



Self-care and the Barriers to formal care

Finding the **BALANCE** as a doctor.

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Introduction

Maintaining Wellness

- 1) Personal healthy lifestyle
- 2) Access to formal health care



Finding the Balance

Self Care



Formal health care

Personal healthy lifestyle

- Physical
 - Exercise / Diet / Smoking
- Mental
 - Reduce stress
- Social / Emotional / Spiritual
- Financial
- Medico-legal

Self Care



Physician Self-Care

- Low smoking
- Less obese
- Better exercise
- Low SMR



Formal health care

From the literature

- Deny
- Delay
- Delusions
- Bad patients
- Poor quality care



Formal health care

Access to formal health care

From the literature

- Little data
- Most quantitative / retrospective
- Expert opinion dominates



Qualitative research project

- Health access behaviours
 - Facilitators
 - Barriers



Qualitative research project

- 6 Focus Groups
- 37 Urban GPs
 - Human - get sick
 - Gatekeepers
- Rigorous qualitative process

[Focus group](#)

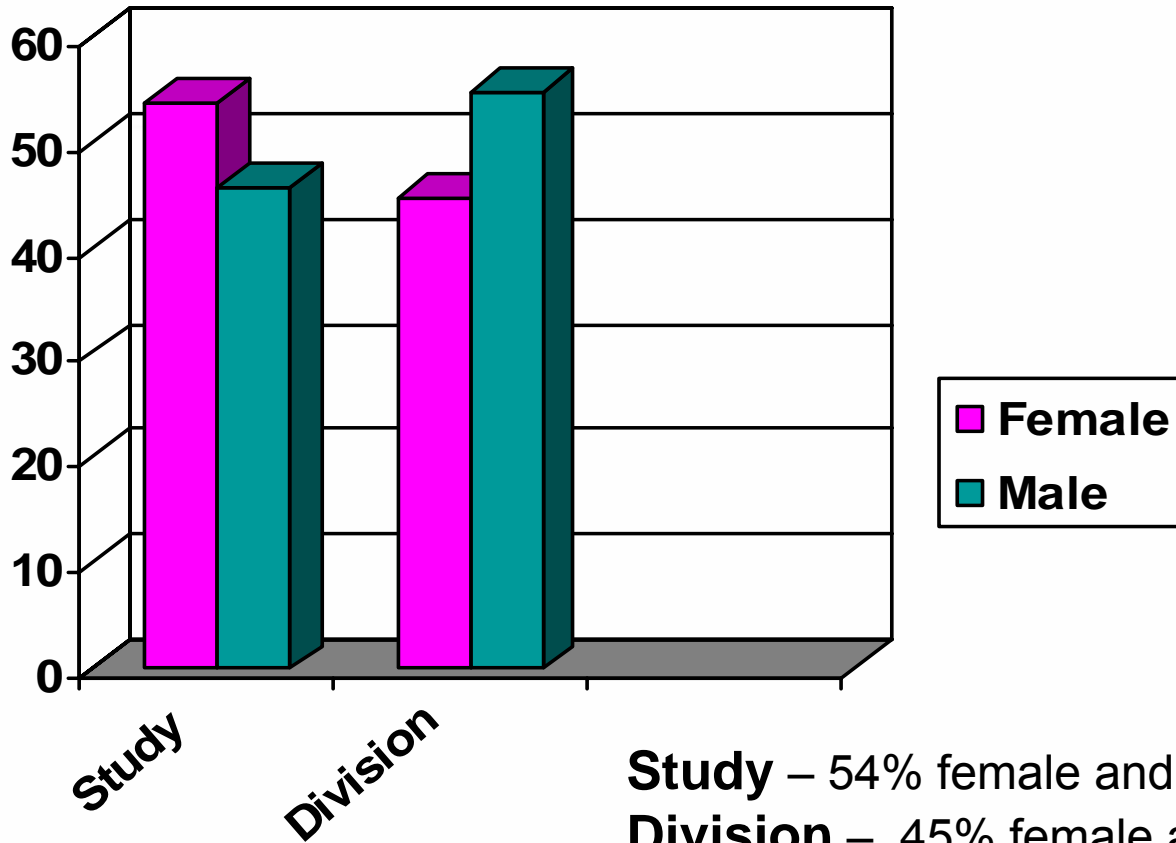


Results

- Demographics
 - Similar to the GP population
 - Same percentage full/part-time



Demographics



Study – 54% female and 46% male
Division – 45% female and 55% males

Results

- Focus groups worked well
- Presentation
 - Qualitative data
 - Relevant themes
 - progression to formal care



Results - General

- Great idea
- 72% already had a GP
 - 81% had independent GP
 - gender / chronic illness



Advantages of a GP

- Objective care
- Better records
- Different knowledge
- Technical procedures
- Define illness
- Recall system



Coordinator of care

- Complex illness
- Broader perspective
- Ensure correct specialty for referral



Experiences as a patient

- Healing

“it was tremendously healing for me in my life to actually have to organise what was going on in my own head well enough to present it to somebody in a professional context, and to actually have to give a history.

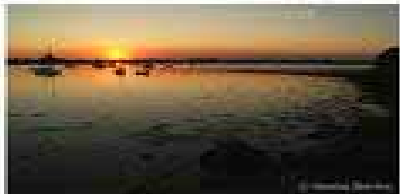
What is wrong with me? What am I going to tell this guy?”



Experiences as a patient

- Peaceful

“I found it very helpful that somebody stood aside from the whole thing away from all the fuss and bother and just heard me out. I found it quite peaceful thing to do. I found it very peaceful because she made a diagnosis.”



Barriers??



Self-care

- Higher Socio-economic groups
- Better Health Knowledge
 - Healthy lifestyle
 - Effective self-care
- Proactive
 - Self / Patients



Limits to Self-care

