
PARTICIPATION OF PHYSICIANS IN PREVENTION ACTIVITIES -A PART OF THEIR OWN PERSONAL RESPONSIBILITY FOR HEALTH

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Abstract: Everyday physicians meet with patients and their families, with suffering and death, with the inability to help to each patient, with the lack of resources in healthcare, etc. They are responsible not only to their patients and to the healthcare system, but also to themselves. One of the most overlooked topics concerning their working position is caring for their own health. They are at the forefront of disease prevention and health promotion and should serve as an example, but often fall into unhealthy work patterns.

The purpose of this publication is to investigate what was the participation of physicians in preventive activities (GP examinations, screening, prophylactic examinations) related to their own health status.

Material and methods: A direct and anonymous questionnaire was conducted with physicians working in hospitals. The survey was based on a statistical sample, representative of the units and signs of the observation. It included doctors (n = 257), who worked in seven hospitals. The indications that determined the participation of the respondents in preventive measures related to their own health status were: not only the number of respondents with an officially selected GP, but also the number, reasons and period of their visits to him/her.

Results and discussion: 98.8% of the studied physicians had a GP. Most often, they visited him/her once per an year (n = 88; 34.2%). 37.7% attended him/her two, three or more times per an year. Just over a quarter (28.00%) of the respondents said they had never met their GP. The most common reason (35.9%) for visiting GPs from hospital staff was the need for referrals, with approximately one in ten needing treatment (11.5%). In our study, 34.7% of the doctors surveyed visited GPs because of the need for prevention. Approximately half of the respondents went to a preventive examination in the last year and one third (30.7%) in the last 6 months. 11.7% of the respondents did not do preventive tests at all, and just over 2/3 of the respondents had done them in the last year.

Conclusion: Hospital staff are becoming more and more important to our society because they are a significant part of the indispensable human resource responsible for providing medical services and care. Research has shown that health professionals often neglect their physical, emotional and social status, committed to helping others. One of the steps to taking personal responsibility for their health is to have a GP, to seek and participate in regular and independent preventive checkups through primary care. This will help them maintain and strengthen their own health, similar to what they desire for their patients.

Keywords: preventive activities, physicians, personal responsibility to own health

1. INTRODUCTION

The medical profession is very attractive and highly regarded in society. Governments and the public have high expectations that healthcare professionals will be committed to the profession and patients, competent, compassionate and stress-resilient. But being a doctor is also a big challenge. Everyday physicians meet with patients and their families, with suffering and death, with the inability to help to each patient, with the lack of resources in healthcare, etc. They are responsible not only to their patients and to the healthcare system, but also to themselves. One of the most overlooked topics concerning their working position is caring for their own health. They are at the forefront of disease prevention and health promotion and should serve as an example, but often fall into unhealthy work patterns. This can begin as early as their student's years and continue afterwards in their professional practice.

Medics are constantly exposed to stress and risks that have the potential to disrupt their health. They are vulnerable to the same physical and psychological disorders as the rest of the community.

2. PURPOSE

The purpose of this publication was to investigate what is the participation of physicians in preventive activities (GP examinations, screening, prophylactic examinations) related to their own health status.

3. MATERIAL AND METHODS

The subject of the study was the medical and social significance of the physicians' behavior towards their personal responsibility for their own health. A direct, anonymous and specially developed questionnaire was conducted with the staff working in hospitals. They were distributed in person, accompanied by information on the purpose and

objectives of the study. Our survey consisted of 24 questions. It was based on a statistical sample, representative of the units and indicators of the observation. It included practitioners (n = 257) who worked in seven hospital settings divided into groups. The indicators that determined the respondents' participation in preventive measures related to their own health status were: not only the number of respondents with an officially selected family doctor, but also the number, reasons and period of their visits to him / her. The research proposal was approved by the Research Ethics Committee of the Medical University of Sofia (KENIMUS). There was no risk of revealing the identity of the participants during the application of the study. Their participation was voluntary and anonymous.

The following methods were used to collect the primary information in the study: documentary, sociological and mathematical-statistical. The statistical processing of the primary data was performed with Microsoft Office Excel software packages and with the statistical package of application programs - SPSS, the method of interpretation being consistent with the theoretical material adapted to the program package. Some of the information from the questionnaires was in the form of quantitative variables, the answers to the questions were coded and filled in SPSS according to the requirements of the system. Graphic analysis was performed using Microsoft Office Excel, which provides better graphical representation capabilities than SPSS.

