

# Recognizing the signs and symptoms of distress

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**P**hysicians, like everyone else, are subject to the effects of stress, burnout, depression and chemical dependency. Unlike many others, however, statistics compiled by the Physician Health Program show that physicians rarely seek prompt medical attention. Even colleagues who appear to be the least susceptible to these health hazards may be vulnerable.

The daily rigours commonly associated with medical practice, including long working hours, complexity of problems, intense application of one's skills even at the cost of self-care, and relentless perfectionism, may place physicians at particular risk.

Add to these the genetic predisposition in some for a psychiatric illness or chemical dependency, and the ill-advised tendency for physicians to treat themselves, and the conditions exist that heighten the likelihood that a physician will suffer, or even become impaired.

The key to recognition is knowing the performance baseline from which a person normally functions. Everyone is entitled to a bad day — even physicians. Some irritability, forgetfulness, or even a minor error or two may represent nothing more than fatigue, suffered by most physicians from time to time. But when these and other changes cease to be infrequent or isolated episodes, the patterns of illness emerge.

It is important to understand that

physicians who are experiencing symptoms of depression or dependency may feel ashamed, or even deny the magnitude of their problems. A call for help on their own behalf is not common.

Early signs of distress include irritability and mood swings. Frequent fatigue, insomnia, and loss of energy and enthusiasm for the pleasures of life are common. Social and family conflict and withdrawal occur so that spouses, children and friends are usually the first to know something is wrong.

It takes longer for the symptoms to appear at work. Because physicians generally derive so much satisfaction through hard work and commitment to their patients, they tend to work even longer hours when distressed. But their usually excellent work becomes punctuated by episodes of unpredictability or altered habits. Examples include missing morning rounds or meetings while showing up at the hospital at unusual hours to see patients. Although colleagues may benefit from greater — usually high-

quality — service from the physician at this stage, they may begin to notice that he or she is not happy.

As the illness progresses, attitudinal or behavioural problems unusual for the physician are observed in the workplace. Cancelled clinics, absenteeism without notice, and angry or inappropriate outbursts are some of the contributors to patient and staff complaints — formal or otherwise. The physician is no longer as reliable as before. Professional isolation may be added to personal isolation. These signs represent the “tip of the iceberg.” The physician is seriously ill.

Now the physician is having trouble concentrating, remembering, and solving problems. If chemically dependent, some prescriptions or test requisitions may not make sense. Inappropriate therapeutic procedures may be undertaken in extreme cases. The quality of the physician's work has deteriorated noticeably. This is a late-stage observation.

Other signs at this stage, especially if the physician is suffering from

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addiction, include unkempt appearance, alcohol on the breath, drowsiness, heavy prescribing and "wastage" commonly associated with mood-altering drugs, and (in the case of opioid dependency) insistence on personal administration of parenteral narcotics to patients. Overt intoxication may be seen, but is unusual. Serious complaints to department heads, administration, or even the regulatory body may have been made. Any of these observations are reason for concern, but especially so when the previously mentioned signs have been present as well.

The barriers blocking a physician's access to help are reviewed in the March 1999 issue of the *Review* (see "After the call: the Physician Health Program referral and intervention process," pp. 54-56). If these signs are observed in a colleague, in most cases they represent advanced illness. Delay can result in needless suffering, patient harm, or even the affected physician's demise by accident or suicide.

If you are concerned about a physician you know, please contact the Physician Health Program for advice. Your colleague may be relying on you.

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### Suggested reading

1. Talbott GD, Gallegos KV, Angres DH. Impairment and Recovery in Physicians and Other Health Professionals. *ASAM Principles of Addiction Medicine*, 2nd edition, 1998:1263-1279.
2. Hankes L, Bissell L. Health professionals. In: *Substance Abuse: A Comprehensive Textbook*. 2nd ed. Baltimore: Williams and Wilkins, 1992: 897-908.

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*If someone you know is in need of the confidential services offered by the Physician Health Program, contact the PHP at 1-800-851-6606 or (416) 340-2972.*

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