

Editor's Note:

In light of the important issues discussed in Krall's article, the Wisconsin Medical Journal invited commentaries to help illustrate perspectives on the same topics from different physicians. Both Thomas C. Meyer, MD, and Leandra Lamberton, MD, were gracious enough to share their personal experiences and perspectives. Armed with a preliminary copy of Dr Krall's article, Dr Meyer and Dr Lamberton were asked to consider their own opinions about doctors treating themselves, family, and colleagues. They were also asked to consider how these opinions have changed and how their own experiences have effected these opinions.

Dr Meyer thoughtfully shares memories of treating his own children, along with his wife who was also physician, and how they both came to see the importance of this issue. Dr Lamberton shares her own, very personal experiences as the daughter of a physician, now a physician and mother herself, as well as her role as an adviser for young physicians walking the tightrope of self-treatment.

The two-physician family and the medical treatment of our children

Thomas Meyer, MD

"Dad did stick-ed me in the bot-ted" —Stephen, age 3, 1963

"My head is better, but why does it hurt when I bend my neck?"—Andrew, age 4, 1971

Plaudits to Edward, J. Krall, MD, and his incisive manuscript dealing with the thorny problems surrounding the diagnosis and management of one's own ailments and those of family, good friends, and, on occasion, neighbors. I wish that I had read it many years ago, for it contains wise advice for the unwary on how to handle these incidents.

In my experience, the 2-physician family complicates the issues in several ways—occasionally straining interpersonal relationships as well as escalating the anxiety when a child is ill and there is dispute as to the cause of the illness. With our son, Stephen, there was no dispute. He clearly had a recurrence of otitis media, which had previously been successfully treated by his pediatrician with a single shot of Bicillin (this was 1963). On the other hand, our son Andrew's headache and fever of 2 days duration had been the subject of intense debate for the 24 hours prior to his observation and precipitated an immediate visit to his pediatrician who confirmed his

nuchal rigidity. A spinal tap showed numerous lymphocytes in the fluid.

Stephen persuaded us that we were not appropriate people to administer unpleasant measures on one of our own and Andrew's encephalitis convinced us that neither of us was competent to diagnose our offspring's ills—both of us had examined him and missed the signs. After that, there was consensus that we would no longer attempt to be more than parents. The debates were frequently centered around which of us would be least inconvenienced by taking the child to an appointment. Selecting our own personal physician was, and still is, a decision that each made independently, and frequency of visits rests with each of us—and our respective physicians.

What is the role of a physician when there is illness in the family? Perhaps it is an important, if minor one, as an advisor and counselor. Who has better access to the resident staff to ascertain the comparative skills of one's surgical colleagues when surgery is necessary for a member of the family? It may be that service on the Credentials Committee has allowed insights not available to others. General support and explanation of the pathologies, therapies and courses of events is surely an important role, but Thomas Percival and Edward Krall, MD, are correct—illness in your own family is better dealt with by a truly objective observer.

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