International Journal of Modern Anthropology (e ISSN: 1737-8176; print ISSN: 1737-7374)
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Research Report

When doctors become patients: Lessons from medical doctors in Southwestern Nigeria

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(***Received*** *20 April 2025;* ***Accepted*** *30 September 2025;* ***Published*** *4 December 2025)*

Abstract- The medical profession is certainly the most respected profession in the world today. Doctors are highly honoured and accorded respect because of the essential lifesaving role they play in the society. To examine the double lenses of sick doctors becoming a patient, this study was conducted among medical doctors in a tertiary hospital in southwestern Nigeria. It examined the illnesses respondents were treated for, how respondents felt becoming patients and the lessons learnt from becoming patients. Primary data was through self-administered questionnaires in which 110 respondents selected through two-stage non-probability sampling methods of purposive and convenience methods were involved. Almost all (98.2%) of the respondents in the study have become patients as doctors. Respondents were treated for malaria, surgery, typhoid fever, dental care, cancer, eye treatment, medical check-up, parturition, ulcer, lumpectomy, herpes, Respiratory tract infection, asthma, vasectomy, urinary tract infection, severe abdominal pain, seizure disorder, goitre, fracture, dysmenorrhea, deep cut and COVID-19 in that order. A large number (68.5%) did not feel any different becoming patients, while 12% were afraid, 8.3% were unhappy, (7.4%) ashamed, (4.6%) mortified and disappointed while, (0.9%) were utterly embarrassed. Lessons learnt from becoming patients include, doctors are also human (50.0%), empathy for patients (30.6%), improved relationships with patients (19.4%), improved patients' management (18.5%), professionalism in the discharge of duties (17.6%) improvement in their service delivery (8.3%) and greater value for human life (1.9%). Although doctors make bad patients, becoming patients in turn make them better doctors.

Keywords: Malaria, Mortified, Ashamed, Embarrassed, Empathy for Patients, Value for Human Life, Professionalism

To cite this article: Oluyemi J. and Adejoke J. 2025. When doctors become patients: Lessons from medical doctors in Southwestern Nigeria.
International Journal of Modern Anthropology. 3(25) : 354 - 365. DOI: http://dx.doi.org/10.4314/ijma.v3i25.2

Introduction

Every profession has its own wits' end. You sometimes wonder if a financial planner ever gets broke? Sometimes you ask if a lawyer get sued or if the doctor ever gets sick? Amongst these professions, the medical profession seems to stand out because of the essential role doctors play and the value the society accords to it. The medical profession undoubtedly today is the most respected profession in the world (Wood 2019). Doctors are highly honoured because of their life saving role which they sworn in the Hippocratic oath. There are also reports that doctors are perceived as gods, Woods (2017) hence, some sort of divinity is accorded to them.

But in spite of all these encomia, doctors are in fact not robots and are as human as the patients that they treat. As a matter of fact, doctors are susceptible to illness just like any other person and have similar rates of chronic illness as well as the same preventive health needs as the public (Kay *et al*. 2004). A study conducted in Australia by Wu *et al.* (2013) among 14,000 doctors suggests that doctors are even more likely to become sick than the general population being that doctors are under immense pressure and deal regularly with pain and death.

Even doctors offer their knowledge and skills to the prevention and treatment of illness and diseases Guevara (2017), relinquishing the role of a doctor is usually very difficult for them (McCausland 2007). Since they spend much of their life in ensuring the well-being of patients, there are also possibilities of having a twisted perception of their personal health risks and fail to admit that they, too, can fall victim to illness Hence, a complex concept of reverse hierarchy and role disorientation can occur when a doctor becomes a patient.

This then implies that there are moments in which doctors are confronted with the reality that they are no longer in the role of a doctor rather, the tables have turned, and they are now faced with the reality of becoming patients. While a doctor's sense of identity often is strongest in a health care setting, becoming a patient give rise to a drastic change in authority, duty, privacy, and even attire (Mc Causland 2007). The treatment of doctors may however differ from that for other patients. Doctors often deny or minimize their symptoms, sometimes, they want to take control of their own medication schedules while fear about the outcome of the illness may also arise to the extent that they are unable to function as a physician which is a huge part of their identity (Mamta & Rhona 2001).

In Nigeria, just like every other part of the world, the medical profession is not just prestigious but also competitive and highly sorted after (Oyeniyi 2021). It is the desire of many parents as the first choice of course for their children. Doctors are highly respected and becoming a doctor is usually very demanding with rigorous academic and clinical training that distinguish them from all other professions. The Nigerian health system is characterised by persistent fierce contest and rivalry against the doctors by other healthcare professionals Akor (2018), because of the hierarchal position doctors occupy and disparity in their remuneration among others (Aregbesola 2018; Joseph and Joseph 2020). This to a large extent place doctors on an enviable position in the system that one could ever imagine what becomes of them when the inevitable happens.

