

Resource Document on Physician Wellness

Council on Psychosomatic Medicine and Geriatric Psychiatry

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Background

Ongoing stressors in the lives of physicians across the life span raise the risk for burnout, stress related illness and impairment. Psychiatrists have a unique vantage point in contributing to the overall health and wellbeing of all physicians.

Recent studies have shown that physicians who personally practice healthy behaviors are significantly more likely to advise their own patients to adopt healthy behaviors. It is therefore imperative to promote the overall personal health of physicians at each stage of their development.

The ongoing strenuous demands and stressors in the lives of medical students, residents and physicians raise the risk for burnout, distressed-disruptive behavior, and mental illness including addiction, ultimately resulting in sub-optimal patient care.

Psychiatrists are in a unique position to promote the health of future physicians through educating trainees in the practices of healthy coping, emotional health and adaptive stress reduction techniques. Effective educational messages need to include the common signs and symptoms of mental illness including addiction and being vigilant to de-stigmatize and legitimize the importance of seeking care at the earliest signs of difficulty to avoid becoming impaired or disruptive. Existing barriers to accessible, confidential treatment resources must be identified and aggressively removed to proactively promote the overall health of all physicians.

Significant obstacles exist. The prevalent tradition of alcohol-related stress reduction practices (often begun prior to medical school) increases the risk for addiction, academic difficulty and impairment. Some state licensure requirements perpetuate stigma by requiring the disclosure of any history of mental health treatment which influences physicians to cope through self-medication and the postponement of seeking proactive treatment at the first signs of distress, long before any risk of impairment. Those who do seek treatment may encounter difficulty

obtaining disability and life insurance when they honestly disclose past histories of mental health treatment.

The Role of the Psychiatrist

Every psychiatrist has a responsibility to maintain their personal health and wellness by maintaining healthy lifestyle habits and having a personal physician whose objectivity is not compromised in order to maximize the safety and effectiveness of the medical care they provide to patients. In the event that failing physical or mental health reaches the point of interfering with their ability to engage safely in professional activities, the physician is obligated to take measures to mitigate the problem by seeking appropriate help as necessary while engaging in an honest self-appraisal of their ability to continue practicing.

Those physicians caring for colleagues should not disclose without the physician-patient's consent any aspects of their medical care, except as required by law, by ethical or professional obligation (AMA Opinion E-9.031), or when it becomes essential to protect patients from harm. Under such circumstances, only the minimum amount of information required by law or to preserve patient safety should be disclosed.

Psychiatrists (and all physicians) have an obligation to ensure that its members are able to provide safe and effective care. This obligation is achieved by:

- Promoting health and wellness among physicians.
- Supporting peers in identifying physicians in need of help.
- Intervening promptly when the health or wellness of a colleague appears to have become compromised, including the offer of encouragement, coverage or referral to a physician health program.
- Establishing physician health programs that provide a supportive environment to maintain and restore health and wellness.
- Establishing mechanisms to assure that impaired physicians promptly cease practice.
- Assisting recovered colleagues when they resume patient care.
- Reporting impaired physicians who continue to practice, despite reasonable offers of assistance, to appropriate bodies as required by law and/or ethical obligations. This may entail reporting to the licensing authority.
- Advocacy in reducing stigma and discrimination against those who seek help at the earliest signs of difficulty.

PHYSICIAN WELLNESS

Resources

1. American Psychiatric Association: Resource Document on Guidelines to District Branches for a Policy on Physician Impairment, 1990.
2. AMA Codes:
 - Alcohol and Substance Abuse Education of Medical Students and Residents, H-295.988, '04.
 - Impairment Prevention and Treatment in the Training Years, H-295.987, '04.
 - Intern and Resident Burnout, D-310.965, '07.
 - Physician Health and Wellness, D-405.992, '08; E-9.0305 '03, & H-140.886.
 - Physician Suicide, D-345.993, '06.
 - Physician Well-Being and Renewal, D-405.996, '03.
 - Reporting Impaired, Incompetent or Unethical Colleagues, E-9.031, '03 & H-275.952.
 - The Status of Education in Substance Use Disorders in America's Medical Schools and Residency Programs, D-295.946, '07.
 - Substance Abuse Among Physicians, H-95.95, '99.
3. Worley L: Our Fallen Peers: A Mandate for Change. *Academic Psychiatry*. 32:1, January-February 2008.