

Lessons in objectivity: As a physician's daughter and now a physician mother

Leandrea Lamberton, MD

I have been surrounded by physicians treating themselves my entire life. My father was a physician, I am now a physician, and I work with medical students and residents who are struggling with the dilemmas of treating themselves. My thoughts have evolved over time, and I have made a very concerted effort to not repeat the pitfalls of my parents and to help others avoid or recover from pitfalls of self-treatment.

My father often diagnosed my siblings and me and prescribed treatment over the years. It was almost always outside the spectrum of his clinical expertise. Over time, as the idea of professional courtesy was fading out, my mother, who was not a physician, was horrified that she no longer could expect free care. Unfortunately, my father died suddenly and unexpectedly of a myocardial infarction the year before I started medical school. I am convinced that his self treatment and denial played a large role in his untimely death. With this lasting impression, I make a concerted effort to try not to repeat the mistake of failing to entrust my own health care to the hands of health professionals.

My decision to avoid self-treatment has only intensified over the years, especially because I am now a mother. A few years ago, my daughter was not feeling well in the middle of the night, and I gave her a dose of diphenhydramine for the first time. I knew how to properly dose it, but in my apprehension and concern for my own daughter, I looked it up in 2 different references and checked my calculations over and over before

giving it to her. After I gave her the dose, I was not able to fall back asleep because I was convinced that I had overdosed her. I had written orders so many times in the hospital for patients, but now the stakes were different, and I was second guessing myself. It became crystal clear that there was no way I could objectively treat my own child—and objectivity is essential to problem solving in medicine.

While self-treatment has obviously had an impact on my personal life, I also struggle watching it in my professional life. I have spent the last 3 years directing the mental health services for medical students and residents. In my direct clinical care of them, I see how much damage can be done when physicians in training self prescribe. I have seen many patients who have tried their own trial of antidepressants, anxiolytics, and hypnotics. They have underdosed, overdosed, and used them wrong, and this experience has at times made them leery of trying agents that could be helpful. It is impossible for them to tell objectively if they are better or worse—often resulting in the feeling that nothing will work. I spend a lot of time undoing the damage of their drug trials, which can prolong the time it takes for them to get better. I feel a large part of my role in treating them and advising them is to find health professionals these students and residents trust enough to allow the professional to provide treatment and break the self-prescribing cycle. It is not always easy to find such a situation, for a variety of internal and external reasons, but I am convinced time and time again that this is the best way for a medical professional to receive medical treatment.

Doctor Lamberton is an assistant professor of psychiatry and behavior medicine at the Medical College of Wisconsin, Milwaukee, Wis.

advancing the art & science of medicine in the midwest

WMJ

WMJ (ISSN 1098-1861) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

© 2008 Board of Regents of the University of Wisconsin System and The Medical College of Wisconsin, Inc.

Visit www.wmjonline.org to learn more.