# Illness behavior of German General Practitioners – a survey

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## Introduction/aim of study

- international guidelines recommend that physicians should be registered with a General Practitioner (GP), avoid informal consultation and self-treatment (BMA 2010)
- Reviews show that adherence to these guideline recommendations is heterogenic (Kay 2008, Montgomery 2011)
- in Germany systematic studies to the topic are missing (Schulz 2014)

The aim of our study was to analyze the illness behavior of primary care physicians in Germany regarding registration with a GP, informal consultation and self-treatment.

#### Methods

- observational study with postal survey in spring 2014
- convenient sample of 1000 General Practitioners in central Germany
- Comprehensive questionnaire with questions to chronic conditions, registration with a General Practitioner, formal/informal consultation, self-diagnostic and self-therapy
- Informal consultation, self-diagnostic and self-therapy were assessed with a 4-point Likert-scale (applicable - not applicable)
- descriptive analyses
- Ethical approvement by the Institutional Review Board of the JUH (No. 4058-04/14).

### Results

- ➤ N = 285 (30.3%) were included in the analysis with a mean age of 53.6 Years (SD = 8.94). Main part (64.9%) were female, 64.9% worked in single practice and 8.8% worked as salaried employees.
- ➤ Only 19% (n = 54) were registered with a GP, with statistical association to working as entrepeneur and in single practice. There was a significant correlation to reporting at least one chronic disease.
- > 56% (n = 160) indicated that it is (slightly) applicable for them to conduct informal consultation in case of acute illness.

Chronic conditions	%	Absolute count
Cardiovascular disease	27	76
Disease of back, hip or joint	21	61
Diabetes, other metabolic disease	12	34
Respiratory disease	6	16
Cancer disease	5	14
Neurologic disease	3	9
Others	19	53

Table 1	Entities of	chronic	conditions,	reclined	on the	CIRS	(Linn 1968)	

Self-diagnostic And Self-Therapy	Applicable	slightly applicable	slightly not applicable	not applicable
If I'm acute ill, then I	N (%)	N (%)	N (%)	N (%)
induce diagnostic by myself (n = 276)	188 ( <b>68</b> )	65 ( <b>24</b> )	17 (6)	6 (2)
therapy myself (n = 277)	168 ( <b>60</b> )	94 ( <b>34</b> )	10 (4)	5 (2)

Table 2 Descriptive analysis of self-diagnostic and self-therapy in case of acute illness

- $\gt$  N = 164 (57.2%) reported to have at least one chronic condition.
- ➤ In case of acute illness 92% state it (slightly) applicable to induce diagnostic by themself and 90% to therapy themself.

## Discussion

According to international guidelines our data indicate a suboptimal illness behavior of German General Practitioners. This may have impact on the medical supply of their patients. Further research is necessary to build a base for development of German guidelines and educational strategies.

#### Literature

BMA. Ethical responsibilities in treating doctors who are patients - Guidance from the BMA Medical Ethics Department. London: BMA Medical Ethics Department, 2010 Kay M, Mitchell G, Clavarino A, Doust J. Doctors as patients: a systematic review of doctors' health access and the barriers they experience. Br J Gen Pract Linn BS, Linn WM, Gurel L 1968. Cumulative illness rating scale. J Am Geriatr Soc. J Am Geriatr Soc 1968 May;16(5):622-6.

Montgomery AJ, Bradley C, Rochfort A, Panagopoulou E. A review of self-medication in physicians and medical students. Occup Med (Lond) 2011; 61: 490-7

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