

Physician, Health Thyself

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A medical degree does not confer immunity to burnout. From the *New York Times*¹ to *Lancet*,² physician depression, suicide, and exhaustion have been covered extensively in the lay and scientific press. Most recently, Pauline Chen, MD, wrote “Doctors Badmouthing Other Doctors,”³ which reviewed the lack of cultural empathy we hold with one another. As 30 million more Americans become insured with the implementation of the Affordable Care Act and resident work hours demand more patient care in less time, the impetus to improve the health of physicians has never been more pressing.

The rate of depression among physicians is about that of the general population; however, suicide rates are much higher. Male physicians are about 40% more likely to commit suicide than other men, and female physicians are 130% more likely. The problem seems to start during medical school, but exact causes are unknown. Sharmila Devi, MD, in “Doctors in Distress”² and Pauline Chen in “Medical Student Burnout and Risk of Doctor Suicide”⁴ suggest that students enter medical school with mental health profiles similar to those of their peers but end up experiencing depression, burnout, and other mental illnesses at higher rates.

“At medical school, competitiveness, the quest for perfection, too much autonomy coupled with responsibility, and the fear of showing vulnerability have all been cited as triggers for mental ill health,” states Devi. “Increased rates of self-medication, alcoholism, and other harmful [unprofessional behaviors] have been reported increased among doctors who try to cope with stress

and burnout on their own for fear of losing their medical licenses if they report mental stress.” Additionally, medical students often begin a malignant learning of work-life balance described as “work hard, play hard.” This mantra has likely been applied in each of our lives at some point. Maybe it was said while studying all day for USMLE Step 1, with a plan to cut loose with fellow med student friends later that night at the local bar. Maybe it was during residency, when the holiday formal brought out the best and worst in us, with many showing up for work the following morning in less-than-top operating form. Maybe we live this way everyday, from one extreme to another, taking care of patients intensively during the day and then escaping the stress and emotions every night with the help of alcohol, marijuana, or pills. Maybe we think that behavior outside of work doesn’t affect what happens during the day.

Often the most successful physicians who have fine tuned the skill of emotional resiliency can go for years without detection by their peers. Despite spending enormous amounts of time together, the life of physicians, especially trainees, is incredibly busy. Sensing stress and illness in one other is often difficult. The final clinical presentation may become one of crisis. Often this crisis can be the only factor that ultimately creates the opportunity for one to receive the medical attention that is needed. The culture that rewards physical stamina and emotional strength in the face of illness but does not allow an outlet for the healer to be human can often result in silence, physician impairment, and patient risk.

Current estimates are that approximately 15% of physicians will be impaired at work at some point in their careers. Although physicians may not have higher rates of impairment compared to other professionals, many factors may contribute to drug abuse and mental illness, particularly depression. It might be cliché to note that many physicians possess a strong drive for achievement, exceptional conscientiousness, and an ability to deny personal problems. In fact, we laud these characteristics and consider them advantageous for “success” in medicine; ironically, however, they may also predispose to impairment. The very act of identifying impairment is often difficult because the manifestations are varied, and physicians will typically suppress and deny any suggestion of a problem. Additionally, identification is often by a colleague or subordinate physician, afraid of damaging a career we all know was not acquired easily. However, identification is essential because untreated impairment may result in the loss of a license and a loss of life. Fortunately, once identified and treated, physicians often do better in recovery than others and typically can return to a productive career and a satisfying personal and family life. In efforts to protect physician privacy and patient safety when dealing with the health of physicians, programs specific to physician health have erupted all over the United States. Currently, most states have responded and developed programs that operate within the parameters of state regulation and legislation and provide many different levels of service to physicians in need.

In Pennsylvania, the Physicians’ Health Program (PHP) provides sup-
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port and advocacy to physicians struggling with addiction or physical or mental challenges. From assessment to treatment, monitoring, and re-entry, this organization steps in to support the impaired physician and save careers while protecting patients. It functions as a liaison with legal entities, such as the licensure boards, on behalf of the physician and the hospital. The PHP is the designated impairment program for the State Board of Medicine and the State Board of Osteopathic Medicine. Plainly stated, if physicians enter the program and adhere to the advised treatment plan and long-term monitoring, licenses are not revoked for the use of substances or presence of mental illness alone, allowing the physician the opportunity to continue practicing medicine when well.

Residency programs and faculty may attempt to prevent the problem prior to need for such a program with yearly online modules or short lectures on resident wellbeing. How-

ever, these are only Band-Aids if the culture of silence is not addressed. The solution may seem daunting to administrators supervising hundreds of trainees and physicians; however, resources are available. The American Medical Association (AMA) brought formal attention to the topic by a landmark paper on mental health, titled "The Sick Physician: Impairment by Psychiatric Disorders, Including Alcoholism and Drug Dependence." In the spirit of prevention, the AMA has created CME courses and resources on their Website to address mental health, suicide, and substance abuse among physicians and trainees.

Most people have flown on an airplane and can state verbatim the presentation given by the airline attendant: "Please secure your oxygen mask before assisting others." There is immense knowledge and value to be learned by this simple statement. Medical culture needs to turn an empathetic eye to the healers

themselves, and the place to create that change is in how we prepare and teach future physicians. Pauline Chen writes, "There's a lot of attention focused on the patient experience, but I think we need to work on improving the clinician experience as well." Encouraging physicians to face and heal themselves not only gives richness to their own experience but to the patient-doctor relationship as well.

References

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