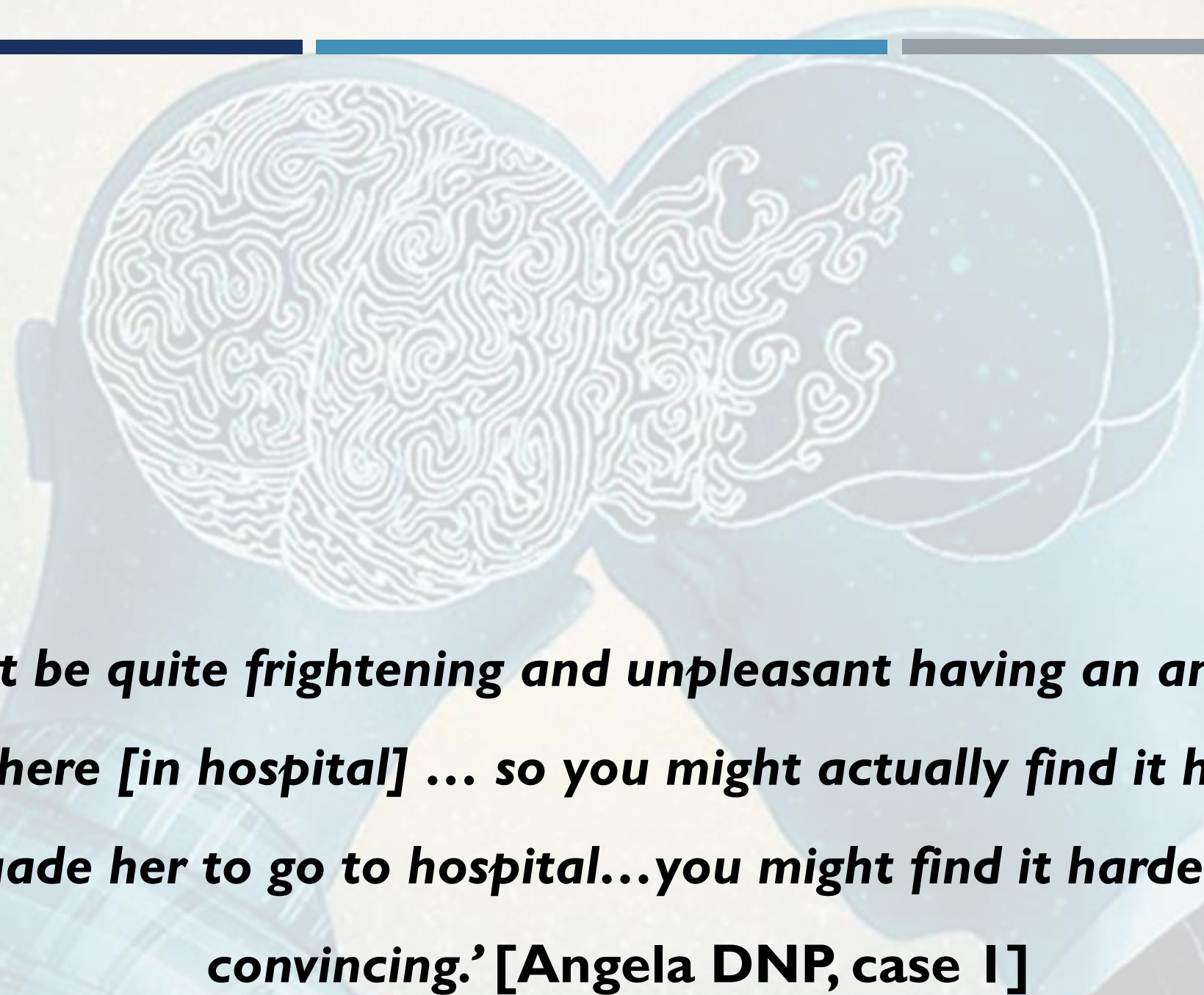


‘...if I’d never been a patient I don’t know that I would have ever changed my whole philosophy around my approach.’

[Natalie DAP, case 1]

An illustration of two hands, one in a blue plaid shirt and the other in a grey shirt, holding a brain. The brain is depicted with a complex white maze pattern on a dark blue background. The background of the entire image is a soft, out-of-focus cityscape at night with warm lights.

