

## Physician Wellness

### **Gerald A . Shiener, M. D.**

Chief, Consultation and Liaison Psychiatry  
Sinai Grace Hospital of Detroit

Assistant Professor of Psychiatry and Behavioral Neurosciences  
Wayne State University School of Medicine

## Disclosure Statement

Gerald A. Shiener, MD – Speaker

Has declared he has no commercial interest or conflicts; therefore he has nothing to disclose.



- <http://dl.dropbox.com/u/40710061/physician%20wellness%20handout%20final.pdf>

Self love, my liege, is not so vile a sin  
as self neglecting

King Henry V, Act 2, scene 4

### Applying to Medical School

"We want people who are driven, who are competitive, who can excel at everything that they do."

T. Jock Murray, MD.

### After Admission

"What do they do when they get into practice? They try to do everything, and they have this complex which also says they must succeed at everything."

### Physicians

- Self care is not part of our training
- Low on our priorities list
- Sublimate our own dependency needs by caring for others
- We don't easily admit that we are under stress
- One third of us have no personal physicians

### Troubling Numbers

- Almost half of doctors surveyed described medical practice as very or extremely stressful
- 20% rated their mental health as poor (twice the rate in the general population)
- "Burnout" reported in 20-17% of practicing physicians
- 8-12% develop substance abuse problem

### Random Sample of 1,875 California Physicians

- 7% Clinically depressed
- 13% used sedatives or tranquilizers
- 53% reported moderate stress
- Only 38% reported stress as slight
- 4% reported marijuana use
- 6% screened positive for alcohol abuse

### California Physicians

- 5% screened positive for gambling problems
- 35% reported not or rarely exercising
- 27% never ate breakfast
- 34% reported fewer than 6 hours of sleep daily
- 21% worked more than 60 hours per week

### Need for Balance

- Well meaning mandates often cause more problems
- Work hour limits in the UK and EU led to:
  - Limited time for handoffs and communication
  - Lengthy waits for consultations
  - Increased mortality

### Structured Wellness Efforts Didactics

- Shift emphasis away from illness to the positive side of being well
- Recognize potential health problems
- Education and support:
  - Adequate food during work hours
  - Proper sleep habits
  - Dealing with adverse events – patient deaths, complaints and litigation

### Personal Experiences

- Orthopedic surgeon rounded after having bilateral LASIK
- Urologist rounded with 103 fever
- Orthopedic surgeon ignored chest pain, was driven to hospital at his nurses insistence and had an MI
- Psychiatrist had hydrocoele surgery under spinal without any sedation (cataract surgery as well)

### Physician Impairments

- Addictions
- Stress and burnout
- Illness
- Compulsive work habits
- Marital distress

### Addiction

- Pathologic Process
- Dysfunctional
- Progressive

### Addiction

#### Symptoms

- Compulsion
- Loss of control
- Use despite adverse consequences
- Potential for relapse
- Denial

## Addiction

- Repeated attempts at abstinence that fail
- Dependence and Tolerance are **not** synonymous with addiction

## Addictions

- Since potential for relapse **always** exists, Addictions cannot be "cured"
- Treatment goal is "Recovery," the recognition of the problem, with commitment to life-long treatment
- Recovery takes place "One day at a time"

## Goals of Treatment

- Achieving a substance free lifestyle
- Maximize multiple aspects of life functioning
  - Psychiatric symptoms
  - Marital relationships
  - Vocational functioning
  - Spiritual issues

## Physician Impairment Gerald A. Shiener, M. D.

- Historically, organized medicine has been removed from questions of physician competence
- 19th century gave licensing and performance monitoring to state agencies

## Physician Impairment Gerald A. Shiener, M. D.

### Definitions of impairment:

- Incompetence
- Unethical behavior
- Psychological impairment
  - Psychiatric illness
  - Substance abuse

## Physician Impairment Gerald A. Shiener, M. D.

- Estimate 11% of all physicians have a substance abuse problem
  - 440,000 Physicians
  - 44,000 Impaired, addicted physicians
- These are not sound estimates
- Confidentiality makes study difficult

### Physician Impairment Gerald A. Shiener, M. D.

- Many experts consider physician rates of addiction to approximate those of the general population
- Narcotic use may be higher

### Physician Impairment Gerald A. Shiener, M. D.

- Valliant found physicians who abused substances to be more likely to have had
  - "Unstable childhoods"
  - "Unstable adolescence"
- Sample was small

### Physician Impairment Job Stress

- Often cited as a factor
- Considered questionable by many investigators
- Access to drugs is great
- Addiction rates not duplicated in Pharmacists

### Physician Impairment Personality Factors

- Dependency issues
- Physicians more likely to care for others as a means of sublimating their own dependency needs

### Physician Impairment Personality Factors

- Physicians are encouraged to be self sufficient - adequate - at all costs
- Maintain very high personal and professional standards
- Often fail to recognize the need for mental and physical help when sick
- Leading to self treatment and prescribing