4. RESULTS AND DISCUSSION

By law, every health-insured Bulgarian citizen must have an autonomously-elected general practitioner (GP) who is an entry into the healthcare system. He/she is the main figure in primary care, providing and solving approximately 80-90% of the healthcare problems. Primary care is a priority sector of the national healthcare system. It is considered in close connection with the social and economic development of each country. It is integrated, basic, universally accessible, cost-effective, targeted at the most common diseases of the population. It is directed at individuals, families and communities, and is implemented with patient's active participation. Last but not least important primary care is scientifically based by reliable and socially acceptable methods. Family physicians deals with more widespread and less defined health problems.

In order to analyze the consumption of the health care system, we examined how many of the respondents had a personal physician from the primary healthcare sector. 98.8% of the study group responded positively. Only three male doctors indicated that they were not listed in a specific GP. Our results are much better when compared to other studies.

A study by the French College of Anesthesiologists and Resuscitators found that in France, nearly 80% of doctors have no personal doctor (www.cfar.org).

In 2016, in Ireland, the Royal College of Physicians reported that most doctors did not consider it necessary to have a personal physician to consult them. And 49% of surveyed doctors working in hospitals in Ireland indicated they were neglecting their own health (Royal College of Physicians of Ireland, 2016). Literature reports showed that a relatively large percentage of them stated self-medication and prescribed medication.

Only 14% of surveyed doctors in Hong Kong have a personal physician, and these were mostly specialists who had obtained their university education outside China. The same survey reported that about 70% felt they did not need one [25 Chen, 2008].

In Australia, 42% of doctors surveyed report having a GP [51 Australian Medical Association 2012]. In New Zealand, only 71% claim to have their own family doctor [Cole's Medical Practice in New Zealand. Ed. KA Morris, Medical Council of New Zealand, 13-th edition, 2017].

Besides having an officially registered personal doctor, patients should also visit him/her, and this is regulated in Ordinance No. 8 of 03/11/2016. It is interesting to investigate and discuss whether this regulation refers to our sample.

Fig. 1. Distribution of the respondents' answers regarding the number of visits to GPs

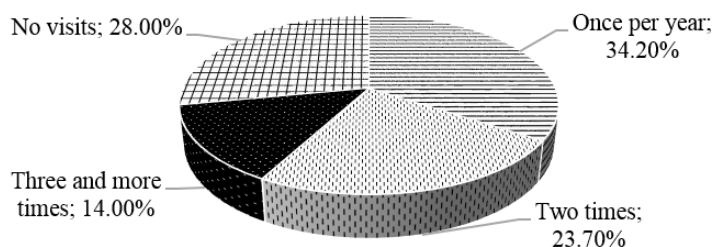


Figure 1 shows that most often the medics visited their GP once during the last calendar year ($n = 88$; 34.20 %). Those who attended it two, three or more times a year were 37.70 %. Just over a quarter (28.00%) of the respondents said they had never met their GP. It is traditionally accepted that healthcare professionals neglect their health at the expense of their professional and personal commitments. According to the society physicians are never ill and it might be interpreted as a weakness if they pay frequent attention to their health status. They are independent, competent, highly accomplished and always healthy.

The probable reasons for the lack of visits or their postponement might be: long working hours, fatigue, sleep deprivation, increased demands of patients, their relatives and society, secondary traumatic stress, consequences of mistakes, debt, requirements of external organizations, fear of complaints and litigation, infectious diseases, and more. These results are confirmed in other studies.

Voltmer et al. (2013), in a study among private practitioners in Germany, found out that more than 50% of them had performed a physical examination with a colleague in the last two years. However, for almost 30% of men and 36% of women, this examination was more than 4 years ago or never.

In Australia, less than 1/3 of medical practitioners actually consult a physician for a health problem [51 Australian Medical Association 2012]. In New Zealand, only 11% said they visited their doctor for regular check-ups [Cole's Medical Practice in New Zealand. Ed. KA Morris, Medical Council of New Zealand, 13th edition, 2017].

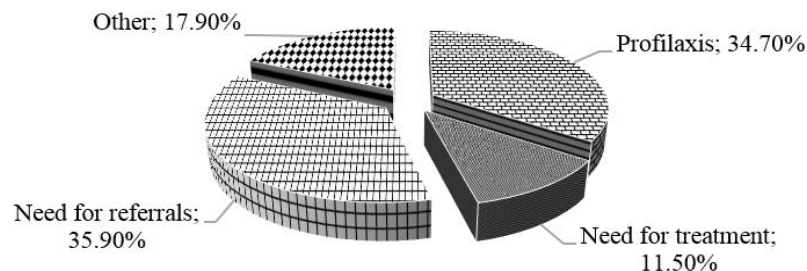
In Ireland, approximately 1/3 of respondents said that they had not consulted or even met with their GP in the last 5 years [49 Uallachaj 2007].