With medical sociology's focus on how social and cultural conditions affect illness, health and medical practice Samfunn (2001), a clear understanding of the roles in which doctors and patients play is pivotal to a better understand of the issues that may be at stake when such role is reversed. There is the need to provide a better understanding of the complex relationships that exist between doctors and patients since an individual's identity is a learned reaction to social stimuli, modelling oneself to the expectations of others. Doctors may be caring, knowledgeable, dexterous and in control in matters of life and death yet, a complex investigation of role reversal and role disorientation can occur when a doctor becomes a patient (Gor 2017).

Very few studies have specifically addressed the outcomes of doctors becoming patients as it relates to their disposition towards patients. While there has been evidence that when doctors become patients, they experience momentary loss of identity, loss of self-esteem, increased anxiety, lack of trust particularly in the context when they understand the nitty gritty of the health system, its limitations, risks, as well as possibility of human error (Gor 2017). The question which then comes to mind is that, does becoming a patient make them better doctors? This article aims at providing this pertinent answer to this question and more as it examines the tales and lessons learnt by medical doctors in becoming patients.

Methodology

The study was conducted among medical doctors in a tertiary hospital in southwestern Nigeria. A total number of 110 medical doctors selected through two-stage non-probability sampling methods of purposive and convenient sampling methods were

involved in the study. Health care provision in Nigeria is the obligation of the three tiers of government in Nigeria which include the Federal, State and Local government while the private sector also plays along (Akhtar 1991). While, the Federal government controls the activities of the tertiary hospitals, the State government directs the activities of the general hospitals and other secondary health facilities and of course, the Local government authority manages the affairs of the primary health centres.

Primary data was retrieved through administration of self-administered questionnaires containing closed and open-ended questions. Medical doctors of various designation in the hospital such as house officer, medical officers, residents, senior residents and consultants were included in the study. Data was presented in frequencies and simple percentages. Informed consent was obtained from the respondents before the study was conducted having duly been informed of the purpose and significance of the study.

Results

In table 1, result showed that 70 (63.6%) of the respondent in the study are male while 40 (36.4%) are female. Also, 44 (40.8%) of the respondents are below the age of 30 years while 30 (27.8%) are within the age bracket of 31-40 years and 32 (29.6%) within the age bracket of 41-50 years while 1 (0.9%) represent the age brackets of 51-60 years and above 60 years respectively. On the marital status of the respondents in the study, 45 (41.7%) are single while 63 (58.3%) are married. As regards the kind of religion the respondents in the study practice, the result showed that 95 (88.0%) belong to the Christians faith while 13 (12.0%) belong to the Islam faith. With respect to the ethnic background of the respondents in the study, results showed that, 80 (74.1%) belong to the Yoruba cultural background while, 20 (18.5%) belong to the Igbo socio-cultural group and 4 (3.7%) each account for the Hausa and other ethnic group such as Benin respectively. On the designation of the respondents in the hospital, 19 (17.6%) of the respondents in the study are house officers, 30 (27.8%) are medical officers, 8(7.4%) are junior registrars, 7 (6.5%) are senior registrars while 44 (40.7%) are consultants.

Table 1: Socio-demographic characteristics of respondents

Demographic characteristics (N=110)	Frequency	Percentage
Gender		
Male	70	(63.6%)
Female	40	(36.4%)
Age in years		
<30years	44	(40.8%)
31-40years	30	(27.8%)
41-50years	32	(29.6%)
51-60years	1	(0.9%)
>60years	1	(0.9%)
Marital Status		
Single	45	(41.7%)
Married	63	(58.3%)
Religion		
Christianity	95	(88.0%)
Islam	13	(12.0%)
Ethnic Background		
Yoruba	80	(74.1%)
Igbo	20	(18.5%)
Hausa	4	(3.7%)
Others	4	(3.7%)
Designation		
House Officer	19	(17.6%)
Medical Officer	30	(27.8%)
Junior Registrar	8	(7.4%)
Senior Registrar	7	(6.5%)
Consultant	44	(40.7%)

Source: Researchers Survey (2022)

Table 2 shows questions relating to doctors becoming patients. Results in the table revealed that, 108 (98.2%) of the respondents in the study have become patients before as doctors. As regards the illnesses respondents were treated for, 33(3.6%) were treated for malaria fever, 14(13.0%) were treated for typhoid fever, 15(14.0%) underwent various forms of surgery, 7 (6.5%) were treated for various forms of cancer, 8(7.4%) were treated for dental care, 4 (3.7%) were treated for eye problems, 5 (4.6%) went for medical-checkup, 3(2.8%) for parturition, 29 (1.9%) were treated for ulcer, lumpectomy, herpes, respiratory tract infection and asthma respectively while, 1(0.9%) were treated for vasectomy, urinary tract infection, severe abdominal pain, seizure disorder, goiter, fracture, Dysmenorrhea, deep cut and COVID-19 respectively.

