Responding to the Needs of Distressed Doctors:

Our colleagues, our patients, our friends

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Disclosure

Dr. Kaufmann has no conflict of interest to declare.
Men are from Mars,
Women are from Venus...
Doctors are from Krypton
Learning Objectives

• To be familiar with the health status of doctors in general;

• To learn more about the nature and management of disorders that can impair physician functioning;

• To understand the duty of physicians toward their distressed or impaired colleagues;

• To become aware of the resources available to assist physicians in need;

• To consider the approach to treating a physician-patient.
Points about physician health (Erica Frank)

- Physicians smoke less than others.
- Physicians live longer than general population.
- Top ten causes of death are the same as for the general population.
- Doctors tend to have healthy lifestyles.
- More than 90% of Canadian doctors report good or excellent health.
But...

- Most doctors work when ill
- Three quarters of physicians self-treat when ill
- Only half of Canadian physicians feel they have good work-life balance
- Over 20% report anhedonia / depression in past year
- 30% feel their work environment is a barrier to good health

angry  ANXIOUS  boundary violations

depressed  disillusioned  discouraged

exhaustion and burnout

financial problems  Isolated  marital and

sleep disturbance  family stress

intimate-partner-abuse  mood disorders

resentful  substance abuse

suicide thoughts

Irritable at work
PHP New Cases by Problem Type

- Substance Use Disorder: 21.5%
- Psychiatric: 22.3%
- Stress / Emotional: 19.7%
- Marital: 8.8%
- Family: 8.0%
- Sexual Conduct: 2.2%
- Aging: 0.4%
- Cognitive Impairment: 0.4%
- Legal: 0.4%
- Physical: 3.3%
- Other: 3.6%
- Psychiatric and Substance Use Disorder: 3.6%
PHP Cases by Specialty (%)
Human Function Curve

Modified after Dr. Peter Nixon

Dedicated to Doctors. Committed to Patients.
Allostatic load

• Allostasis is the physiological response to acute stress.
• Allostatic load is the burden borne by brain and body adapting to challenges, both physiological and psychological.
• Occurs when there is insufficient time for recovery from acute stress response.
• If sustained, is associated with increased vulnerability to acute stress and
• Decreased resilience
Burnout

- Exhaustion
- Depersonalization
- Feeling of no longer being effective

This syndrome is present to some degree in many callers to the PHP experiencing significant distress.
CMA 2003 Physician Resource Questionnaire:

• 46% of respondents (n = 2,251) reported symptoms suggesting advanced stages of burnout.
Allostatic burden unrelieved

- Physical illness
- Psychiatric disorders
  - Mood, anxiety, more
- Substance use disorders
  - Abuse and dependence
- Suicide
“Mind you, only one doctor out of ten recommends it.”
Spectrum of Substance Use Disorders:

healthy

problem

chronic illness

Dependence (addiction)

Zero use | Regular Use | Misuse + Abuse | Early

“Pickle Line” | Mid-stage Late

adapted from Ray Baker MD

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Psychiatric Disorders

- Mood disorders, including bipolar
- Anxiety disorders
- panic, OCD, social, PTSD
- Eating disorders
- Adjustment disorders
- Personality disorders
Prevalence:

Psychiatric disorders:

- Depression / anxiety in young doctors: 30%
  Tyssen, Vaglum; Mental Health Problems among Young Doctors: An Updated Review of Prospective Studies; Harvard Rev Psych 2002; 10: 154-65

- Depression in female doctors, lifetime: 19.5%
  Frank, Dingle; Self-Reported Depression and Suicide Attempts Among U.S. Women Physicians; Am J Psychiatry 1999; 156: 1887-1894
Suicide prevalence

- 1.5% of U.S. women physicians have attempted (Frank)
- 36 per 100,000 for U.S. male physicians (just above matched pop.)
- 41 per 100,000 for U.S. women physicians (four times matched pop.)

in SimonW; Suicide among Physicians: Prevention and Postvention; Crisis 1986; Vol 7 No 1:1-13
Suicide rates were 41% higher in male physicians than in the general population, the authors report.

The suicide rate among female physicians was more than double that in the general population.
Physician illness:

There are many barriers to obtaining help.
PHP Referral Sources

- Self: 58.8%
- Other: 6.5%
- Colleague: 8.1%
- Chief of Staff/ Department Head/ Employer: 4.6%
- Family Member: 4.6%
- Personal Physician: 6.2%
- CPSO: 3.5%
- Lawyer: 1.9%
- Health Professional: 0.4%

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But…

Only about ten per cent of doctors experiencing substance use disorders call the PHP on their own behalf.
How Do We Recognize A Colleague in Distress?
The key to recognition is knowing the performance baseline from which a person normally functions.
“Early” Signs:

- Increased expression of negative thoughts, feelings, attitudes
- Increased somatic complaints, illness, sleep disturbance, fatigue
- Withdrawal from friends and family
- Family tension, conflict, infidelity
- Less well dressed and groomed
- Declining reliability
- Reduction or abandonment of usual healthy lifestyle activities
- Emergence of unhealthy coping behaviours
Later Signs:

- Angry outbursts at work
- Patient and staff complaints
- Professional withdrawal
- Cancelled clinics and increased absenteeism
- Deterioration of clinical skills
- Decline in school / residency performance
- Inappropriate drug handling - diversion
- Alcohol on the breath at work
- Family violence, separation and divorce
End Stage Signs:

- Intoxication at work
- Appearance of chronic illness
- Therapeutic error or mishap
- Extreme personal isolation
- Suicidal gesturing or
- Suicide
The Tip of the Iceberg

Usually the workplace is the last place where distress and impairment shows ... so even minor persistent changes in a physician’s behaviour should be taken seriously.
EVEN SUPERHEROES NEED HELP SOMETIMES.
How Can We Help?