One of the most important point in the concept of the primary healthcare is the change “from disease to health”. Effective medical services are not limited only to treating the disease itself (its diagnosis and treatment). The subject of basis healthcare is health as available (positive health), threatened and damaged (illness), i.e. all its variants. This activity includes therapeutic, diagnostic, rehabilitation care, health promotion and disease prevention. Ordinance No. 8 from November 3, 2016 provides:

- conducting preventive examinations;
- volume of prevention activities among different population groups;
- screening to determine the spread of a particular indicators, symptom or disease among a population of the country;
- dispensary.

The profilaxis continuous to be a significant problem with basic service to the population that needs to be profiled, which remains in the background. The effectiveness of the products of these health promotion and disease prevention activities cannot be evaluated. Admittedly, there is a lack of a toolkit for reporting the results in a National Framework Agreement. Lack of incentives and adequate conditions for participation in activities for prevention and management of chronic diseases and for active communication with patients and with comments recommended for their care. The state and society declare priority of prevention, but in practice priority is given to the treatment of the disease (Staykova, 2018). Considering that the author had a very low number (20%), which can be formalized in order to make a prophylactic review of our country.

Fig. 2. Reasons why hospital staff attend GPs



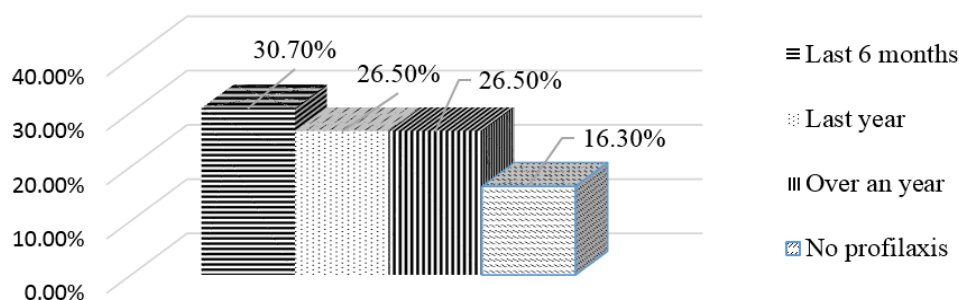
As you could see from fig.2 the most common reason for visiting GPs from hospital staff is the need for referrals (35.9%). On the other extreme was the answer “a need for a treatment” (11.5%). This may be explained by the fact that hospital staff believe that they have sufficient knowledge for self-treatment and do not need to consult their GP. And so there are inadequate preventative activities, self-diagnosis, self-medication with self-prescribing, and overall delaying treatment with a colleague (Connolly A, et al, 2017). Often practitioners do not have a personal physician

to give them independent medical advice and direction (Markwell, 2009; Riley, 2004).

Physicians in the role of patients naturally have the knowledge and access to more medical information than other patients. In most cases, it is a relief for GPs, because they do not have to explain routine and disease-specific diagnostic test and treatment. Doctors know what to expect in the future from a specific health situation. Medical consultation between a physician and a doctor as a patient is a challenge for both parties. Their relationship should be based on mutual trust, respect and rules of good medical practice.

In our study, 34.7% of the surveyed doctors visited their GPs because of the need for prevention. As approximately half of the respondents went to a preventive examination in the last year and one third (30.7%) in the last 6 months (see Figures 2 and 3). And this again confirms the fact that health knowledge does not always correspond to health behavior. It is necessary to develop and implement a health promotion and disease prevention program targeted at the needs of the study group.

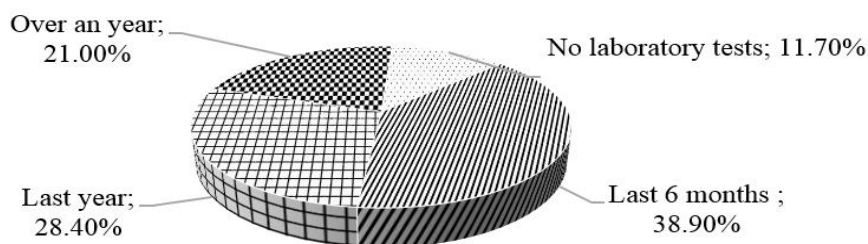
Fig. 3 Answers to the question "When was the last time you visited GPs for prevention?"