- Illness worsened
- Persistent illness - second opinion
- Chronic disease monitoring
- Technical reasons
- Difficult/fuzzy things



Limits to Self-care

- Self-treatment
 - ≠ Self-medication
 - Over-the-counter
 - Prescription drugs

“I don’t write pills that are restricted for myself or for anybody in the family. But I write my own pill script and thyroid script.”

Clear consistent boundaries



Barriers??






Barriers??

- Independent GP is great
- Self care has limitations

BUT



Barriers

-  Patient issues
-  Provider issues
-  System issues

Barriers

- Patient issues
 - How to choose
 - Practical issues
- Provider issues
 - Confidentiality
 - Negative experience
- System issues
 - Structural issues
 - Cultural issues



Patient - How to choose

- Independence
- Recommendation
 - Friend /family
- Reputation
- Prof association



Patient - How to choose

- Location
- Age
- Sex
- Religion



Patient - Competence

- **Competence**

“Cause it pretty simple stuff isn't it - you just got to be someone who prepared to do the ordinary simple work of taking a simple history, doing the family history, and the ordinary, you don't have to be a any genius”



Patient - Rapport

“for me the important thing is their **compassion** for a want of a better word, and their **ability to listen** into what you say”

“someone that’s **interested in you** to actually find out about you and spend a few minutes actually being interested in you as a person, perhaps is the issue”



Patient - Practical Issues

- **Time** - prioritising

“whereas I can say that next Tuesday lunchtime I’m going to get new tyres put on the car and it’s going to happen.”



- **Cost**

Provider - Confidentiality

“We’re all trying to be good, but we know that we do sometimes talk about patients that we see and people that we know. And whilst we observe confidentiality pretty well as a group, we know that things happen, and it slips”

“if you did have to see someone for serious psychiatric things seriously as I have said, maybe you should just go to Sydney, maybe you should just go to another town”

CONFIDENTIAL



THE UNIVERSITY
OF QUEENSLAND
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Discipline of General Practice

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Provider - Confidentiality

“We’re talking about a city with a million people here and quite a few doctors and we’re saying I’ve got to go to the Gold Coast! It must be terrible when you’re in a small place to see a doctor because everyone would know!”

