

OPINION

Middle-Aged Sibling Anesthesiologists Opinionate: Maybe It Is Time To Decode The Epidemiology Of Pseudo-Iatrophobia Among Physicians

Divya Gupta¹, Deepak Gupta²

¹Department of Anaesthesiology and Pain Management, Himalayan Institute of Medical Sciences, Swami Rama Himalayan University, Dehradun, Uttarakhand, India

²Department of Anesthesiology, Wayne State University, Detroit, Michigan, United States

CORRESPONDING AUTHOR

Dr Deepak Gupta, Clinical Assistant Professor, Department of Anesthesiology, Wayne State University/Detroit Medical Center, Box No 162, 3990 John R, Detroit, MI 48201, United States
Email: dgupta@med.wayne.edu

CITATION

Gupta D, Gupta D. Middle-Aged Sibling Anesthesiologists Opinionate: Maybe It Is Time To Decode The Epidemiology Of Pseudo-Iatrophobia Among Physicians. Journal of the Epidemiology Foundation of India. 2024;2(2):80-82. DOI: <https://doi.org/10.56450/JEFI.2024.v2i02.010>

ARTICLE CYCLE

Received: 29/02/2024; Accepted: 20/05/2024; Published: 30/06/2024

This work is licensed under a Creative Commons Attribution 4.0 International License.

©The Author(s). 2024 Open Access

ABSTRACT

Iatrophobia is phobia of doctors and we think that when doctors have phobia of doctors, it may very well be pseudo-iatrophobia. The question becomes whether their fears deterring them to access healthcare facilities for their own selves are so irrational that they may be appearing as true fears to them per true iatrophobia until and unless rationality eventually overcomes their irrational fears thus allowing them to overlook their false fears per pseudo-iatrophobia before accessing healthcare facilities for their own selves without further ado. Simplistically, prevalences and etiopathogenesis of true iatrophobia and pseudo-iatrophobia among physicians must be decoded so that the healers may be appropriately healed as well after having addressed their concerns which may be preventing them from timely seeking healthcare for their own selves.

OPINION

Simplistically stating, iatrophobia is phobia of doctors and we think that when doctors have phobia of doctors, it may very well be pseudo-iatrophobia. By potentially increasing monetary and non-monetary costs to the healthcare systems when voluntarily delaying their own access for their own healthcare, pseudo-iatrophobia could be as counterintuitive and miscalculating as pseudo-addiction to opioids that had warranted the escalations in opioid overuse during opioid epidemic. Interestingly, true iatrophobia among doctors could create an existential dilemma for doctors that may be as

counterintuitive as workplace phobia wherein workers may be having phobia from their own line of work itself. Some may say that in contrast to true fear against actual threats to life, phobia in itself might be deemed as false fear when irrationally perceiving things as threats whereafter pseudo-iatrophobia would be deemed as a double-negative which would not cancel out each other to be deemed positive. Anyhow, doctors' delaying their own access for their own healthcare could be deemed as iatrophobia or pseudo-iatrophobia because of their conscious reasons known to them or even their subconscious reasons appearing unknown to their own selves.

The question becomes whether their fears deterring them to access healthcare facilities for their own selves are so irrational that they may be appearing as true fears to them per true iatrophobia until and unless rationality eventually overcomes their irrational fears thus allowing them to overlook their false fears per pseudo-iatrophobia before accessing healthcare facilities for their own selves without further ado. Simplistically, an example of true iatrophobia could be when a doctor's fear of doctors becomes so existentially irrational that the truly iatrophobic doctor may have to cease practicing clinical healthcare and maybe become a healthcare researcher and/or a healthcare administrator and/or a healthcare regulator to adapt and survive. Contrastingly, an example of pseudo-iatrophobia could be when the irrationality in doctor's fear of doctors could be overcome in due course of time before it becomes too late to mitigate the effects of voluntarily delayed acceptance of primordial, primary, and secondary preventive healthcare strategies affecting their own healthcare.

The national and international associations and societies of doctors can conduct the epidemiological surveys among doctors to investigate the period prevalences of iatrophobia and pseudo-iatrophobia among doctors to thereafter decipher the etiopathogenesis of pseudo-iatrophobia among doctors for differentiating it from the etiopathogenesis of true iatrophobia among doctors. The period prevalences in percentages decoded during the studied survey periods could be equal to 100 multiplied by the number of surveyed doctors self-identifying as iatrophobic divided by the total number of doctors surveyed. Consequently, a simple follow-up question asking the surveyed doctors whether their iatrophobia may have forced them to cease practicing clinical healthcare may somewhat enable the delineation of true iatrophobia among doctors from pseudo-iatrophobia among doctors. Hereafter, the various reasons for pseudo-iatrophobia among doctors could be that pseudo-iatrophobic doctor may be "too busy to go see a doctor", "too self-

sufficient and too knowledgeable to consider seeing a doctor", "too aware of unnecessary costs and procedures when seeing a doctor", "too aware of volatile and fragile socioeconomic dynamics while seeing a doctor", "too worried about facing medical errors if seeing a doctor", "too egoistic to be in queues when going to see a doctor", "too high-minded to seek favors from peers when going to see a doctor", "too cynical to agree with and follow the expert recommendations after seeing a doctor", and so on and so forth.

Simplistically, prevalences and etiopathogenesis of true iatrophobia and pseudo-iatrophobia among physicians must be decoded so that the healers may be appropriately healed as well after having addressed their concerns which may be preventing them from timely seeking healthcare for their own selves.