### Physician Impairment Personality Factors

- Denial is an essential feature of the disease of addiction
- Chemically dependent physicians are usually unable to recognize their illness and seek help

### Characteristics of Substance Abuse in Physicians

- More likely secretive and solitary
- Doctor's job is threatened by exposure
- Often recognized by family and colleagues, but constructive response is not clear
- "Conspiracy of silence"

### Characteristics of Substance Abuse in Physicians

Main difference between substance abuse in physicians and non-medical substance abusers

- Physician's investment in his career
- Access to pure drugs leads to increased levels of use
- Often in combination with alcohol

### Characteristics of Substance Abuse in Physicians

- In spite of relatively high levels of intake, Physician abusers often maintain ability to function until abuse reaches very high levels
- Substance abusing physicians often have long standing marital problems

### Characteristics of Substance Abuse in Physicians

- Substance abusing physicians often have serious psychopathology
- Socially isolated with superficial relationships
- Often report no serious withdrawal symptoms on abstinence

### Physician Impairment Diagnosis

- Withdrawal from leisure activities, friends and family
- Uncharacteristic or inappropriate behavior in social gatherings
- Impulsive behavior:
  - spending
  - gambling

### Physician Impairment Diagnosis

#### Social:

- Domestic turmoil
  - Separation from spouse
  - Child abuse
  - Sexual problems
- Change in behavior of spouse or children
- Legal problems
  - DUI

Physician Impairment  
Diagnosis

**Health:**

- Deterioration in personal hygiene
- Accidents
- Numerous health complaints
- Frequent need for medical attention

Physician Impairment  
Diagnosis

**Professional:**

- **Unreliability**
  - Missed appointments
  - Inappropriate response to emergency calls
  - Absences
- Complaints from patients and staff
- Over prescription of medications, mail order drugs
- Unstable employment history

Physician Impairment

- Who would you call?
- What would you do?

Physician Impairment  
Intervention

- Adequate preparation - learn the details of impaired behavior
- Must be reality based to overcome denial
- Asses response; prepare for violence or suicide attempt

Physician Impairment  
Diagnosis

- Team of 2 physicians
  - 1 of like specialty
  - 1 recovering addict
- Allow patient to identify with at least one member of team
- Confronters must develop a concrete plan of action to be introduced at the time of intervention

Physician Impairment  
Diagnosis

- Explicit and repeated reassurance of confidentiality
- Discuss the reality of treatment refusal
  - Loss of license
  - Loss of privileges
  - Legal issued
- Understand social and family dynamics
  - Who are the co-dependents?
  - How will they react to change?

Physician Impairment  
Diagnosis

- Understand patient's history of ambivalence toward treatment
- Consider possibilities for return to work
  - Specialty
  - Guilt
  - Same vs different hospital, specialty or career
  - Literature favors rapid return to work
  - Relapse prevention

Physician Impairment  
Case Management

- Twelve step program
  - AA (Physician's group)
  - Al Anon
- Random drug screens
- Regular contact with case manager to monitor AA attendance and drug screens

Physician Impairment  
Diagnosis

- Psychotherapy
- Family or conjoint therapy
- Regular communication between case manager and institution and Board of Medicine

Physician Impairment  
Outcome

- Physicians can demonstrate between 60-80% success in rehabilitation
- Relapse rate reported 40%
  - 1/2 of those major, with treatment dropouts
  - Remainder are minor lapses, with resumption of treatment and return to role

Physician Addiction

- Maintain High Index of Suspicion
- Know the signs and symptoms of Addiction
- Know the treatment resources in your community, hospital and Medical Society
- Consult with colleagues often, know specialists in addiction treatment



## Harvard Study of Adult Development

- Longest-running—and probably the most exhaustive—longitudinal studies of mental and physical well-being in history
- Begun in 1937 as a study of healthy, well-adjusted Harvard sophomores (all male), it has followed its subjects for more than 70 years.

## What Makes Us Happy?

- The men have submitted to regular medical exams, taken psychological tests, returned questionnaires, and sat for interviews.
- or 42 years, the psychiatrist George Vaillant has been the chief curator of these lives

## Harvard Study

- 268 students—mostly from the classes of 1942, '43, and '44—and measured them from every conceivable angle and with every available scientific tool.
- Exhaustive medical exams
- Organ function, the measure of lactic acid after five minutes on a treadmill, the size of the “lip seam” and the hanging length of the scrotum.
- Using a new test called the electroencephalograph, the study measured the electrical activity in the brain.

