



“Connections”

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www.phpoma.org

Message from the Director

I. Michael Kaufmann, MD

I am returning from my second trip to California in almost as many weeks as I record these thoughts. The first trip, was to San Francisco for the annual meeting of the Federation of State Physician Health Programs where Dr. Albuquerque, our associate medical director, along with our colleagues from Colorado, presented on the understanding we are gaining from our monitored participants who experience post traumatic stress disorder as well as substance use disorders or other psychiatric problems. We are learning, the longer we offer our monitoring programs, just how complex, and unique, the experience of these individuals can be. On this, my second trip, I, along with colleagues, presented a symposium at the American Psychiatric Association annual meeting in San Diego describing the nature and management of disruptive behaviour in physicians.

Each month, the PHP receives several referrals for behavioural issues. This kind of referral, so-called disruptive behaviour, opens the door on many considerations, including understanding the personalities of and the problems, personal as well as occupational, faced by these doctors. Most health care institutions are challenged in some way by shifting expectations, service provision stresses and changes in the very culture of health care delivery.

To address this issue without taxing other resources, the PHP will soon be requesting proposals for the development of a business plan for a program to assist doctors and their organizations meet this need with a range of services. Expect much more to come on this subject in the coming year.

While the PHP has been devoted to the hundreds of callers experiencing problems, we are aware that much could be done to prevent their distress. Programs, services, and education to enhance professional and personal life satisfaction merit the attention of our profession and the PHP. We want to grow into our name: Physician and Professionals' Health Program. So, we are exploring ways to dedicate resources to this work. If you have any suggestions about the kinds of services that would be needed and welcomed, please let me know your views.

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CONGRATULATIONS!

The PHP is proud to announce that on May 3rd Dr. Michael Kaufmann was presented with a 2007 Courage to Come Back Award by the Foundation of the Centre for Addiction and Mental Health (CAMH).

Six recipients were selected to receive this year's award, which is provided to individuals from across Ontario who demonstrate courage and determination in the face of mental illness and addiction.

We are also very proud to announce that Ted Bober, Case Manager recently received a 2006 Pride Award from the Ministry of Natural Resources for his work on the development of a peer based crisis support program for MNR workers. The Valuing People Award is given to those who display compassion, professionalism and integrity in supporting co-workers across the MNR.

Staff Changes and New Faces

- The PHP recently went through several staff changes. Coordinator, Patricia Poutanen; Receptionist/Administrative Assistant, Christine Comer; and Senior Administrative Assistant, Paulette Courtneidge left the PHP to pursue other opportunities. We wish them the very best with their future endeavours.
- We are pleased to announce that Anna Kopowska and Tina Chandarana joined the team in November 2006. Anna provides up front support as the new Receptionist/Administrative Assistant while Tina is the new Senior Administrative Assistant supporting Case Managers Ted Bober and Ann Davidson. Anna and Tina can be reached at anna_kopowska@oma.org or tina_chandarana@oma.org
- In addition, we are thrilled that Dr. Joy Albuquerque has agreed to join the OMA as a permanent part-time employee of the PHP. This change, coupled with increased hours for Dr. Albuquerque, will help the PHP to meet the needs of the growing number of participants with psychiatric issues.

Domestic violence among women physicians & the need for routine enquiry

Domestic violence is no respecter of income, intelligence or social status. Neither does it matter what racial group, sexual orientation or belief system you identify with.

Lifetime estimates of domestic violence affect between 8 – 25% of North American women, depending on the study. The General Social Survey in Canada for 2004 reported a 5-year rate of 7% of physical assaults on women by their current or former partners. A study of women physicians by Joyce Doyle et al. (1999) found a lifetime prevalence of a history of domestic violence of 3.7% and when combined with a history of sexual assault in this population it rose to 7.4%. Based on these conservative estimates, 500 women physicians in Ontario have experienced at least one assault. The figure for women physicians may be slightly lower than the general population, but the potential impact of this experience, on a physician's mental health and therefore her relationship with her patients, could be significant.

Although domestic violence can happen to both genders, women generally experience more severe injuries. It is generally accepted that women with a lower socioeconomic status or those unable to speak one of the dominant languages might experience more difficulties accessing help for this problem. However, female health professionals in higher socioeconomic levels also experience difficulties accessing appropriate, timely and confidential care, especially in smaller communities, where they are well known.

The shame and humiliation is the same no matter who is the victim of domestic violence and these feelings are often key barriers that prevent a woman from seeking help. Other barriers include a realistic fear of further violence towards herself or her family, a reluctance to end the relationship, hope that things will change, or not wanting to disrupt her family's lives any further.

