

"No" supports "Yes"

While arguing against physician self-treatment, Dr Richer's argument,¹ paradoxically, supports Dr Bereza's argument.² I was disturbed that Dr Richer trotted out the addiction phobia to make her case. It actually highlights why the physician-patient in Dr Bereza's case study might have felt the need to self-medicate. Repeatedly, patients with malignant pain are undertreated because of ill-founded fears of addiction to strong opioids, even though most of these patients need such drugs. The more appropriate argument would have been for Dr Richer to express concern for a physician-patient who might be self-prescribing strong pain medication; I would be apprehensive about the patient's ability to recognize cognitive side effects, particularly as her illness progressed. Who would be the one to decide if her judgment was still intact? In Dr Bereza's case study, the alternative offered was in-hospital care; however, her treatment there might not have been any better because of a lack of expertise. It sounds to me that we might have to consider this an example of Dr Richer's first exception—"an acute and potentially fatal condition for which the physician must treat himself while awaiting the required assistance"¹ (that might never come).

—Robert Sauls MD CCFP(EM) FCFP
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References

1. Richer S. Should family physicians treat themselves or not? No. *Can Fam Physician* 2009;55:781-2 (Eng), 784-5 (Fr).
2. Bereza E. Should family physicians treat themselves or not? Yes. *Can Fam Physician* 2009;55:780,782 (Eng); 783,785 (Fr).

Another reason to treat oneself

Back in the 1970s a journal called *Emergency Medicine*, conducted a poll of their readers with the following question: "How many of your colleagues would you trust with your life?" A hard-core 15% of respondents answered "None." As long as one has sufficient self-confidence, this constitutes a powerful incentive to resort to self-treatment—the number of physicians involved would appear to be substantial.

—David M. Maxwell MD CCFP(EM)
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How to treat a physician-patient

I read with great interest the articles about physician-patients.^{1,2} I think that what is important is the patient's relationship with the treating physician. Some physician-patients might want a physician who takes complete charge of their care. Other physician-patients might want to be more involved in the decisions relating to their care. I believe it is important to respect the

physician-patient position. I also believe that the treating physician should show flexibility of management when his or her style differs from that of the physician-patient. I suspect that this sort of interaction will challenge the treating physician like no other patient interaction can. Treating physicians need to balance confidence and comfort when attending physician-patients or else refer them to someone who can provide this type of care.

—Gabriel Attallah MD CCFP
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References

1. Richer S. Should family physicians treat themselves or not? No. *Can Fam Physician* 2009;55:781-2 (Eng), 784-5 (Fr).
2. Bereza E. Should family physicians treat themselves or not? Yes. *Can Fam Physician* 2009; 55:780,782 (Eng); 783,785 (Fr).

Accepting help

Doctors can treat themselves and family members for simple ailments. For chronic cases, it is always better to ask for a second opinion—and follow the advice. For surgeries and deliveries (for family members), it is always good policy to have some other doctor take over, however competent the doctor might be. We will always have help from our colleagues in our time of need.

—N.P. Viswanathan
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Auto-traitement?

Cher Roger, vous avez bien raison.¹ Plusieurs médecins se traitent en urgence ou pour des problèmes bénins et ce sans contrevenir à leur Code de déontologie. Malheureusement, quelques-uns d'entre

The top 5 articles read on-line in August

1. **Clinical Review:** Brief interventions for depression in primary care. *A systematic review.* (August 2009)
2. **RxFiles:** Taking the stress out of insulin initiation in type 2 diabetes mellitus (June 2009)
3. **Critical Appraisal:** Intensive glycemc control. *Implications of the ACCORD, ADVANCE, and VADT trials for family physicians* (August 2009)
4. **Child Health Update:** Use of dexamethasone and prednisone in acute asthma exacerbations in pediatric patients (July 2009)
5. **Clinical Review:** Complementary and alternative medicine for the treatment of type 2 diabetes (June 2009)