One of the most pervasive medical myths involves doctors as patients. Traditionally there have been aphorisms and injunctions from biblical times until the present: “Physician heal thyself!” “The doctor who treats himself has a fool for a patient!” The standard hospital stock statement is that doctors and nurses make the worst patients, possibly because there are no surprises left for them in hospitals.

Why is there the feeling that, like the shoemaker’s barefoot children, the doctor and his or her family often receive the worst medical care? What is there about physicians, in terms of their background, expectations, knowledge, attitudes, and skills that creates and perpetuates this “worst patient” syndrome? Are doctors poorer risks if they are ill? Are they prone to be more concerned about prevention, changes in life style, or early intervention? Are they usually in better health than other hard-working professionals? Do they enter the hospital in poorer condition due to delay and/or lack of personal concern? Do they really have bad care in hospitals, and is there a basic underlying truth about that “worst patient” folklore?

A study in the New England Journal of Medicine demonstrated that graduate students received more adequate health care than did house staff. Most nonmedical students have some access to comprehensive student health plans and usually consider the purchase of health insurance. There is a much more cavalier attitude by and toward physician-students or house staff. Medical student health plans are less organized (especially for prevention). It is assumed that because of professional courtesy, doctors do not need comprehensive medical insurance plans. Perhaps part of the physicians’ reluctance to obtain checkups or request medical care early in the course of an illness may be due to their lack of experience with regular, systematic health care.
Other studies of physician and medical student experiences support the psychological view. Doctors are afraid of death and disease, and work very hard to combat it. This usually appropriate effort can lead to extraordinary approaches to the care and cure of patients. In medical school, death is seen as an enemy to be feared and challenged. Physicians, through engaging in the battle, and frequently winning, support their own fantasies of immortality. Like the tightrope walker who has conquered heights, physicians may use their own knowledge and skills to defend themselves against their own anxiety about strength, body integrity, and dangers of illness and death.4,5

A sizable number of medical students or their families have experienced serious or potentially life-threatening illness during childhood. For many of them, therefore, identification with an idealized god-like and caring physician who provides succor, healing, and empathy is related to their personal quest for an idealized omnipotent caring parent. Becoming a physician can evoke a way of identifying with and incorporating the care-giver, thus supporting dependency needs while giving strength and power. For others, the sense of identification with the aggressor is marked. In either situation, a feeling of weakness on the part of the embryo physician is almost intolerable. A common childhood experience—especially for boys—was the admonition to "grin and bear it," avoiding giving in to pain or injury and with much admiration of the person who was strong.6,7 Certainly the folklore of medical school abounds with anecdotes of physicians who kept going no matter what, enduring sleep deprivation, long hours of work, and performing even when personally ill. The stories of doctors who left their sickbeds immediately following their own surgery to take care of another, more urgently ill patient are not just apocryphal. Rather, they are ingrained into the medical student culture and serve as models to be emulated.

It may be that physicians who recommend preventive health care, such as regular diet, no smoking, moderation in alcohol consumption, cardiovascular-related exercise, adequate rest, spaced vacations, and freedom from stress, do not personally indulge in this caretaking behavior. They may view such concerns magically or as being based on old wives' tales without personal import, in spite of supporting scientific data. For the physician who is committed to the magic or protection of the doctor's role, no special precautions are needed.8

Physical illness brings with it a real pain and limitation of activities, as well as a tremendous narcissistic threat to the fantasy of omnipotence and immortality.8 A not unusual comment made by physician-patients in intensive care or coronary care units is "How could I get sick?" It is uttered with a total sense of disbelief which verges on denial. The impact