In order to start to remedy that reluctance to seek help, the PHP introduced a protocol for routine enquiry domestic violence in the fall of 2006. All female callers to the PHP who

are calling about themselves or someone with whom they live are now asked whether or not they have any concerns about their intimate partner relationship. This question is asked in addition to the routine screening and triage assessment that we conduct with all our new callers. If the answer is yes, we are prepared to ask more questions, address a woman's concern further, and to offer resources.

The goals of this screening protocol are fivefold:

1. to promote safety, by acknowledging the serious impact that abuse has on women's health;
2. to normalize the discussion of abuse issues by providing a forum to listen to the concerns of the caller, either now or in the future;
3. to encourage a woman to take care of herself and that her well-being matters;
4. to help reduce feelings of fear, isolation and helplessness in those women who have experienced domestic violence; and
5. to provide interventions and referrals to those who may need assistance.

The protocol was developed by PHP Case Managers Ted Bober and Ann Davidson. They consulted with community leaders in this field and reviewed the relevant literature. They also presented their protocol as a model for other Physician Health Programs at the International Conference on Physician Health held in Ottawa in Nov/Dec. 2006.

Because of the serious and far-reaching consequences of domestic violence, it is worth talking about—for individuals personally affected, for their families and for the community at large.

"And the day came when the risk to remain tight in a bud was more painful than the risk it took to blossom."
Anais Nin

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I would also like to acknowledge once again the many clinicians who make themselves available to doctors and other health professionals in need. This fall, for the first time, we are planning an education day for interested clinicians from across Ontario to come together, learn, and share their experiences in treating troubled health professionals. More information will soon be available on our website.

Finally, I'd like to share some personal reflections on a most unique and wonderful experience. This year I was honoured by the Foundation of the Centre for Addiction and Mental Health (CAMH) as a recipient of a Courage to Come Back Award. The presentation gala on May 3 was very moving and affected me deeply. Imagine facing nearly a thou-

sand guests who are there to hear my personal story (and those of my co-recipients) of addiction and recovery, to celebrate that which was once a source of such private shame. At once I felt very special...and very human.

Truth is, for me, the courage was less to choose a recovery path (the alternative would have been unthinkable) than to tell the world about it in such a public way! But I know how difficult it can be to accept the help that is available. I feel fortunate beyond words to be in a position now, through the PHP, to be able to extend that help to others. I respect the pain and, yes, courage, in the many who transcend shame and stigma, connect with others and find their way back to health. Something to celebrate indeed!

Happy Spring and Good health to all.

Annual Statistics - 2006

In 2006 the demand for PHP programs and services continued to grow.

As the table below illustrates, between 2005 and 2006 new contacts and cases to the program increased by 17% from 301 in 2005 to 352 new cases and contacts in 2006. The cumulative total for the program has now surpassed the 2,000 mark.

PHP New Contacts and Cases per Year and Cumulative Cases

Year	# of new cases and contacts	Cumulative Total
1995	11	11
1996	95	108
1997	122	228
1998	108	336
1999	125	461
2000	155	616
2001	149	765
2002	206	971
2003	260	1231
2004	275	1506
2005	301	1807
2006	352	2159

The breakdown of new contacts and cases by profession appears in Figure 1 below. As the figure illustrates, a majority of new cases and contacts continue to be physician related.

