



Medical Practitioners and their Health: Doctors' Personal Health Care Choices in Port Harcourt, Nigeria

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Authors' contributions

This work was carried out in collaboration between all authors. Authors participated in the design of the study, performed the statistical analysis and wrote the protocol. Author NNU wrote the first draft of the manuscript. Authors CEN and CAA, managed the analyses of the study. All authors read and approved the final manuscript.

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ABSTRACT

Background: Doctors have a poor record of attending to their own health. Treatable conditions such as hypertension go unrecognised, health screening is avoided, and most doctors don't have a general practitioner. This is recognised as a major issue for physicians resulting in initiatives to address this problem. Although papers have been written to address physicians' health-seeking behaviour in other parts of the world, this is yet to be documented in Nigeria as far as we know.

Methods: An anonymous cross-sectional questionnaire survey was conducted among medical practitioners attending a general meeting. One hundred medical practitioners responded to the questionnaire and were surveyed. The data obtained were tabulated and analysed.

Results: There were 100 respondents to the survey. Most of the respondents were in the 31-50 years' age-group. Fifty-three percent of the study population were registered with a general practitioner, and the proportion of female medical practitioners registered with general medical practitioners was less than that of their male counterparts. Majority (64%) of the respondents however consulted an independent specialist for health care. Eighty percent of the respondents

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had been vaccinated for the hepatitis B virus, while 39.6% had checked their cholesterol, 70.3% had checked their blood sugar, and 99% had checked their blood pressure in the past year. Among the female medical practitioners 32.3% and 9.7% had done a Pap smear and screening mammogram respectively. Similarly, in this study, among the male doctors 40 years and above, only 14% had ever done a PSA.

Conclusion: The health-seeking behaviour of medical practitioners in Port Harcourt is commendable. Medical practitioners in Port Harcourt should however be encouraged to seek and utilize the tools of preventive care optimally in order to safe-guard their health while providing medical care for the general populace.

Keywords: Doctors; personal; health care; choices; Port Harcourt.

1. INTRODUCTION

Doctors tend to take a self-reliant view when it comes to their own health [1-3]. It has been reported that doctors appear to be reluctant patients resorting to self-medication and self-referral to specialist services, often inappropriately [4].

According to Mackie, "It is notorious that the doctor himself makes a bad patient; he is inclined to carry on as though nothing were wrong until his temperature reaches 104°F, and then retire to bed in complete panic. Most of us know of tragic instances of competent practitioners who have ignored the manifestations of, for example, a malignancy in themselves in a way that they would never have done in their patients" [5].

Doctors are often said to be healthier than the general population because their standard mortality rate is lower [6]. However, doctors have similar rates of chronic illness and have the same preventive health needs as the general population [7]. Illnesses experienced by doctors include all the expected categories for the population at large: Cardiovascular disease (4%-15%), respiratory illness (10%-21%), musculoskeletal problems (9%-38%), cancer (2%-3%) and psychiatric illness (3%-10%) [8,9]. In one survey, 26% of doctors with a medical problem reported feeling inhibited consulting another doctor [10].

In view of the above, Canada [10], the UK [11], the USA [12], and Australia [13], have initiated measures aimed at optimizing the health care of their own physicians.

Nigeria has 39,210 registered doctors, which translates into about 30 doctors per 100,000 populations. This compares to a Sub-Saharan African average of 15 doctors per 100,000 populations (WHO 2006) [14]. This highlights the

abysmal doctor-patient ratio and underpins the necessity to encourage better doctors' health maintenance behaviours in order to prolong the longevity and effectiveness of these health professionals. Not much, however, is known about what Nigerian medical practitioners do in terms of their own health care.

2. MATERIALS AND METHODS

This descriptive cross sectional study using structured self-administered questionnaire conducted in Port Harcourt, Rivers state, South-Southern Nigeria involved 100 medical practitioners attending an annual general meeting of medical and dental surgeons. The study population comprised of general medical practitioners, specialist physicians and surgeons. It aimed to obtain preliminary information about doctors' health maintenance behaviour, concentrating on interventions of proven efficacy such as vaccination against hepatitis B, regular checks of blood pressure and serum lipids, mammograms, Pap smears, and prostatic specific antigen. This study also seeks to find out the trend of consultation of doctors by other doctors.

2.1 Inclusion Criteria

Respondents were medical practitioners (not medical students or allied health professionals) that are practicing in Port Harcourt, Rivers state.

2.2 Data Analysis

Data was analysed using Statistical Package for Social Sciences (SPSS Inc., Chicago, IL) version 17.