“Live and help live.”

Dr. Rachel Remem

“It is our second nature not to get involved.”

“It is our first nature to be connected.”

Petruska Clarkson
Bystander

“A person who does not become actively involved when someone else requires help.”

Petruska Clarkson

*The Bystander*
Bystanding slogans:

“It’s none of my business.”

“I don’t have enough information.”

“What if I’m wrong?”

“I don’t want to get burned again.”

“There’s nothing I can do to help.”

“They did this to themselves and they have to ask for help.”

“What if I hurt them?”

“What if they hurt me?”
Response-ability

- Notice
- Interpret
- Assume personal responsibility
- Choose a form of assistance
- Act
Healthy Community:

- respect for self and others
- commitment to workplace health as a core value
- dedication to working conditions that enhance satisfaction and performance
- ability to give (and receive) feedback effectively
- willingness to offer, or ask for help
Supporting a colleague

- Reflect your observations and concerns
- Ask how they are feeling
- Offer time to talk
- Offer time to spend together quietly
- Offer helping resources
- Facilitate use of helping resources
- Follow up

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What about suicidal ideation?

- Ask about thoughts or intent
- Formulate urgent response plan
- Suicide prevention contract
- Promise to activate plan if needed
- Verbally repeated by colleague
- Sometimes (involuntary) inpatient assessment and treatment is necessary
“Sometimes it’s not so much seeing the light as feeling the heat.”

Unknown
Intervention

- Right participants
- positive and motivational
- documented evidence
- planned and rehearsed
- assessment pre-arranged
- caring and compassionate
- expert assessment and/or treatment is outcome
- **consequences clear**
Assess Risk

• To the doctor

• To patients

• To the institution

*Should the doctor be asked to discontinue work?*
CPSO Mandatory Reporting Policy

Regulated Health Professions Act (1991):

- When a physician has:
- terminated the employment of a regulated professional,
- revoked, suspended or imposed restrictions on the privileges of a regulated professional,
- dissolved a partnership, corporation or association with a regulated professional,
- because the professional is incompetent or incapacitated or has committed an act of professional misconduct…
- Has sexually abused a patient
Mandatory Reporting

Health System Improvements Act (June 2009):

- Physicians or others who operate a facility where regulated health professionals practise must make a mandatory report to the College if:
  - They have reasonable grounds to believe that a regulated health professional practising at the facility is incompetent or incapacitated.
  - They know the name of the regulated professional.
Incapacity

- A condition or disorder that has the potential to interfere with the individual’s ability to practise with skill and safety.
- Includes psychiatric and substance use disorders
- Evidence need not be limited to the workplace (ie. DUI)
What happens if a physician is reported to the CPSO?
Physician Health Program (PHP)

Information and Advice
Intervention Services
Assessment and Referral
Monitoring & Case Management
Advocacy
Family Support
Education and Prevention

The PHP is a CONFIDENTIAL service
The PHP is NOT a treatment program
Treatment and Support Resources

- University health services
- Assessment services
- Community programs and clinics
- Private clinicians of many types
- Specialized services outpatient and inpatient
- PAIRO Helpline: 1-866-HELP-DOC
- Physician Health Program
Treatment of addiction in doctors:

- Abstinence based
- Often inpatient
- Detox
- Education
- Group support
- Twelve Step facilitation
- Identification of co-morbid disorders
- Family support
- Long term monitoring / case management
PHP First 100 Relapse Data
(Brewster, Kaufmann et. al. BMJ, Nov 2008)

- No Known Relapse: 71
- Relapse, Successful recovery: 17
- Relapse, Left Program: 12
LIFE SATISFACTION* BY PROGRAM YEAR

YEAR IN PROGRAM

* Mean of 14-items: 4-Very satisfied; 3-Satisfied; 2-Dissatisfied; 1-Very dissatisfied

R² = .813; Regression constant = 3.266; Slope = 0.0498 (p = .037)

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Can't sleep
Feel anxious
Can't concentrate
Angry outbursts
Suicidal

I'm sorry to hear that doctor
Treatment of physician-patient

• Mostly the same as other patients

• Doctors may present as partially treated (self-treating)

• Watch for becoming a “surrogate” treater
  • MD-pt ordering tests
  • MD-pt directs your treatment approach

• Adhere to your usual protocols

• *Take charge when necessary: your physician patient needs that*

• Seek second opinions / consultations if needed
Treatment of physician-patient

- If medication is necessary, you must prescribe it - take over any MD-pt’s self-prescribing.
  - Explain proper use of meds, risks and side effects
  - Carefully consider number of repeats

- Remember that some illnesses likely to present relatively late requiring more aggressive treatment – especially mental illness

- Don’t be afraid to hospitalize physician patient with mental illness / suicide risk

- Assure proper follow-up
On-line Resource:

ePhysicianHealth.com
We like to think of distressed doctors as aberrations; the aberrations may be those who make it without a troubled year or two.
Physician Health Program

php.oma.org

1-800-851-6606

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