Only 40% of hospital doctors in France take advantage of the prevention services provided by occupational health services. The issue with private sector practice is also interesting - all physicians could work and no medical examination is required throughout their careers, from the start to their retirement (www.cfar.org). The same study found out that when suspected of having mental health problems, 87% of doctors would choose self-medication instead of consulting a colleague. As a result of these alarming results, a campaign "Say, Doctor, Do You Have a Doctor" was initiated. It aims to improve medical care for physicians and reduce their self-diagnosis and self-medication.

Health behavior is determined not only by the GP visit but also by the tracking of various laboratory indicators. Here are the frequency of preventive examinations performed for the target group:

Fig. 4 Distribution of the respondents' responses who performed preventive research



As it could be seen from fig. 4, 11.7% of the respondents did not perform prophylactic examinations, and just over one fifth (21.00%) did not perform them more than a year ago. In our opinion, just over 2/3 of the respondents had done preventive research in the last year. This indicates activity in the desire to monitor health. Most commonly examined were complete blood count (76.7%), urine (43.2%), ECG (41.2%) and PAP / PSA (21%).

Ordinance No. 8 (2016) also regulates screening studies, which as a method refer to secondary prevention, which is targeted at healthy people. They are carried out using the screening tests referred to in Council Recommendation (2003/878 / EC) of 2 December 2003 (Recommendation of the Council of the European Union, 2003). There are currently a great variety of such programs and their benefit is an indisputable fact (screening for breast and cervical

cancer, Down syndrome, etc.). Unfortunately, they also carry the risk of harm - imposed by health authorities, associated with discomfort, unwillingness to participate, fear of results, and more. (Goranova-Spasova, R., 2018; Holland, 2015).

The rates for screening tests such as blood pressure, mammography, Pap tests, cholesterol, and prostate testing range from 60% to 85% among Canadian doctors, suggesting that not all doctors take recommended measures to control their own health state (Frank E et al., 2009).

For many years the focus of medicine had been the disease, the sick person and the overall impaired function of the body. Today healthcare is paying more attention to the healthy person, to the problems related to the protection and promotion of human health. This approach is known as the sanocentric approach in medicine. The focus of this approach is on people who do not have to be passive consumers of health services, and they themselves have to control their health behavior.

The National Program for the Prevention of Chronic Non-communicable Diseases 2014-2020 was adopted in 2013 by Council of Ministers (Decision No. 538 of 12.09.2013). The aim of the program is to raise public awareness of chronic non-communicable diseases and their associated behavioral, biological and psychosocial risks.

At the end of 2018, information materials on various topics were uploaded on the MH website - "Salt Health and Benefits", "The Injury of Hookahs and Cigarettes, and Alcohol Abuse," "Stop and make check up", "Healthy Nutrition Recommendations for the Population 18+ in the Republic of Bulgaria", "Healthy Nutrition Recommendations for Children 1-7 years old" and "National Program for the Prevention of Chronic Non-communicable Diseases".

The target groups of the National Program for the Prevention of Chronic Non-communicable Diseases 2014-2020 are infants, children and young people up to the age of 29, women of childbearing age, pregnant and lactating women, working age population, elderly and elderly people, medical staff and associated health professionals / healthcare professionals, non-medical professionals, and partners. We believe that such widely publicized campaigns for significant social and health issues are extremely important for the health not only to the individual but also to the public health.

In order to expect the general population to participate in regular preventive examinations and screening programs, it is necessary to focus on the behavior of health professionals. They must show and contribute with their example not only to health education and culture, but also to health attitude and real health actions. In order health promotion to be effective, people should be involved and should take an active part in it. Healthy lifestyles should be recognized and accepted as a health need.

5. CONCLUSION

Hospital staff are becoming more and more important in our society because they are part of the indispensable human resource responsible for providing medical services and care.

Our research has shown that medics often neglect their physical, emotional and social status, committed to helping others. This is related to their nature of work - with high stress, unhealthy eating and sometimes with frequent nutritional deficiencies, prolonged working hours, lack of enough day and night sleep, impaired work and rest, fatigue, increasing demands not only on consumers medical services, but also various external inspection institutions, infectious diseases, etc. They feel obliged to sacrifice themselves by caring for their patients.

One of the steps into taking personal responsibility for their own health is to have a family doctor, seek and participate in regular and independent preventive checkups through primary healthcare. Under the pretext that it is logical to monitor their own health, doctors prefer to self-diagnose and self-treat themselves, often seeking prompt advice from a colleague. Medical care is thus insufficient and this often leads to unpleasant consequences, many of which are well described in international medical literature. When doctors have their GPs, it will not only reduce self-prescribing and self-medication, but also contribute to prevention and screening. This will help them maintain and strengthen their own health, similar to what they themselves desire for their patients.

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