3. RESULTS

There were 100 respondents to the survey with males accounting for 69% of study respondents and most of the respondents were in the 31-50

Table 1. Demographic data of respondents

Variable		Number	Percentage
Age	20-30	24	24.0
	31-40	27	26.7
	41-50	27	26.7
	51-60	18	18.0
	61-70	4	4.0
Sex	Males	69	69.0
	Females	31	31.0
Marital status	Single	26	26.0
	Married	72	72.0
	Widowed	2	2.0
Duration of practice (years)	1-10	40	40.0
	11-20	32	32.0
	21-30	20	20.0
	31-40	8	8.0
Specialty	Medical officer	35	35.0
	Internal medicine	15	15.0
	Obstetrics/Gynae	10	10.0
	Paediatrics	4	4.0
	Surgery	33	33.0
	Dentistry	3	3.0

years' age-group. Forty percent of respondents are ten years and below as medical practitioners. Fifty-three percent of the study respondents were registered with a general practitioner, with males accounting for more of the registration with general medical practitioners. Majority (64%) of the respondents however consulted an independent specialist for health care. Eighty percent of the respondents had been vaccinated for the hepatitis B virus, while 39.6% had checked their cholesterol, 70.3% had checked their blood sugar, and 99% had checked their blood pressure in the past year. Among the female medical practitioners 32.3% and 9.7% had done a Pap smear and screening mammogram respectively. Similarly, in this study, among the male doctors 40 years and above, only 14% had ever done a PSA.

Table 2. Healthcare access of respondents

Variables	Yes	No	P value
Registered with a GP	53.0	47.0	
Females	15(48.4)	16(51.6)	0.536
Males	38(55.1)	31(44.9)	

4. DISCUSSION

Paradoxically, whereas medicine has evolved with more divisions and specialization to cater for the general public, still the practitioners tend to ignore their own health problems [15]. One hundred medical practitioners responded to this

survey with males accounting for sixty-nine percent of the total respondents. Most of the respondents were in the age group of 31-50 years. The finding in this study is similar to that by Chen et al. [16] who reported 75% of their respondents were male and that most were between the age of 30 and 50. The gender disparity observed is a reflection of the discordance in application rate for medical training by the different sexes. The Association of America Medical Colleges reported a decline in percentage of female application and matriculation into medical schools [16]. From 2003 to 2010, the percentage of female matriculants steadily decreased to 46.9 [16]. This is similar to the findings by Isa and Balarabe in Zaria, North-Western Nigeria who reported a 15% enrollment in science and technology-based courses by females as against an enrolment of 60% in similar courses by their male counterparts [17].

This study revealed that 53% of the study population were registered with a general practitioner (Table 2) which was much lower than the 93% reported by Allibone et al. [18] and higher than the 42% reported by Pullen [10]. The discordance in values may be related to measures initiated by health authorities which included establishment of code of conduct established by the medical council of the UK which mandates doctors to have their own general practitioners [19].

Table 3. Demographic characteristics of respondents who had a medical record at a hospital

Variables	N (%)	P value
Gender		
Males	40 (58.0)	0.354
Females	21 (67.7)	
Age		
20-30	12 (50.0)	0.202
31-40	14 (51.9)	
41-50	19 (70.4)	
51-60	12 (66.7)	
61-70	4 (100)	

Table 4. Demographic characteristics of respondents who had a medical illness

Variables	N (%)	P value
Gender		
Females	4 (12.9)	0.183
Males	17 (24.6)	
Age		
20-30	3 (12.5)	0.003
31-40	3 (11.1)	
41-50	4 (14.8)	
51-60	8 (44.4)	
61-70	3 (75.0)	

Table 5. Percentage of medical practitioners complying with preventive activity

Variables	Doctors (%)	General population (%)
PSA	14.0	4.5 [23]
HBV	80.0	41.8 [30]
PAP SMEAR	32.3	15.4 [26]
Mammogram	9.7	6.7 [27]
BP Check (≤1 year ago)	99.0	Not available
Lipids Check (≤1 year ago)	39.6	Not available
Sugar Check (≤1 year ago)	70.3	Not available

Table 6. Respondents who were vaccinated against Hepatitis B virus infection

Variables	Frequency	Percentage
Dentists	3	100.0
Internal medicine	13	86.7
Medical officers	28	80.0
Obstetricians	8	80.0
Paediatricians	4	100.0
Surgeons	24	72.7

Twenty-six percent of respondents consulted their professional friend but the majority (64%) of

respondents consulted an independent expert for health care. This is contrary to the findings by Chambers and Belcher [20] where the respondents consulted a partner (40%) or a spouse/family member (20.2%). In this study, we also found that the male medical practitioners were more likely to consult a professional friend, although this was not statistically significant ($p=0.538$). Interestingly, this study revealed that specialist clinicians were more likely to consult independent experts than their professional friends. A similar result was reported by Chambers who found that hospital specialists were significantly more likely to advise sick doctors to consult specialists' directly [21].