‘...it’s important to kind of have a sense of what it feels like to feel vulnerable and frightened and not quite sure what the future holds for you.’ [Tracy DAP, case 2]



‘...it might be quite frightening and unpleasant having an angiogram or being there [in hospital] ... so you might actually find it harder to persuade her to go to hospital...you might find it harder to be convincing.’ [Angela DNP, case 1]

SELF DISCLOSURE

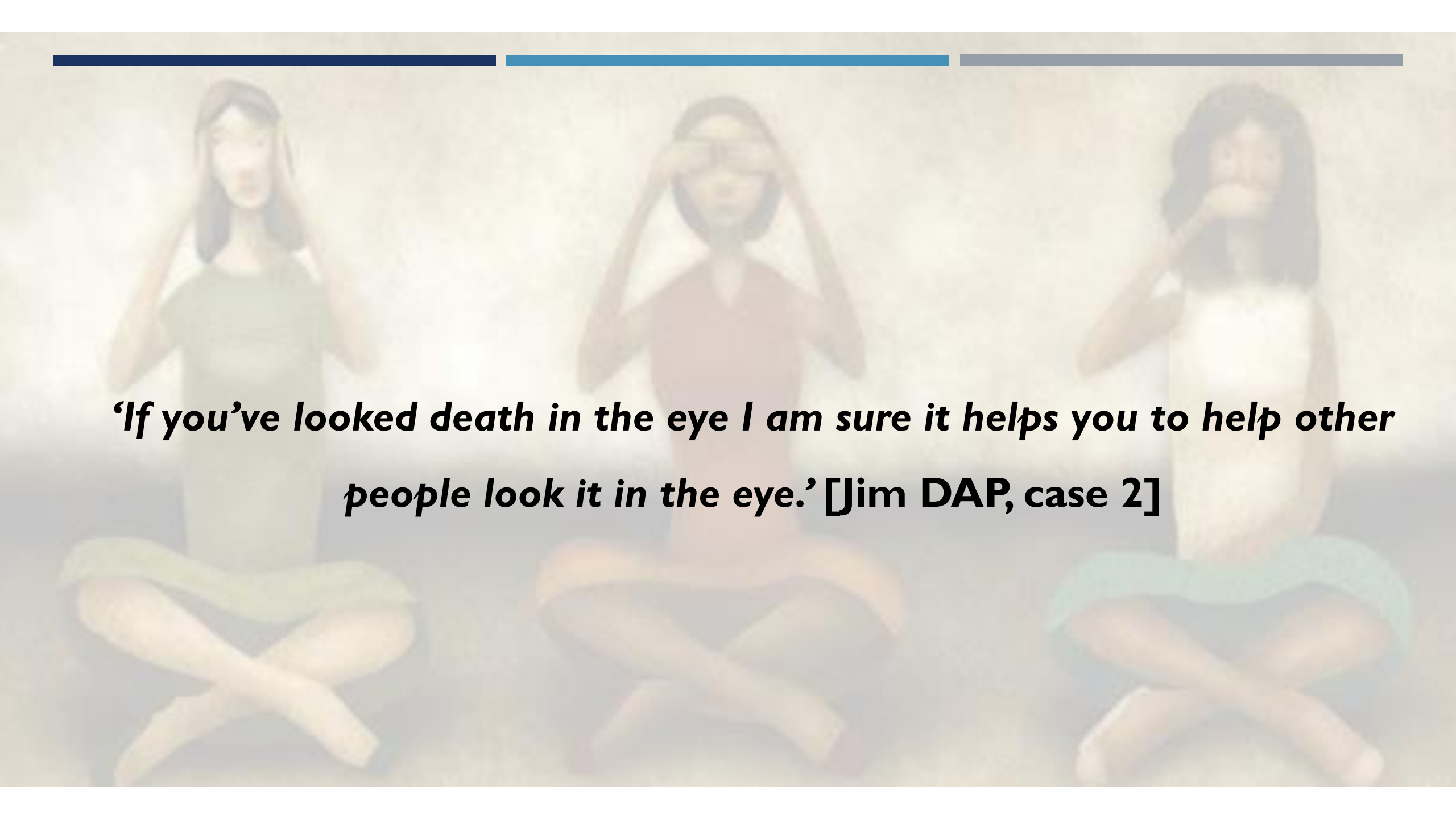




Not *‘professional’*, *‘inappropriate’*, *‘daunting for patients’*, making patients feel *‘insecure’* or a *‘distraction’*

SOCIALLY TABOO AREAS



The background of the slide features three women sitting in a meditative lotus position. The woman on the left is wearing a dark green top and has her hands near her face. The woman in the center is wearing a reddish-brown top and has her hands covering her eyes. The woman on the right is wearing a white top and has her hand near her mouth. The entire image is faded and serves as a background for the text.