AUTHORS CONTRIBUTION

All authors have contributed equally.

FINANCIAL SUPPORT AND SPONSORSHIP

Nil

CONFLICT OF INTEREST

There are no conflicts of interest.

DECLARATION OF GENERATIVE AI AND AI ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

The authors haven't used any generative AI/AI assisted technologies in the writing process.

REFERENCES

- Iatrophobia: Dealing with Doctor Anxiety. <https://psychcentral.com/anxiety/doctor-anxiety> Last accessed February 28, 2024
- Americans are Afraid to Go to the Doctor, Study Finds <https://swnsdigital.com/us/2018/10/americans-are-afraid-to-go-to-the-doctor-study-finds/> Last accessed February 28, 2024
- Percentage of men in the United States who experience fear or anxiety when going to the doctor as of April 2021, by age group <https://www.statista.com/statistics/1248347/fear-or-anxiety-at-the-doctors-among-young-vs-older-men/> Last accessed February 28, 2024
- SELF REPORT A Doctor's Iatrophobia. <https://www.researchgate.net/publication/377075>

- 276_SELF_REPORT_A_Doctor's_Iatrophobia Last accessed February 28, 2024
- Hollander MAG, Greene MG. A conceptual framework for understanding iatrophobia. *Patient Educ Couns.* 2019 Nov;102(11):2091-2096. doi: 10.1016/j.pec.2019.06.006.
 - Mukhtar MU, Raza MS, Rahim A, Haider MU, Anwar A. Addressing iatrophobia in transgender patients. *Ir J Med Sci.* 2023 Aug 22. doi: 10.1007/s11845-023-03503-6.
 - Weissman DE, Haddox DJ. Opioid pseudoaddiction--an iatrogenic syndrome. *Pain.* 1989 Mar;36(3):363-366. doi: 10.1016/0304-3959(89)90097-3.
 - Greene MS, Chambers RA. Pseudoaddiction: Fact or Fiction? An Investigation of the Medical Literature. *Curr Addict Rep.* 2015;2(4):310-317. doi: 10.1007/s40429-015-0074-7.
 - Opioid "pseudo-addiction" lives up to crime of the century tag. <https://insightplus.mja.com.au/2021/42/opioid-pseudo-addiction-lives-up-to-crime-of-the-century-tag/> Last accessed February 28, 2024
 - Preuss CV, Kalava A, King KC. Prescription of Controlled Substances: Benefits and Risks. [Updated 2023 Apr 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537318/> Last accessed February 28, 2024
 - Dydyk AM, Sizemore DC, Smock W, et al. Kentucky KASPER and Controlled Substance Prescribing. [Updated 2023 Jun 12]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK567726/> Last accessed February 28, 2024
 - Vignoli M, Muschalla B, Mariani MG. Workplace Phobic Anxiety as a Mental Health Phenomenon in the Job Demands-Resources Model. *Biomed Res Int.* 2017;2017:3285092. doi: 10.1155/2017/3285092.
 - The Difference Between True and False Fear. <https://kripalu.org/resources/difference-between-true-and-false-fear> Last accessed February 28, 2024
 - Mycyk MB. Double negatives do not make a positive editorial experience. *J Med Toxicol.* 2011 Sep;7(3):254. doi: 10.1007/s13181-011-0170-6.
 - Kisling LA, M Das J. Prevention Strategies. [Updated 2023 Aug 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537222/> Last accessed February 28, 2024
 - Your Guide to Health Screenings by Age. <https://www.uhhospitals.org/services/primary-care/routine-care/your-guide-to-health-screenings-by-age> Last accessed February 28, 2024
 - Your Guide to Health Screenings by Age [INFOGRAPHIC]. <https://www.tricitymed.org/2016/09/guide-health-screenings-age-infographic/> Last accessed February 28, 2024
 - Brachman PS. Epidemiology. In: Baron S, editor. *Medical Microbiology.* 4th edition. Galveston (TX): University of Texas Medical Branch at Galveston; 1996. Chapter 9. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK7993/> Last accessed February 28, 2024
 - Derakhshan Z, Larijani B, Shamsi-Gooshki E, Salari P. Presenting a Comprehensive Definition of Unnecessary Healthcare Services and Their Drivers: A Systematic Review and Meta-synthesis. *Med J Islam Repub Iran.* 2023 Oct 2;37:106. doi: 10.47176/mjiri.37.106.
 - Al-Maghrabi M, Mamede S, Schmidt HG, Omair A, Al-Nasser S, Alharbi NS, Magzoub MEMA. Overconfidence, Time-on-Task, and Medical Errors: Is There a Relationship? *Adv Med Educ Pract.* 2024 Feb 22;15:133-140. doi: 10.2147/AMEP.S442689.
 - Li H, Guo Z, Yang W, He Y, Chen Y, Zhu J. Perceptions of medical error among general practitioners in rural China: a qualitative interview study. *BMJ Open Qual.* 2023 Dec 30;12(4):e002528. doi: 10.1136/bmjopen-2023-002528.
 - Medical Error Is Not the Third Leading Cause of Death. <https://www.mcgill.ca/oss/article/critical-thinking-health/medical-error-not-third-leading-cause-death> Last accessed February 28, 2024
 - Study Suggests Medical Errors Now Third Leading Cause of Death in the U.S. https://www.hopkinsmedicine.org/news/media/releases/study_suggests_medical_errors_now_third_leading_cause_of_death_in_the_us Last accessed February 28, 2024