A sex difference in relation to accessing of medical care was also evident. Female doctors were more likely to have a medical record at a hospital and less likely to have a health-related issue (Tables 3 and 4). This is in concert with the observation by Pullen [9] but contrary to the finding by Chen et al. [16]. This may be related to the fact that women tend to use preventive and diagnostic services more frequently, whereas men make greater use of emergency services.

As should be expected, this study revealed that the elderly respondents had the highest prevalence (75%) of health-related issues ($p=0.003$) (Table 4) and all of them had medical records at a hospital (Table 3). This is similar to the finding by Chen et al. [16] who reported that the elderly respondents were most likely to consult another physician. This is as expected as most aged people have health problems such as poor eye sight, hearing difficulties, joint pains, nervous disorders, weakness, heart complaints, asthma, tuberculosis, skin diseases, urinary problems and others [22].

The health maintenance behaviours of the respondents were then considered with emphasis on interventions of proven efficacy such as vaccination against hepatitis, regular BP and serum lipids level, mammograms, Pap smears, and PSA. Eighty percent of the respondents in this study were vaccinated for the HBV. Dentists and paediatricians achieved a hundred percent vaccination coverage. The findings in this study were similar to that reported by Coutts et al. [23] and Wines et al. [24] who reported a vaccination coverage of 83% and 86% respectively. A survey including dentists and pathology laboratory supervisors, found that these groups achieved close 100% HBV vaccination coverage [13]. The small number of

dentists and paediatricians involved in this study however precludes any statistical inference from been drawn. From our study, despite recommendations for vaccination against the HBV due to our occupational risk, vaccination rates is still low among doctors.

Studies show we are better at checking our cardiovascular health status – we can measure our own blood pressure and arrange a serum lipids test. We found that ninety-nine percent of our respondents had checked their blood pressure in last 1 year, 70.3% had checked their blood sugar level in last 1 year, and 39.6% had checked their serum lipid levels in the same period. McCall et al. [22] reported that in a period of 3 years, 93% of general practitioners had checked their blood pressure and 64% had checked cholesterol. The much lower frequency of serum lipids check among our respondents may be related to the wide-spread belief that dyslipidemia is a relatively rare condition among Nigerians. A recent report by Oguejiofor et al. [25] however showed that the overall prevalence of dyslipidemia ranged from 60% among apparently healthy Nigerians to 89% among diabetic Nigerians.

In this study, we found that the number of female doctors who ever had a Pap smear was 32.3% while only 9.7% had a screening mammogram. By comparison, in the study conducted among market women in Zaria, North-Western Nigeria, the practice of Pap smear screening was 15.4% [26]. Also a study carried out by Akinola et al. [27] in Ikeja, South-Western Nigeria showed that only 6.7% of their study population had ever had a screening mammogram. This comparatively higher utilization of Pap smear cancer screening tool in our study population may be because our respondents are medically-enlightened individuals. Still these tools are grossly under-utilized despite the fact that some hospital-based studies revealed that the incidence of breast cancer was 7.4 per 100 000 women with 99% presenting with advanced disease [28] and cervical cancer accounted for 63.1% of histologically confirmed gynaecological tumours [29]. By comparison, 74% of Australian women doctors reported having had a Pap smear while 47% reported having had a mammogram [22].

Although preventive guidelines do not recommend prostate specific antigen (PSA) testing routinely, studies in Australia reported that between 26% to 51% of male doctors over 40 years have been tested [23]. We however

found in our study that 14% of our doctors 40 years and above had done a PSA.

5. CONCLUSION

This study provides preliminary information about the health-seeking behaviour of medical practitioners in Port Harcourt. The finding that half of this study population are not registered formally with a general medical practitioner implies that they may not access the preventive care available at this level. Comparatively, more medical practitioners are registered formally with a general medical practitioner as shown by international studies probably due to legislations that makes such compulsory for all medical practitioners. Medical practitioners should therefore be encouraged by more vigorous advocacy and possibly legislation, to have their own general practitioners.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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