‘If you’ve looked death in the eye I am sure it helps you to help other people look it in the eye.’ [Jim DAP, case 2]

PATIENT CHOICE





‘it’s all about putting them in the seat of power,’ [Natalie DAP, case I]

The background of the slide features a grayscale image of a person standing in a hallway, viewed from behind. Above the person, several white arrows point downwards towards the floor. At the top of the slide, there are three horizontal bars in dark blue, light blue, and gray.

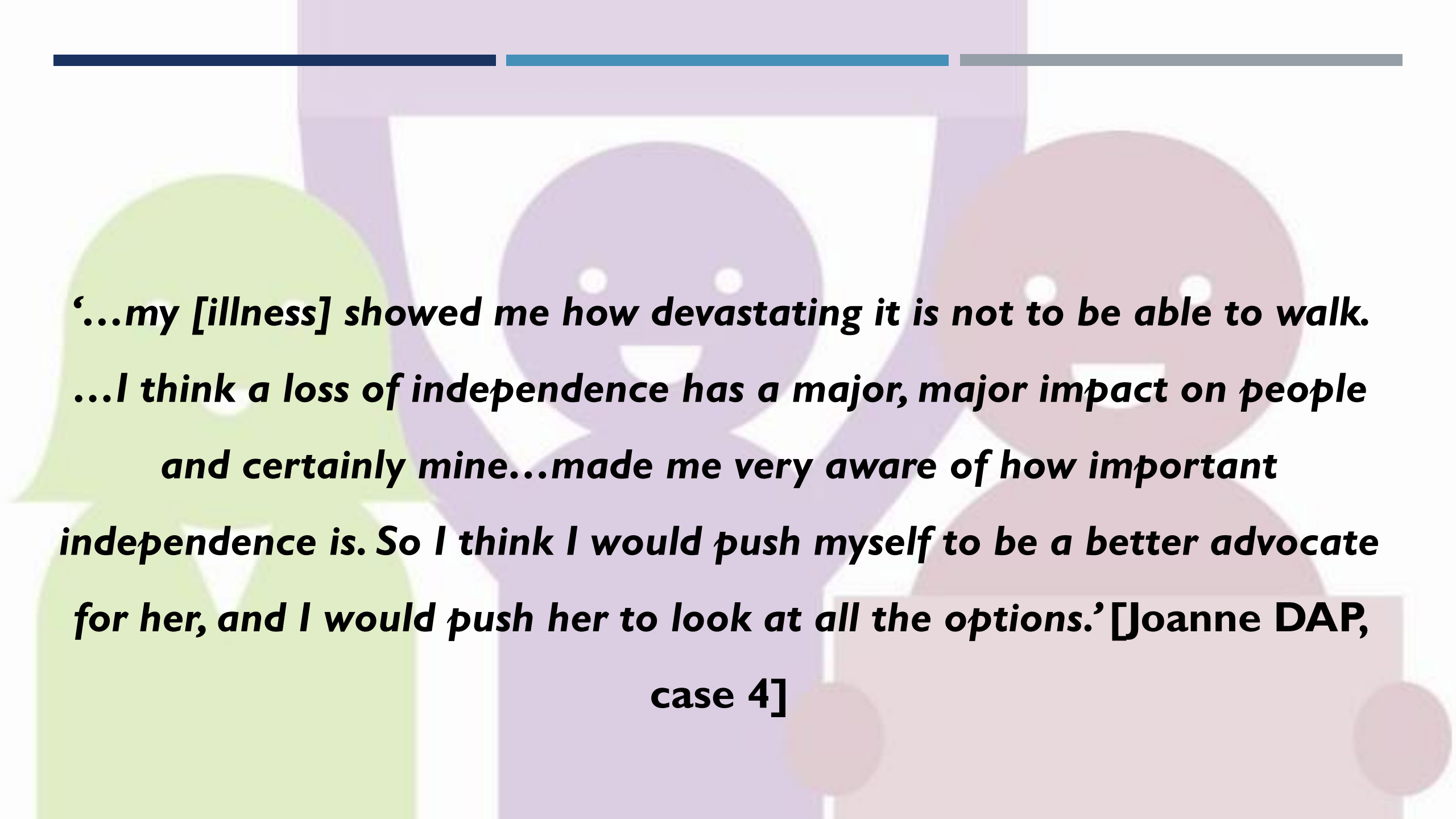
‘That’s the whole patient centeredness of the patient-expert, the doctor-expert, respecting each other, and trying to reach common ground. ... If you can reach common ground where both people can feel heard, respected, and have agreed on what the plan is going forward, then that to me is the key thing to accomplish.’ [Phil DAP, case 3]



