

Shining a spotlight on physician well-being

In "Physician impairment"¹ (CURRENT PSYCHIATRY, October 2017, p. 8), I explained that the rules and regulations of the Americans with Disabilities Act (ADA) supersede state laws, the American Medical Association (AMA), and other professional guidance related to physician impairment. In her article "Physician impairment: A need for prevention"² (Psychiatry 2.0, CURRENT PSYCHIATRY, September 2018, p. 41-44), Dr. Helen M. Farrell urged readers to abide by the rules of the AMA and the Federation of State Medical Boards on physician impairment, but she neglected to mention the ADA.

Dr. Farrell's article does not acknowledge the rule of law. I do not understand why anyone wanting to help physicians would not want them to be aware of their employment rights under the ADA or advise that their ADA rights protect them from unwarranted medical inquiries and referrals to physician health programs (PHPs) or other entities for evaluation.

Dr. Farrell also claims that burnout, poor well-being, and mental disorders cause medical errors and low quality of patient care, but there are many reasons to doubt that this is the case.^{3,4} Readers should be wary of medical journal articles that cover

topics related to physician well-being. Articles related to PHPs, in particular, typically paint an overly rosy picture of the effectiveness of these programs and fail to note important problematic aspects.^{5,6}

Nicholas D. Lawson, MD
Georgetown University Law Center
Washington, DC

References

1. Lawson ND. Physician impairment. *Current Psychiatry*. 2017;16(10):8.
2. Farrell H. Physician impairment: a need for prevention. *Current Psychiatry*. 2018;17(9):41-44.
3. Lawson ND. Burnout is not associated with increased medical errors. *Mayo Clin Proc*. 2018;93(11):1683.
4. Tyssen R. What is the level of burnout that impairs functioning? *J Intern Med*. 2018;283(6):594-596.
5. Lawson ND, Boyd JW. Flaws in the methods and reporting of physician health program outcome studies. *Gen Hosp Psychiatry*. 2018;54:65-66.
6. Lawson ND, Boyd JW. Physician health program outcome data should be viewed with caution. *Judges J*. 2018;57(4):36.

The author responds

I thank Dr. Lawson for his interest in my article. In this extremely challenging work that we do as psychiatrists, which can sometimes be quite isolating, there is a long continuum of experience, reward, and challenge. Dr. Lawson's research and publication on the topic of physician's health issues are very much respected and appreciated. In fact, I see no conflict between Dr. Lawson's letter and my 2018 column on the prevention of impairment.

Given the extensive continuum of our work, my article on physician's health issues sought to shine a bright spotlight solely on the topic of prevention. As colleagues, there is significant value in supporting rather than reporting one another. Awareness of and sensitivity to physician vulnerability, early detection, and prevention will hopefully continue to gain traction in the future.



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By putting the focus on proactively helping colleagues, my hope is that my article will spark an ongoing conversation about how we can work collaboratively to make well-being a priority.

Dr. Lawson's thoughtful letter is much appreciated because it continues the discussion by shining a spotlight further down the continuum. He focuses on the aftermath of impairment and aptly points out the complications in reporting, confusion about duty, and the protections provided by the ADA. Also, I support Dr. Lawson's cautions regarding PHPs—all the more reason to join together in shifting the dialogue from management of a crisis to prevention of it.

Helen M. Farrell, MD
Lecturer
Harvard Medical School
Psychiatrist
Beth Israel Deaconess Medical Center
Boston, Massachusetts

Neuropolitics: Psychiatrists' responsibility

Regarding Dr. Nasrallah's editorial "Neuropolitics in the age of extremism: Brain regions involved in hatred" (CURRENT PSYCHIATRY, October 2018, p. 6-7), while it's interesting to learn about the neurophysiological correlates of human experience in the context of current politics, I am concerned

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7 Century Drive, Suite 302

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that focusing on neural circuits has the potential to distract us from a disturbing new societal dynamic, which is as dangerous as it is atypical. I'm also concerned about the implication that there is currently an equivalent "bidiirectionality" of hostility in heated political debate, as if it were simply a matter of 2 equivalent partisan groups that suddenly became more warlike in their opposition to each other.

I agree with Dr. Nasrallah that "even the most skillful psychiatrists" cannot "repair a nation caught up in poisonous emotional turmoil"—at least not by employing clinical

skills alone. But that doesn't mean we shouldn't try, and the American Psychiatric Association (APA) ethics code (Sections 1.2, 3, and 7) compels us to speak out when our patients or the public are being harmed by public policy.¹ We are much more likely to have an impact when we speak with one voice, as is the case with professional medical organizations such as the APA. In December 2018, APA President Dr. Altha J. Stewart issued a call to action addressing "the current climate of hateful and divisive rhetoric that leads to senseless violence and tragic loss of life," stating "... we members must

speak out, use our specialized training and expertise for the public's benefit, and apply it to not only healing, but also preventing psychological trauma and senseless tragedies."²

James L. Fleming, MD
Psychiatric Medical Care
Lee's Summit, Missouri

References

1. American Psychiatric Association. The principles of medical ethics with annotations especially applicable to psychiatry, 2013 edition. <https://www.psychiatry.org/psychiatrists/practice/ethics>. Published 2013. Accessed February 5, 2019.
2. Stewart A, Pozios, V. Forget about staying in our lane: let's connect the dots. American Psychiatric Association Publishing. <https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2018.12a20>. Published December 3, 2018. Accessed February 3, 2019.