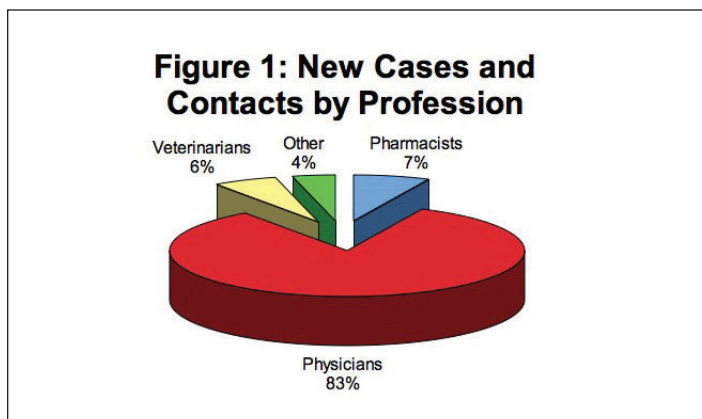
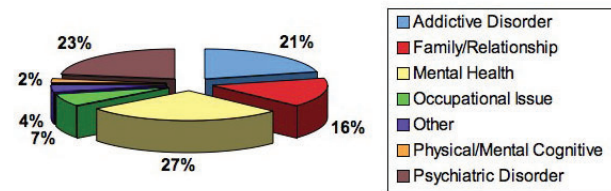
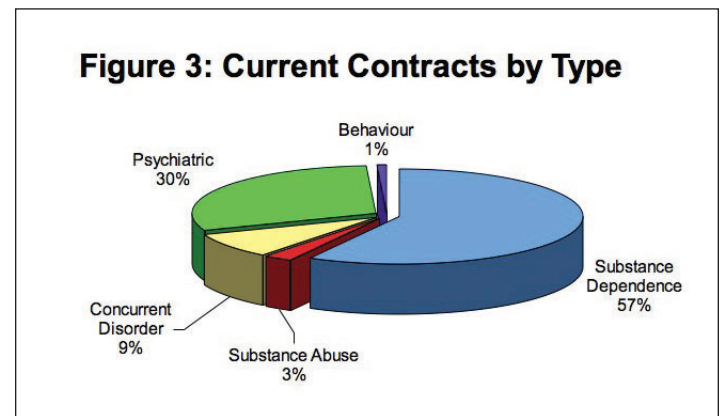


Figure 2: Cases Reported Problem Types



The breakdown of known problems experienced by callers to the program in 2006 is illustrated in Figure 2. As the figure demonstrates, up to 23% of callers reported issues related to a psychiatric disorder, 27% of callers reported experiencing mental health symptoms including depression, anxiety and stress while 21% reported issues related to substance abuse, substance dependence or other addictive disorder. 16% of callers were experiencing family and relationship issues. It should be noted that callers can and frequently do report experiencing difficulty with more than one issue at a time.

The current breakdown of contract types for participants enrolled in a monitoring contract with the PHP is shown in Figure 3.



Suggested Reading

The First Bite: A Comprehensive Guide to Establishing and Growing Your Career in Veterinary Medicine

By Tait and Ausman

Drs. Kaufmann and Albuquerque contributed to Section 8 of this book: "You and Yours: Preserving Good Health"

Calendar - Events to Plan For

June 7-9, 2007

8th Collaborative Mental Health Care Conference,
Hilton-Quebec
For information visit:
www.shared-care.ca

June 16-30, 2007

OMA/CME Sea Courses. Cardiology & Women's Health
Cruise (Baltic and Russia cruise)
Visit www.oma.org for information

June 19, 2007

Ontario Pharmacists Association (OPA) - Annual General
Meeting

June 20, 2007

OPA Annual Charity Golf Tournament – Royal Ontario Golf
Course in Milton. For information, please visit:
www.opatoday.com

June 24 – 25, 2007

Federation of Medical Women of Canada annual meeting in
Ottawa. Visit: www.fmwc.ca or call: 613-569-5881

August 12-19, 2007

OMA/CME Sea Courses
Physician Health, Medical-legal, Clinical Cruise (Alaska Gla-
ciers Cruise)
Visit www.oma.org for information

September 7-8, 2007

Ontario Pharmacist's Association Conference.
Deerhurst Resort, Muskoka.
For information, please visit: www.opatoday.com



Upcoming Special Events

DRAGON BOAT RACES – HAMILTON

On **Saturday, July 7th, 2007**, the Hamilton Academy of
Medicine will once again enter two teams in the Dragon
Boat Races, to be held at the Hamilton Bay Front Park. The
PHP is a proud sponsor of this event which actively pro-
motes healthy life-style choices for physicians, medical stu-
dents, and their families. Good luck to the two teams!

PHP EDUCATIONAL EVENT

Fall, 2007 the PHP will host a day-long educational event
for clinicians who serve as resources to the program. The
event will focus on treatment issues, concerns, challenges
and opportunities faced by those who treat physicians, phar-
macists and veterinarians. For more information on the
conference go to www.phpoma.org

The PHP appreciates the opportunity to meet the
professionals we serve in their own communities.
In the last few months PHP staff have presented
on a variety of subjects related to coping,
resilience and well-being in such places as
Guelph, Windsor, Kingston and Ottawa, amongst
others. We welcome these invitations and
encourage interested professionals to contact
Associate Director, Cynthia MacWilliam regarding
the availability of PHP staff and associates to
come and speak at your event. Cynthia may be
reached at 416-340-2943 or
Cynthia_macwilliam@oma.org.

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For information on PHP presentations or to provide
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