‘I’d be very frustrated internally...people are forever taking all sorts of alternative things ... it drives me nuts sometimes.’ [Sally DNP, case 3]

PATIENT ADVOCACY



Three stylized figures in green, purple, and red are holding hands in a circle. The text is overlaid on this background.

***‘...my [illness] showed me how devastating it is not to be able to walk.
...I think a loss of independence has a major, major impact on people
and certainly mine...made me very aware of how important
independence is. So I think I would push myself to be a better advocate
for her, and I would push her to look at all the options.’ [Joanne DAP,
case 4]***

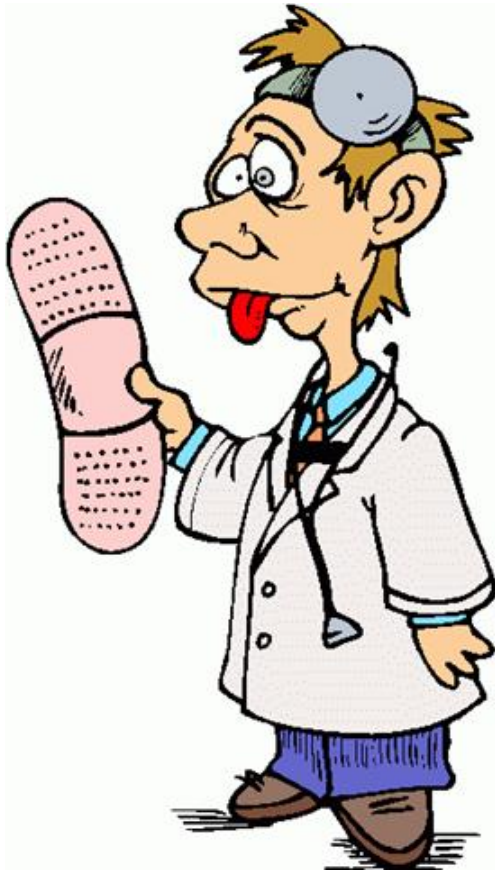
RESULTS OVERVIEW



DNPs

- Mainly directive strategy
- Some acknowledgement of patient choice; others strongly directive
- Unlikely to self-disclose
- Didn't think consultation skills would alter from personal illness
- Identified role as advocate
- Overall most DNPs thought personal illness experience would not change the consultation significantly in the vignettes