Table 2: Questions Relating to Doctors Becoming Patients

Have you ever become a patient before as a doctor?	**Frequency**	**Percentage**
Yes	108	(98.2%)
No	2	(1.8%)
Total	**110**	**(100.0%)**
What illness were you treated for		
Malaria Fever	33	(30.6%)
Typhoid Fever	14	(13.0%)
Surgery	15	(14.0%)
Cancer treatment	7	(6.5%)
Dental care	8	(7.4%)
Eye Treatment	4	(3.7%)
Medical check up	5	(4.6%)
Parturition	3	(2.8%)
Ulcer	2	(1.9%)
Lumpectomy	2	(1.9%)
Herpes	2	(1.9%)
Respiratory tract infection	2	(1.9%)
Asthma	2	(1.9%)
Vasectomy	1	(0.9%)
Urinary tract infection	1	(0.9%)
Severe abdominal pain	1	(0.9%)
Seizure disorder	1	(0.9%)
Goiter	1	(0.9%)
Fracture	1	(0.9%)
Dysmenorrhea	1	(0.9%)
Deep cut	1	(0.9%)
COVID-19	1	(0.9%)
Total	**108**	**(100%)**

Source: Researcher's Survey 2022 *multiple response*

Table 3: Respondents Tales from Becoming Patients

How did you feel as a doctor being a patient (n=108)	**Frequency**	**Percentage**
I felt ashamed of myself	8	(7.4%)
I was afraid	13	(12.0%)
I felt mortified	5	(4.6%)
I was embarrassed	1	(0.9%)
I was unhappy	9	(8.3%)
I was disappointed in myself	5	(4.6%)
I didn't feel anyhow	74	(68.5%)

Source: Researcher's survey 2022 *multiple response*

Table **3** showed the questions relating to the tales from doctors becoming patients. A total of 74 (68.5%) of the respondents in the study admitted that they actually didn't feel anyhow becoming patients even though 13 (12.0%) of the respondents confessed that they were afraid. Also, 9 (8.3%) of the respondents in the study admitted that they were unhappy becoming patients while, 8 (7.4%) felt ashamed of themselves for becoming patients. However, while 5 (4.6%) of the respondents in the study felt both mortified and disappointed in themselves for becoming patients, 1 (0.9%) of the respondents in the study felt utterly embarrassed.

Table **4**: Lessons Learnt from Doctors Becoming Patients

Lessons Learnt from Being a Patients (N=108)	**Frequency**	**Percentage**
Empathy for patients	33	30.6%
Doctors are also human	54	50.0%
Professionalism in the discharge of my duties	19	17.6%
Improved Doctor-Patient Relationship	21	19.4%
Improved Service Delivery	9	8.3%
Improved Patient Management	20	18.5%
Placing value on human life	2	1.9%

Source: Researcher's survey 2022 *multiple response*

Table **4** showed the lessons learnt by respondents in the study for becoming patients. One of the lessons learnt from becoming patients by the respondents is that doctors are also human representing 54 (50%) of the respondents in the study. Others include, empathy for patients which represent 33 (30.6%) of the respondent in the study, Improved doctor-patient relationship representing 21 (19%) of the respondents in the study, improved patient management representing 20 (18.5%), professionalism in the discharge of duties representing 19 (17.6%), improved service delivery representing 9 (8.3%) and placing value on human life representing 2 (1.9%) of the respondents in the study.

Discussion

This study examined the tales and lessons learnt by doctors from becoming patients. Result from the study revealed that respondents were treated for various forms of ailments ranging from Malaria, surgery, typhoid, dental care, cancer, eye treatment, medical check-up parturition, ulcer, lumpectomy, herpes, respiratory tract infection and asthma representing vasectomy, urinary tract infection, severe abdominal pain, seizure disorder, goitre, fracture, dysmenorrhea, deep cut and COVID-19 in that order. This corroborates the argument presented by Kay *et al.* (2004) which asserted that doctors have similar rates of illness and the same preventive health needs as the public. It also suggests that doctors are not spirit beings but have human nature which are vulnerable to sickness (Kay *et al.* 2004).

With regards to how respondents felt becoming patients, the result from the study revealed that, more than half of the respondents did not feel anyhow. This may have been because almost half of the respondents in the study are consultants who have spent a larger part of their lifetime in medical practice and as such may not likely exhibit the exuberance that they would have displayed when they were newly inducted into the profession. It is quite possible that they would have felt different becoming patients if they were younger in the practice than where they are today.

