

# Physician impairment: A need for prevention

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"Find a job you enjoy doing, and you will never have to work a day in your life."

- Mark Twain

Psychiatry is a field of passion. The reward of experiencing growth and change alongside our patients is what bolsters us through years of difficult training, overnight shifts, endless paperwork, regulatory mandates, and frequent worry about our patients. As physicians, we don't live for weekends as many other professionals do. To the contrary, we spend them on call, moonlighting, laboring over journal articles, and perfecting lectures.

That passion is what makes us trusted clinicians and experts in our field. It can also make it difficult for us to disconnect from our work, frequently leading to burnout. Physician self-care, support, and professional development are critical topics that modern-day medicine minimizes at the peril of physicians and public health.<sup>1</sup>

Psychiatry lends itself to a deep and intimate understanding of another human being. The therapist delves into the lives of his or her patients, hears their stories, and holds their secrets. In some cases, we might be the only ones who truly see patients for who they uniquely are, and come to understand them on a deeper level than their closest family and friends. This can be both thrilling and intense. As we delve into the psyche of another individual, contemplate which interpretation we should share, and resonate with our patients, it is easy to become bogged down with our own countertransference, sentiment, and worry, and

to become consumed by our work. A professional hazard, some might quip.

Therefore, personal restoration—a tool that keeps our clinical skills sharp—is vitally important to caring for oneself and one's patient. Surprisingly, this can be neglected until we begin to experience burnout, which over time could transform into impairment, thus endangering ourselves, our patients, and our profession.

Over the past decade, physician impairment has been exhaustively described, researched, and addressed. However, most analyses have focused on identifying impairment, and offering guidance on how to properly report it. How do we shift from managing the crisis to preventing it? To answer this question, this article:

- reviews the dilemma of physician impairment
- explores the duty we have to patients, ourselves, and the profession
- discusses shifting the focus on impairment to prevention through well-being.

## Dilemma: Vulnerability to impairment

The cornerstone for well-being is a balanced life. No matter how much one loves his or her work, there must be balance between work, relationships, and hobbies. Without that equilibrium, everyone is put at risk.<sup>2</sup>

*continued*

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CONCERN ABOUT  
THE FUTURE OF  
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### Clinical Point

Signs of impairment include a lack of personal hygiene, emotional lability, sleep deprivation, and increased professional errors

Just as our patients, we are not immune to mental illness, cognitive decline, or substance abuse.<sup>3</sup> We might even be more susceptible. For many physicians, their identity is intimately tied to their work.<sup>4</sup> Dr. Robin Weiss captured that intimate relationship<sup>5</sup>:

“... [A] therapist may spend hundreds of hours, perhaps more than a thousand, hearing about a patient’s most exalted aspirations and most murderous, hateful fantasies. During this time, the patient may endure excruciating losses, unbearable shame, bitter sadness and great triumphs. You may accompany patients through torturous adolescence into adulthood. Or you may meet them in middle age and be with them as they age and eventually die. You collaborate in a deep process of discovery. Few encounters are this deeply honest, and therefore intimate.”

Given the stories we hear and the resulting intimacy and countertransference that inevitably arise, psychiatrists are even more prone to burnout than other physicians.<sup>6</sup> Physician impairment is a public health issue that affects not just physicians but also their families, colleagues, and patients.

“Impairment” for the purpose of this article means a physical, mental, or substance-related disorder that interferes with a physician’s ability to undertake professional activities competently and safely.<sup>7</sup> Predisposing factors for physician impairment include an obsessive-compulsive personality type, a family history of mental illness, sensation-seeking behavior, denial of personal problems, perfectionism, and idealism.<sup>8,9</sup> Also, work stress becomes a significant factor in already vulnerable physicians, leading to a greater risk for mental illness.<sup>10</sup>

Some warning signs of impairment include a lack of personal hygiene, emotional lability, sleep deprivation,

inattention to our pages or phone calls, and increased professional errors.<sup>11</sup> When it comes to addressing such impairment, previous research and literature has focused on how to monitor ourselves and our colleagues; anything less would put the reputation and integrity of the medical profession at risk.<sup>3</sup> This has led to a culture of doing nothing but work until things go too far, and then reporting the problems. But what about intervening before things get too far?

