



Nobody's Health is Forgotten: I Am Nobody!

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Editorial

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The medical professional's health is endangered by known physical and mental risks. In recent years in Iran, medical doctors have been facing waves of public mistrust expressed via the mass and social media. These irritations seem to be triggered by social events like the death of a celebrity in a hospital or a TV comedy series showing the malpractice of doctors and them jeopardising patients' lives for their own benefits.

Hostility and mistrust toward doctors can increase the effort-reward imbalance which is already affecting many Iranian doctors. Moreover, for many doctors who work in crowded clinics and offices, the demand-control balance -as another determinant of professional health- is also disturbed as a consequence of inequity in distribution of health care and absence of a well-established country-wide system of patient-referral management (Riley, 2004).

Doctors' health is a necessity in any country if it pursues the improvement of the public health indices. Doctors are known to be hesitant in seeking help for their own

health-concerns, and also for those of their children and family members. Very often, doctors deal with their own health concerns only by asking some colleagues' advice via phone and their medical examinations are often missed. Appropriate strategies have been determined and successfully applied by the health system of some countries to help doctors overcome health seeking barriers and to meet their specific social care needs.

The Iranian health system is going through a national health reform to increase public health care indices and to decrease the existing inequity in distribution of health care facilities. The national family physician program is part of the reform project.

We require locally-appropriated and effective health care strategies to ensure real health care delivery to all Iranian medical doctors and their families. Surveys and studies need to be integrated into the national family physician project to provide accurate estimations of the current health status of this population as well as their health concerns, needs, and threats.

The note below is a short statement to attract attention to some of the health risks, concerns, and hazards threatening Iranian doctors and their families.

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"My job is talked about more than most other jobs in the mass media and TV. Quite often I appear in social talks, educational movies, stories of kindness and crime, and legends of humanity and brutality. My public image usually takes the extreme form of one character or the other, angel vs. devil, sacrificing vs. opportunistic, life-saver vs. killer, punctual vs. neglective, money-hoarder vs. selfless and in-debt, parent of spoiled children vs. that of intellectual ones, and many others. I am never sure which image I am in your eyes, or feel certain about who I really am. I am grateful to the great teacher Dr. Michael Balint, for articulating my perplexity in the smart term of "Doctor Nobody".

However, those professional stigmas feel rather light compared to all the burdens of prejudices one could ever carry in life, but then, this letter is not intended to be about my identity, but to claim for health care and social support.

Everybody is a sworn responsibility of mine. I am that of nobody, so is my family. The health system of my country seems committed to deliver care to all. Moreover, people are frequently reassured of being safe-guarded against the doctor's negligence through public media, as through a few public speeches by the health care minister-a kind doctor himself.

But am I also considered as the audience of his speeches? Perhaps not.

Let me illustrate it through a fictitious job story in my own psychiatry practice. Part of the story will feel familiar, very close to a popular recent event in my country. Yet it is going to be fiction.

Suppose I once happened to examine the severely traumatized wife and children of a doctor in my office. The doctor and his family had been widely rejected and isolated after the broadcasting of the TV news report about the doctor's misdeed followed by the widespread reflections in the public media. The mother and children came to me several months after the malpractice news was broadcasted. When I

examined them for the first time, the son's school refusal condition had already been neglected by both the health and education systems for two months. Indeed, his school refusal was of a delayed onset. It began only when a new student joined the school, heard the news, and readily remembered the story of "Doctor Evil" who was now a classmate's father. And the son perceived that a new wave of rejections will be coming.

The doctor's misdeed was toward a child with a mild injury. He left the child's medical care procedure unfinished when the child's father declared he was not going to pay the due hospital payment. There is no justification for the doctor's misdeed, of course, Never, Ever!. But, I doubt that the neglected patient was the main victim of this story.

After the rapid countrywide and even global news spreading, the health authorities further demonized the doctor by promising the public his severe punishment. What remained far from the public imagination was that all those waves of hate and blame did not touch any demon, but severely harmed two innocent children and their mother, as well as everybody else in a nice big family. My point is to re-induce awareness of the fact that strong attitudes-both positive and negative ones- are readily adopted by the public toward medical professionals. And my question is: Am I not excluded from the protection and care which is granted to all by the health care system of my country, as the doctor of my story and his family were?! Then, am I not taken for granted and viewed as invulnerable?! While I am among the vulnerable, so is my family!! If nobody is free of health-care needs, then I am definitely Nobody. A multi-labeled Dr. Nobody! Then, beware! Nobody's health care is forgotten."

References

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