issues of trust are involved in the more sensitive psychological conditions. This is consistent with a previous study, in which concerns about confidentiality were a barrier to seeking psychiatric services. Similarly, confidentiality breaches, combined with professional attitudes discouraging admission of vulnerabilities, have been reported to influence doctors’ reluctance to seek mental healthcare.7

One of the most disturbing findings was that, in spite of professional recommendations to the contrary, a quarter of respondents thought it was acceptable to self-treat chronic conditions and an even higher proportion thought it was acceptable to order blood tests on oneself to monitor a chronic condition. Other studies have examined self-treatment in relation to specific medications or symptoms, and have not grouped self-treatment into acute conditions, chronic conditions, diagnostic procedures and monitoring categories as we did. Therefore, although it is not possible to directly compare across studies, our results are consistent with a previous finding that doctors would self-treat for seven out of 10 sets of acute and chronic symptoms for which they would recommend other doctors seek care.1 The finding of little consensus regarding acceptability of self-treatment is also consistent with the earlier study.1 Although most respondents were satisfied with the care they had received from other doctors, many thought it was difficult to find a doctor with whom they were comfortable. Reasons for this may include embarrassment or concern about confidentiality for sensitive health issues. This highlights the need for doctors to be appropriately trained for consultations in which the patient is also a doctor.15

Our results indicate that there are significant barriers to doctors seeking formal medical care, and that this may be particularly true for GPs. It is important that this be addressed in medical school, as such attitudes are already in place among many junior doctors.13

Strategies aimed at doctors’ self-treatment should focus on challenging the culture of doctors’ self-reliance.

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COMPETING INTERESTS

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REFERENCES


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Gallstone ileus diagnosed by computed tomography

A 79-YEAR-OLD MAN presented with diarrhoea and vomiting but with no abdominal peritoneal signs. He had a raised C-reactive protein level, but other blood test results (including amylase and liver function) and an abdominal radiograph were within normal limits. After conservative treatment failed, the patient underwent colonoscopy, which revealed cobblestone nodularity with ulceration in the terminal ileum, consistent with Crohn’s disease. There was no evidence of large bowel obstruction. A subsequent computed tomography scan revealed concentric circles in the terminal ileum consistent with a gallstone (Box). A diagnosis of gallstone ileus was made and the gallstone was removed with laparoscopic assistance. A fistula between the gallbladder and the duodenum, observed at operation, was left alone. The patient made an uneventful recovery.

Hashim Hashim,* Alec Engledow,† Steve Warren‡

* Surgical Senior House Officer
† Surgical Registrar
‡ Consultant Surgeon
Department of General Surgery, Chase Farm Hospital, Enfield, UK
hashim@doctors.org.uk

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