

## THE PHYSICIAN AS PATIENT

Monika Jabłońska<sup>1</sup>, Zbigniew Tarkowski<sup>2</sup>

<sup>1</sup> *County Hospital in Kętrzyn*

<sup>2</sup> *Medical University in Lublin*

**Introduction.** For each patient any disease is a stressful event, either that of a threat or challenge, due to experiencing pain and suffering as well as limitations in terms of physical or professional activities. When physician becomes patient, a disease can impede or even prevent the fulfillment of one's life goals, causing fear, helplessness or the need to fight, thus leading to aggression.

**Aim.** To collect, analyze and summarize the experiences of physicians as patients. To understand the psychological and sociological mechanisms in a situation when the roles are reversed and physician becomes patient. To determine to what extent the physician as patient accepts the mechanisms of treatment and care of which he was the co-author and executor as a professional.

**Materials and methods.** This research was carried out in the form of interviews conducted directly and indirectly and as a case study.

**Results and discussion.** Participants expressed extreme opinions concerning the research project. Some of them consider it as a controversial one, due to indicating dangers and impediments with respect to communication between the attending physician and the physician as patient. Others find the project interesting, presenting an objective reflection of social relationships and communicative bonds within the medical environment. The diversity of attitudes and behavioral models presented by physicians and physicians as patients leads to various dependences and relationships between them during the diagnostic process and then treatment. The analysis of interpersonal communication mechanisms between the attending physician and the physician as patient is of great importance for both parties.

**Conclusions.** Physician is a very difficult patient, because he does not react well to the role reversal. The physician as patient, being aware of a negative prognosis, complications, and side effects, is excluded from the diagnostic process and is reduced to the role of patient. The physician as patient is more sensitive to negative mecha-

nisms which impede communication with the attending physician. The physician as patient expects openness, sensitivity to verbal and non-verbal signals sent by him and interpretative skills. A physician taking care of the physician as patient creates an emotional distance to keep a balance between empathy and indifference. It is particularly evident when the patient suffers and medical possibilities are limited.