On the contrary, result from the study also revealed that more than one tenth of the respondent in the study were afraid of assuming the role of patients. This finding corresponds with the views of Mamta and Rhona in their conclusion that fear may set in when doctors become patients (Mamta & Rhona 2001). It is also in line with the assertion made by Strang *et al.* (1998) and Parker-Pope (2008) and Azah (2013) that doctors are the worst patients. There are indications that this may have been as a result of the fact that since doctors have in-depth knowledge of signs and symptoms of illness and diseases, identifying such signs may be easy for them which may trigger fear if such signs and symptoms points towards chronic diseases such as cancer.

Besides, fear may also set in when doctors have a good understanding of the inherent problems and the modus operand of the health system that they have found themselves such as that which applies to the Nigerian health system which is in a deplorable state as a result of the consequences of the lingering crisis among health professionals and for other reasons such as inadequate infrastructure, gaps in key health

policy implementation, shortage of personnel and inadequate training among others (Asangansi & Shaguy 2018; Eshemokha 2019). The thought of these embedded problems can trigger fear in the mind of doctors when they become patients knowing fully that the table has turned and they have now become a victim of the prevailing circumstances.

Furthermore, result from the study also reveals that almost one tenth of the respondent in the study felt unhappy and ashamed of themselves for becoming patients. This result conforms with the argument proposed by Wesseley and Gerada (2013) in their view that doctors becoming patients is not just a personal unwillingness to see themselves as unwell but also a professional stigma attached to it. Moreover, considering the hierarchy doctors occupy in the Nigerian health system Ugwuanyi (2018), relinquishing such position because of becoming patients can trigger sadness and shame. Besides this, a small number of the respondents in the study also felt mortified, disappointed in themselves and embarrassed for becoming patients. This may have been because of the perceived egocentric nature of Nigerian doctors as described by Emeadi (2020). According to Campbell (2012), once doctors become patients, all perceived control is surrendered, no longer do they wear the "magic white coat" and wave healing hands over patients, their daily intake and output is recorded they are shipped all over the hospital for tests in unflattering, often risqué attire and nothing ever seems the same.

On the lessons learnt from becoming patients, about half of the respondents in the study leant that doctors are also human just like any other person. This corresponds to the assertion made by the World Health Organization (2017) which confirms that doctors are also humans and that even as they try to save lives and improve the health of patients, they are also susceptible to ill-health (World Health Organization 2017). In addition to this, more than two third of the respondents in the study admitted that they learnt to display more empathy for patients. This is constant with the result of the study conducted by Fox *et al.* (2009) which discovered that doctors who have assumed the patient role show more empathy to patients (Fox *et al.* 2009). This was also confirmed by Yaniv (2012) who argued that role reversal experienced by doctors when they become patients represents the fundamental skill of connecting with patients through empathy.

Consequently, about one fifth of the respondents learnt to be more professional in the discharge of their duties, improve doctor-patient relationship, their patient management and service delivery to patients. This is in line with the opinion of Parker-Pope (2008), who submits that when doctors become patients, they are more likely to feel what patients go through that they never noticed as doctors. It was noted that when doctors

become patients, they discover that trivial issues they never paid attention to such as long waiting times, broken television in the ward are indeed big problems and would suddenly realise that they can do better once they experience life as a patient. Lastly, a few respondents in the study also learnt to place more value on human life which is constant with the submission of (Campbell 2012).

Conclusion

This study examined the tales and lessons learnt from doctors becoming patients. The study was conducted among medical doctors in a tertiary hospital in southwestern Nigeria. The study examined the ailments respondents were treated for, how respondents felt becoming patients and the lessons learnt from becoming patients. Primary data was through self-administered questionnaires in which 110 respondents selected through two-stage non-probability sampling methods of purposive and convenience methods were involved in the study. Results showed that almost all the respondents have previously become patients as doctors. Malaria topped the list of illness respondents were treated for followed by surgery, typhoid, dental care, cancer, eye treatment, medical check-up, parturition, ulcer, lumpectomy, herpes, respiratory tract infection, asthma, vasectomy, urinary tract infection, severe abdominal pain, seizure disorder, goitre, fracture, dysmenorrhea, deep cut and COVID-19.

Result also revealed that more than half of the respondents did not feel any different for becoming patients while others were afraid, unhappy, ashamed, mortified, disappointed and embarrassed. Further results revealed that about of the respondents learnt that doctors are also human while more than one third learnt to have empathy for patients. A few numbers of the respondents learnt to improve their relationships with patients, improve patients' management, be more professional, improve in their service delivery and have more value for human life. While doctors are also human and are vulnerable to illness and diseases, becoming patients may also make doctors better doctors.

Conflicts of interest: The authors declare no conflict of interest

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