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Narrative Symposium: Doctor in the Family: Stories and Dilemmas Surrounding Illness in Relatives

Joseph J. Fins, Kathleen N. Fenton, Amos Ritter, David Alfandre, Frances M. Nadel, Alexander A. Kon, Tania Moerenhout, Ambika Rao, Michael Rezak, Kate Robins-Brown, Jessica Turnbull, Sergio Salazar, Bonnie Salomon, John Z. Sadler, Millicent G. Zacher, Ronald W. Pies, Julia Bisschops, Suzanne Minor, Narrative Inquiry in Bioethics, 2018.¹

Short summary

In this narrative symposium, eighteen physicians share their personal stories and dilemmas surrounding being a doctor in the family when dealing with illness in aging parents, in siblings, in children or among other close relatives.

Each story is unique, but as a whole, this narrative symposium draws out some common themes and reflections around the benefits and implications of being a doctor in situations where a close relative is going through illness or is dying.

Themes

Recognizing the emotional burden of being involved in a family member's medical care

The emotional burden associated with being involved in a close relative's medical care is a recurring theme among several of the authors, and each have their different take on it. Acting as his father's family doctor, Amos Ritter had to report to the ministry of transportation to take away his 96 year old father's driving license. He describes how this changed the doctor-patient relationship and questions whether the personal emotional burden was worth it for him as a son. For Jessica Turnbull, there was a lack of clarity in her own mind with regards to what role to play in her uncle's care – acting as a physician family member meant she was left with the feeling of letting her uncle down. David Alfandre emphasizes the importance of being able to clearly distinguish between the role as a parent and as a physician in order to fully be able to deal with the emotional burden of having a sick child in the hospital. In order to overcome this challenge Alfandre found that refraining from using jargon when communicating with health

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care providers in charge of his son's care made it easier for him to be there to support his son as a father. Suzanne Minor (e-content only) emphasizes the importance of recognizing the emotional burden associated with illness in the family. Balancing personal and professional obligations is also a theme in Kate Robins-Browne's story. Being a doctor in the family (or in a close circle of friends) means having knowledge that allows one to recognize illness in a loved one before others do. According to Robins-Brown, being a doctor in the family involves an obligation both on a personal and a professional level to communicate to family members or friends when recognizing illness in a loved one.

Emotional involvement and the ability to uphold good clinical judgement.

Another recurring theme among the stories is the importance of recognizing the potentially compromised ability to uphold good clinical judgement when being involved in the care of a close relative. The personal and emotional involvement with a family member may make it difficult to accept the patient's decisions around end-of-life care or to process a DNR order on behalf of the patient (Joseph J. Fins and Bonnie Salomon). Moreover, the close relationship with a patient who is also a family member may skew the clinical judgement and potentially put the patient at risk (Alexander A. Kon and Ambika Rao). For example, Sergio Salazar found himself in a situation where his emotional involvement influenced his clinical judgement around his father's medical care needs. Like many of the other authors, Ronald W. Pies and Millicent G. Zacher (E-content only) find it to be beneficial to the family member to have a doctor in the family, but emphasize the conflict of emotions (rather than conflict of interest) associated with being the doctor in the family, and seeking advice from colleagues to uphold good clinical judgement is recommended (Michael Rezak).

The role as the family members/patients advocate and its benefits

A repeated theme among many of the narratives is the satisfaction of being able to advise family members and aid in communication between the patient and the specialists involved in their care (Frances M. Sadel, Kathleen Fenton, Sergio Salazar, John Z. Sadler). Being able to recognize the difference in perception of a clinical approach when looking at it from a patient's or relative's perspective is also seen to be a benefit (Tania Moerenhout). That said, several of the narratives emphasize the importance of knowing your own role and being comfortable with it when being on the sideline as a family member who happens to also be a doctor, in order to respect the role of the patient's physician (Julia Bisschops).

Being a doctor in the family has its benefits to the patient, but for the physician it carries with it a potential emotional burden that may impact the ability to uphold good clinical judgement. Distinguishing between the role as a physician and a family member is key.