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“A review of self-medication in physicians and medical students”

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Abstract

Background There is a culture within medicine that doctors do not expect themselves or their colleagues to be sick. Thus, the associated complexities of self-diagnosis, self-referral and self-treatment among physicians are significant and may have repercussions for both their own health and, by implication, for the quality of care delivered to patients.

Aims To collate what is known about the self-treatment behaviour of physicians and medical students.

Methods The following databases were searched: PubMed, PsychInfo, EBSCO, Medline, BioMed central and Science Direct. Inclusion criteria specified research assessing self-treatment and self-medicating of prescription drugs among physicians and/or medical students. Only peer-reviewed English language empirical studies published between 1990 and 2009 were included.

Results Twenty-seven studies were identified that fitted the inclusion criteria. Self-treatment and self-medicating was found to be a significant issue for both physicians and medical students. In 76% of studies, reported self-treatment was >50% (range: 12–99%). Overall, only one of two respondents was registered with a general practitioner or primary care physician (mean = 56%, range = 21–96). Deeper analysis of studies revealed that physicians believed it was appropriate to self-treat both acute and chronic conditions and that informal care paths were common within the medical profession.

Conclusions Self-treatment is strongly embedded within the culture of both physicians and medical students as an accepted way to enhance/buffer work performance. The authors believe that these complex self-directed care behaviours could be regarded as an occupational hazard for the medical profession.

Key words

Occupational hazard

fitness for work

occupational

occupational fitness