## Harvard Study

- During a home visit, a social worker took a boy’s history
  - When he stopped wetting his bed
  - How he learned about sex
  - Extensive medical and social histories on his parents and extended family.
- The boys:
  - Interpreted Rorschach inkblots
  - Submitted handwriting samples for analysis
  - Talked extensively with psychiatrists
  - Every dimension of their bodies was measured for “anthropometric” analysis.
  - A whole-body phrenology on the premise that stock character types could be seen from body proportions

## Harvard Study

- Hidden amid the shimmering successes were darker hues.
- As early as 1948, 20 members of the group displayed severe psychiatric difficulties.
- By age 50, almost a third of the men had at one time or another met Vaillant’s criteria for mental illness.
- Underneath the tweed jackets of these Harvard elites beat troubled hearts. Arlie Bock didn’t get it. “They were normal when I picked them,” he told Vaillant in the 1960s. “It must have been the psychiatrists who screwed them up.”

## Findings - Alcohol

- Alcoholism, probably the horse, and not the cart, of pathology.
- “People often say, ‘That poor man. His wife left him and he’s taken to drink.’”
- “But when you look closely, you see that he’s begun to drink, and that has helped drive his wife away.”
- The horrors of drink so preoccupied Vaillant that he devoted a stand-alone study to it: *The Natural History of Alcoholism*.

## The Power of Relationships

- “It is social aptitude not intellectual brilliance or parental social class, that leads to successful aging.”
- Warm connections are necessary
  - if not found in a mother or father, they can come from siblings, uncles, friends, mentors.
  - The men’s relationships at age 47 predicted late-life adjustment better than any other variable, except defenses.
  - Good sibling relationships seem especially powerful: 93 percent of the men who were thriving at age 65 had been close to a brother or sister when younger.

## Sheldon and Eleanor Glueck Criminologists

- Juvenile delinquents in inner-city Boston
- Control group of nondelinquent boys who grew up in similar circumstances
- Industriousness in childhood predicted adult mental health better than any other factor, including family cohesion and warm maternal relationships.
  - As indicated by such things as whether the boys had part-time jobs, took on chores, or joined school clubs or sports teams

- “What we do affects how we feel just as much as how we feel affects what we do.” Vaillant

## Positive and Negative Emotions

### Positive emotions

- Awe
- Love
- Compassion
- Gratitude
- Forgiveness
- Joy
- Hope
- Trust (or faith)

“Try happiness. You’ll like it a lot more than misery “

- Why, then, do people tell psychologists they’d cross the street to avoid someone who had given them a compliment the previous day?
- Positive emotions make us more vulnerable than negative ones.
- Positive emotions are future-oriented.
- Fear and sadness have immediate payoffs
  - Protecting us from attack
  - Attracting resources at times of distress

## Vulnerability

- Gratitude and joy, over time, will yield better health and deeper connections
- But in the short term actually put us at risk
- While negative emotions tend to be insulating, positive emotions expose us to the common elements of rejection and heartbreak.

“It’s very hard,” Vaillant said, “for most of us to tolerate being loved.”

- A Grant Study man, a doctor and well-loved husband, on his 70th birthday, retired from the faculty of medicine.
- His wife got hold of his patient list and secretly wrote to many of his longest-running patients:
  - “Would you write a letter of appreciation?”
- Back came 100 single-spaced, desperately loving letters—often with pictures attached.
- She put them in a lovely presentation box covered with Thai silk, and gave it to him.
- When interviewed, the man, who proudly pulled the box down from his shelf, said “I don’t know what you’re going to make of this,” as he began to cry, “but I’ve never read it.”

## Management of Stress

- Ideas arise out of a physician support group
- Physicians mentored by physicians 10-15 years older
- Found their mentors to be
  - Cynical
  - Authoritarian
  - Aloof

## Do More Than Commiserate

- Take advantage of peer support and proper self care
- Avoid “ain’t it awful!”
- Pressure from all sides
- Learn to say no
- “I have the power to make choices that are right for me”

## Avoid Cynicism

- Accept limitations in health care system
- Avoid adversarial relationships
- Your response to the environment can contribute to your stress level

## Be Well Read

- **“Why Zebras Don’t get Ulcers: an Updated Guide to Stress, Stress Related Disorders and Coping”** by Robert M. Sapolsky
- **“The Medical Marriage: Sustaining Healthy relationships for Physicians and Their Families”** by Wayne and Mary Sotile
- **“Learned Optimism: How to Change Your Mind and Your Life”** by Martin Seligman

## Join (or start) A Support Group

- Release stress
- Connect to other physicians
- Confidential, safe places to talk about professional concerns
  - Errors in clinical judgment
  - Litigation
  - Dealing with difficult patients
  - Or colleagues

### Consider Therapy

- We make bad/difficult patients
- Therapy can be effective in relieving tensions and expressing uncomfortable feelings
- Therapy is a good antidote to the isolation and sense of burden most of us carry

### Attend a Wellness Conference

- Relaxation, a chance to get away from distractions and demands on time and attention
- Opportunity to participate in experiential exercises designed to relieve stress and learn to express

### Strengthen Communication Skills

- Learn to express ourselves
- Learn to "Carry the Message" to our colleagues and to the public
- Improve quality of professional and personal relationships

### Spirituality

- Become part of a community
- Learn to have faith
- Discharge narcissism (a common medical pitfall)
- Accept your own powerlessness