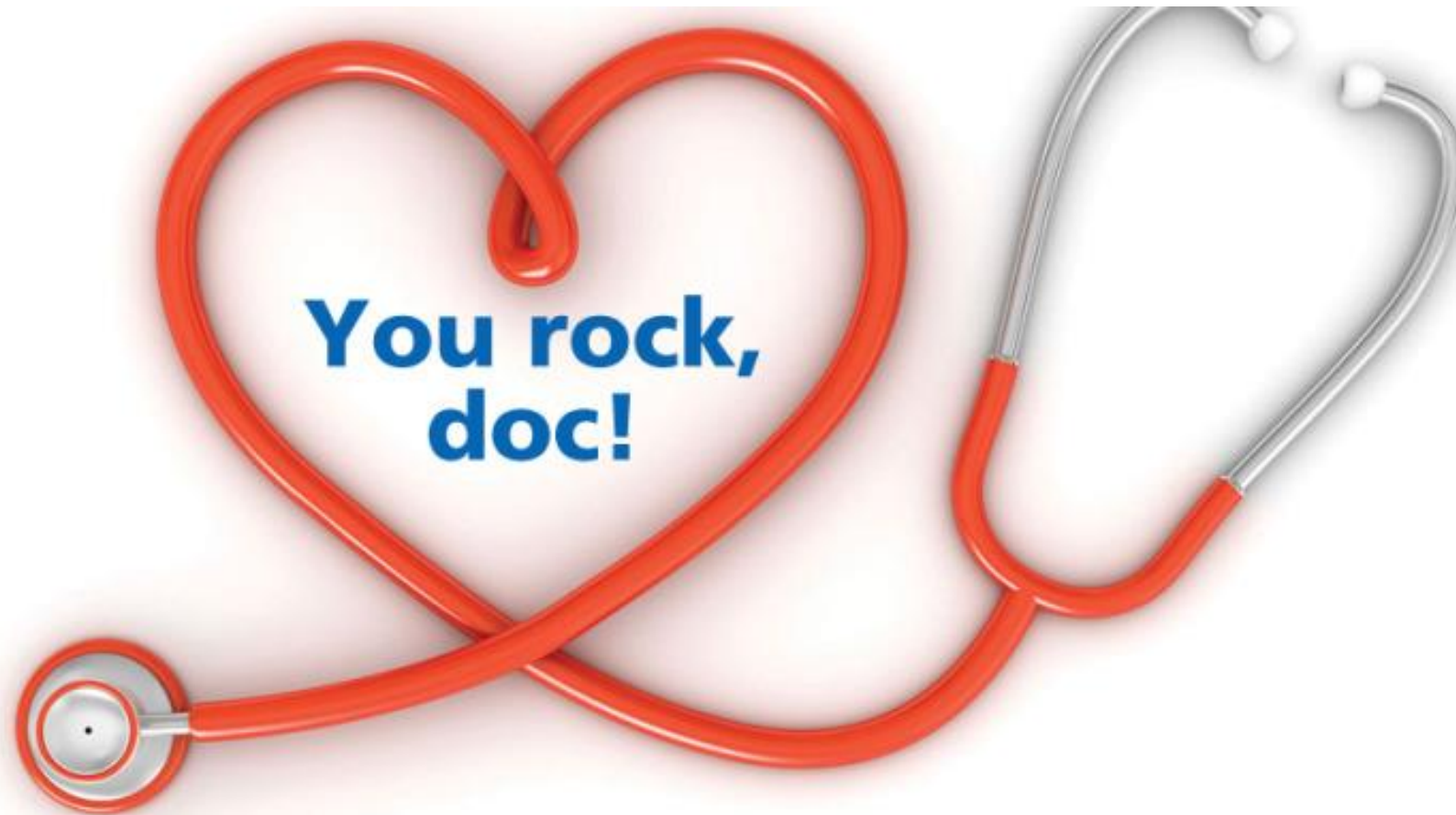
RESULTS OVERVIEW



DAPs

- Management firmly centred around empathy
- Identified strongly with patients dilemma and strongly respected patients choice
- Use of self-disclosure varied
- Illness experience enhanced empathy
- Consultation skills improved in many ways
- Identified patient advocate role more strongly
- Wider use of strategies in consultations
- Role of doctor = dynamic facilitator

A BIG THANK YOU TO ALL THE DNPS AND DAPS!



	Doctor-not-patient (DNP)	Doctor-and-patient (DAP)
Gender (Male:Female)	3:7	4:6
Age average (range)	53.1 years (41-75 years)	56.8 years (31-70 years)
Ethnicity (NZ European:Other)	8:5 ¹	7:4 ¹
Religion	4 religious	4 religious
Medical training location (NZ:Other)	6:4	5:5
Time working as GP average (range)	22.8 years (8-46 years)	26 years (5-43 years)
Other qualifications (Yes)	5	8
Studied ethics at a tertiary level (Yes)	2	3
Time since illness average (range)		8.95 years (6 months – 33 years)

¹ Number greater than 10 as some participants identified with more than one ethnicity.

METHODS

20 GP's recruited (Full enrolment)

- 10 having had a serious medical illness
- 10 having no such history (controls)

Semi-structured phone interview

- Zone 1 – Demographic questions
- Zone 2 – General questions about decision – making
- Zone 3 – Impact of illness on practice
- Zone 4 – Case scenario's

Interviews analysed using thematic analysis