### Duty: To ourselves, our colleagues, and our patients

There has been much discussion on how to report impaired colleagues, but little on how to help and support ourselves and our colleagues before things escalate into serious problems. And this lack of discussion is at the detriment of individual practitioners, their families, and patients. Physicians-in-training, including psychiatric residents, are at particularly high risk for developing stress-related problems, depression, and substance misuse.<sup>12</sup> Occupational demands, self-criticism, and denial of one’s distress are common among physicians, as is self-treatment with drugs and alcohol.<sup>13</sup>

We all know by now that doctors and physician health programs (PHPs) have a duty to report impaired colleagues who continue to practice despite reasonable offers of assistance. There are an abundance of PHPs that are in place to assist with such situations. The American Medical Association’s official position on reporting impairment is outlined in Policy H-275.952.<sup>7</sup> There also is the Federation of State Medical Boards. Its policy states that PHPs have “a primary commitment to [help] state medical boards ... protect the public ... [These] programs [should] demonstrate an ongoing track of record of ensuring safety to the public and reveal deficiencies if they occur.”<sup>14</sup>



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Legal and ethical issues, however, complicate interventions for colleagues who need assistance.<sup>15</sup> Despite the existence of PHPs, it would be much easier—not to mention helpful—to help a colleague by carrying out early interventions.

### Discussion: Prevention as a solution

More emphasis should be placed on prevention. That's where self-care and well-being come into play. Awareness of and sensitivity to physician vulnerability, early detection, and prevention of impairment are important.

There has been a paradigm shift in focus across medical boards, professional societies, and medical colleges. They are recognizing that personal well-being can help prevent burnout and, in turn, change the landscape of medicine from endless work to balanced lives that yield more satisfying and joyful work. It is becoming an accepted fact in medicine that well-being is just as important as integrity, professionalism, and patient safety. For example, the American Academy of Medical Colleges (AAMC) issued a statement emphasizing the importance of clinician well-being and dedicated its June 2016 Leadership Forum to a range of topics addressing depression, resilience, burnout, and suicide in academic medicine.<sup>16</sup>

Anita Everett, MD, put the spotlight on physician well-being during her term as American Psychiatric Association President (2017 to 2018). She formed a specific workgroup on Physician Wellness and Burnout where there is a community focus on prevention and self-care.<sup>17</sup> A strong sense of community and purpose is almost always part of the prescription for promoting greater well-being.<sup>2</sup>

The importance of this issue is also trickling down from policymakers into hospitals and community health centers. Consider

an initiative at Minneapolis's Hennepin County Medical Center. Leaders there created a "reset room" for physicians to quietly decompress. The room is complete with LED lights, flameless candles, a sound machine, comfortable chairs, several plants, and an "in use" sign on the door.<sup>18</sup> Other personal strategies to help prevent burnout include making environmental changes, encouraging hobbies, and streamlining burdensome tasks such as paperwork and electronic medical record systems.

As physician health and well-being are finally emerging as a "hot topic,"<sup>2</sup> educational and treatment resources are increasingly available for any of us to explore. Consider a simple Google search to look into your State's PHPs, and get involved in your professional societies to make change.

The culture is starting to shift, and leading by example will be a key to propelling further progress in this area. Model our own self-care for colleagues and patients alike. As Mark Twain said, we might love our work, but we must remember that being solely defined by work comes to the detriment of our health. Maintaining balance is what will allow us to sustain long careers ahead doing what we love.

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### Clinical Point

**In medicine, well-being is just as important as integrity, professionalism, and patient safety**

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