Progress Notes — January 2004

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As the Physician Health Program (PHP) approaches its ninth anniversary, Director Dr. Michael Kaufmann has compiled a series of personal thoughts, insights, and reflections on physician wellness, the evolution of the PHP, and the experiences encountered in providing support and assistance to more than 1,000 physicians and their families.*

"I suppose one of the most unusual calls came early in the life of the PHP — especially strange in that the program wasn't widely known to be available for problems unrelated to drug or alcohol abuse.

The caller was a young woman, a family doctor. She had the flu or a cold. She was feeling miserable and commiserating with a colleague over lunch in the hospital.

"Why am I still at work?" she asked him, then me. "I'm sicker than most of the patients I'm seeing."

I knew what she meant. Many times when I was in family practice, I'd work when ill. Once, while sick with bronchitis, I met a colleague in the corridor of my hospital. I opened my shirt and, offering him my stethoscope, invited him to listen. "Rhonchi," he reported, and walked on. I guess I expected him to tell me to go home, that he'd cover my ER shift for me. But, no. So I worked — coughing, shivering with fever, and like my caller, sicker than most of the patients I was seeing.

"Go home," I said to her. "You're sick." I don't know if she did or not. Doctors don't always take the advice of other doctors.

But I know this: doctors ought to treat themselves at least as well as they treat their patients.

I'm often asked if I miss my family practice. I do in some ways. It's hard to let go of so many skills and a way of life. I miss the hospital where I spent so much time. Mostly, I miss my former patients. I still live where I used to practise, so I encounter some of them in the community, shopping, playing golf, or whatever. I like it when they say they miss me and ask when I'm coming back to work, or when they update me on their medical problems.

But I love what I'm doing now. It's been an honour to serve other doctors and their families, and an unparalleled opportunity. Family practice was tough. The transition has been like jumping out of the frying pan...without getting burned.

I've observed that physicians my age often complain about the work ethic of younger doctors. "They aren't so willing to work nights and weekends," the senior doctors say. "They don't like being on-call so much. They spend more time away from practice ."

The doctors my age who are telling me these things seem so tired and upset.

OK, if I'm totally honest, I'll admit that I don't miss working in the hospital. But I do miss many of the people I worked with there.

I've noticed that there are many more women in medical school than there used to be.

We're still learning about the stresses that women physicians experience.

Sometimes, when I suggest to

groups of residents or medical students that women doctors are prone to greater role strain due to family pressures and responsibilities than their male counterparts, they challenge that notion. They believe that male doctors of their generation are as likely to assume family responsibilities as they are. I wonder if they will have the same opinion a decade from now?

Alarmingly, there are studies which conclude that female doctors commit suicide at a rate of three to four times that of matched control groups of women in society. Male physicians commit suicide at about the same rate as control groups of men in the community at large. But the suicide rate of women doctors is about the same as that of their male counterparts.

What might this mean? One interpretation is that both the men and the women in medicine are becoming more like one another. That would be a shame.

Medicine will benefit by the values and attitudes brought to it by women, if not "professionalized" away.

When I first arrived at the OMA in June 1995, I was shown to an office with a large desk and a couple of chairs. The desk was empty, except for the computer sitting on it, which I had no idea how to operate, and no understanding what it could do.

By the end of the year, we had received a total of 11 calls from doctors with drug and alcohol problems, and I had hired an office assistant.

Now my desk is never clear and I'm lost without my desktop PC and my laptop, which I carry everywhere.

This year, we'll log more than 250 new cases involving doctors and others with personal problems of all kinds, and continue to support dozens more. Who knew this would happen?

Thank goodness for the expert support we receive from many OMA departments and, of course, our wonderful administrative and clinical staff.

These thoughts might be a little harder to read. They're certainly uncomfortable for me to review.

Every so often, the suicide of a doctor is reported by the news media. This was true not long ago when a young female doctor jumped in front of a subway with her infant son in her arms. Of course, they both died, and the matter of mental illness in doctors was much examined for a few days.

Doctors attempt suicide, and "succeed," every year. I have been involved in several such cases, and have heard about many more.

In the cases I do know about, I have observed that physicians, including female physicians, choose means that are likely to be certain.

One doctor we knew chose an intravenous drug overdose. She was

found with the injection paraphernalia beside her and a plastic bag over her head tightly taped around her neck. Another took a drug overdose and cut arteries in his wrist. Several have jumped in front of subway trains. But, surprisingly, one of those doctors didn't die.

Depressed, unable to work, and seeing no alternative for himself, he came to the city to visit a friend and, on an impulse, he went to a subway station and leapt from the platform as a train was entering the station. He suffered severe chest and facial injuries and a skull fracture. He was comatose for weeks.

Several months after the attempt, I went to visit him in the hospital. He was still in the ICU. I was directed to his bedside, where I found a man who was swollen and distorted beyond recognition. So much so, in fact, that I returned to the nursing station and asked to be directed to the proper bed. That wasn't the patient I was looking for, I said.

But he was. It took many more weeks before he could leave the hospital. He slowly regained basic functions, and eventually returned home. He dedicated himself to an intensive recovery program, and his depression went into remission. He became active in his community, and has slowly regained self-respect and the respect of others. As I write these words, several years since that day in the subway station, he is developing a plan to return to a modified medical practice.

For some, miracles do happen. Every physician suicide is a tragedy that might be preventable.

I am occasionally called upon to intervene, or confront, a doctor who is suffering a drug or alcohol dependence. It's not a comfortable experience, especially for the affected doctor, and the others who might be involved.

I recall a particular surgeon who was so ill due to his alcoholism that he was hospitalized in a general medical ward when I met him. He was suffering the consequences of liver cirrhosis and a significant peripheral neuropathy. He agreed to be transferred to an addiction treatment unit as soon as his condition stabilized.

A couple of days after my visit, his curriculum vitae arrived on my desk. It was nearly half an inch thick. I know why he sent it, but it was unnecessary for him to have done so. I respected him from the beginning.

I have met many doctors who live healthy, balanced, productive lives. I really admire and respect that. And many of them didn't have to experience substance addiction in order to learn that kind of lifestyle!

Most of the doctors who call me don't have family physicians. Or if they do, they aren't comfortable consulting them. I understand this. However, as a former family physician, the irony doesn't escape me. Many doctors are therefore blocked from effectively using the health-care system that they believe in and are a part of.

Dr. Graeme Cunningham was the first Chair of the Physician Health Program Advisory Committee, and one of several members of the OMA Section on Addiction Medicine responsible for the creation of the PHP.

In the spring of 1995, I addressed OMA Council at the annual meeting. I spoke briefly of my plans and vision for the PHP. Dr. Cunningham was there, and he gave me a card, which I kept. On it he wrote the well-known words from the movie *Field of Dreams*: "If you build it, they will come."

Only a few came that first year, and intake was nearly 100 new cases the next. It seems like each year we respond to more doctors with more problems than the year before.

The total is now well over 1,000, and we keep learning more about physician health, stress and distress as a result.

I'm often asked if the increasing case numbers mean that doctors are suffering more now than they used to. I don't know. It might be that more doctors are learning about our services and availability. Whatever the reason, I hope that troubled physicians call us.

We have built it. There is no need for our colleagues to suffer in silence or solitude.

*(*Note: some details have been altered in accordance with the PHP's commitment to uphold individual rights to privacy and confidentiality.)* **OMR**

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