

**FAST FACTS AND CONCEPTS #131
THE PHYSICIAN AS FAMILY MEMBER**

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Introduction Caring for a dying patient who has a physician-family member provides challenges and opportunities.

- Families often turn to their physician-family member for help when a relative is critically ill.
- The physician-family member is often utilized to obtain or interpret medical information for the patient and family.
- A physician-family member, through their attention to detail and sense of responsibility, can serve a positive advocacy role for the patient, leading to improved compliance and decreased risk of medical errors

However, these virtues may at times cause conflict with the healthcare team.

- Increased knowledge of facts does not necessarily translate into emotional comprehension.
- The physician-family member's awareness of the limitations of the health care system may produce a heightened state of anxiety in all involved parties.
- Physicians often have the tendency, through training and personality style, to want to "take charge," at a time when their own emotional state may be compromised.
- The family may have unrealistic expectations of the family member who is a physician.

Suggested Approach to Care

- **Review and explore the physician-family member's relationship to the patient.** Understanding the physician-family member's role may make it easier for you to empathize with their situation. In situations when the physician family member is conflicted about their different roles, healthcare providers may help them think through what they want their role to be. Sometimes, the physician-family member needs permission to "just be a son/daughter." Sometimes the family also needs to be reminded to let the physician be a family member rather than a doctor.
- **Explicitly negotiate the physician-family member relationship with the care team.** Discuss the following care issues: How would the physician family member like to be addressed? What access is to be provided to reading the chart or reviewing X-rays? What is the preferred method and frequency of communication? How does the physician-family member wish to be involved in medical decision-making? Issues of control and trust are typically central to these discussions. Given the complexity of the relationship, it should be re-evaluated frequently.
- **Self-care for the care team.** Healthcare providers should attend to their own emotions; interacting with a physician-family member is typically stressful, raising issues of personal competency and over-identification with the physician-family member.

Summary Recognize that physician-family members are both alike and different from all other family members. They are likely to have intense and complex emotions to their loved one's illness. Physician-family members need to be treated like all other family members; they will benefit from your expertise, guidance, and emotional support. On the other hand, physician family members are highly informed and active "consumers." They are likely to want more control and information than other family members.

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