“You might think it’s assumed, but there’s no greater gossips than people in the medical profession and allied health and nurses.”



Provider- Negative experience

- Over-investigated /over-referred
- Expected to do more than the usual patient
- “Shooed off”
- Poor communication

“She basically told me not to come back,
“You know what you’re doing you’re a doctor”
and she chased me away.”

“I went over [to my GP] really sick
with a fever of over 40 and they
just kept saying, “Do you want the
pill?””



Barriers

- Patient issues
- Provider issues
- System issues



System Barriers

- Structural issues
- Cultural issues



System- Cultural barriers

- Delay
- Denial
- Delusion



System- Cultural

- Positive Discourse
paralleled by
- Negative discourse



System- Cultural barriers

- Trivialise illness
 - Need to be very sick to be considered ill by peers
 - Do not present with 'silly things'
 - Do not present Undefined illness
 - Doctors are busy
 - Time heals most things
 - Rarely serious



System- Cultural barriers

“...if I had some red flag symptom, I would be off to see my GP in a moment ...

But these things never happen so I just never seem to feel the need to go [to the GP]”



System- Cultural barriers

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System- Cultural barriers

- Knowledge Of Illness
 - Obligation
 - Costs – time, financial, harm
 - Consequences
 - Stigma
 - Insurance



Alternate options

- Self-treatment
 - Should be able to sort illness out

“would the A1 mechanic ...take his car to another mechanic? Why couldn't the doctor be the same as the mechanic?”



Alternate options

- Corridor consultation
 - Normal cultural practice



Summary




Maintaining Wellness

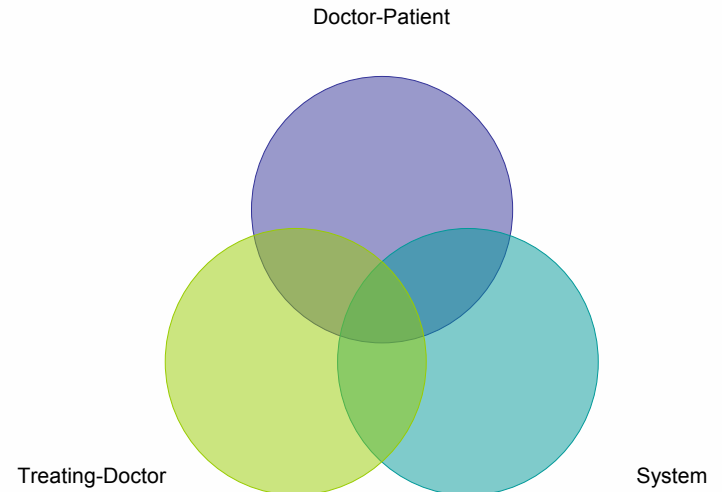
Self Care



Formal health care

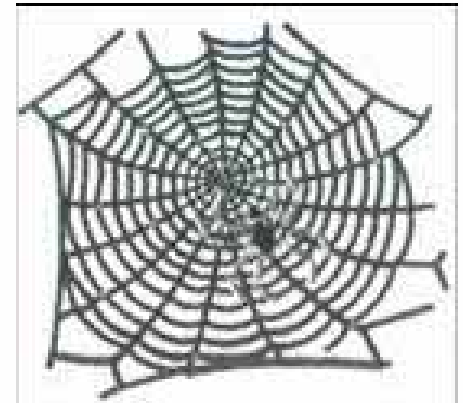
Barriers

-  Patient issues
-  Provider issues
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Summary

- Some individual barriers but..
 - Already positive about health care
 - Already aware of boundaries
- Education
 - Self-care
 - How to access care
 - How to care for doctors



Summary

- How to change a culture?
- Monitor
- Reflective



Thank you

- Supervisors
 - A/Prof Geoff Mitchell
 - Dr. Alexandra Clavarino



