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### Physician Wellness

I am a member of several wellness committees (the latest rage) and was tasked with coming up with an article for our medical school's GME wellness newsletter. I am your typical hard-working physician for over 30 years and concentrate on patient care and not writing articles. In spite of this, I am writing this to help address a matter very important for those caring for patients. This is the matter of physician wellness and where to go for help. The scope of my article is for physicians, physicians in training and allied health care professionals.

Where does one start with physician wellness and overall health? Suffice it to say many of us are sick mentally or physically or both. Should that surprise any of us? We are no better or worse than our patients. Bad things can happen to physicians just like the general population. We suffer from dysfunctional families, annoying children, divorces, financial debacles etc. We suffer from anxiety and depression and substance abuse just like anyone else. We do have some unusual and added stressors that make our numerator higher than our denominator compared to others in other lines of work.

The BIG differences for our group of workers is it is very hard for us to get timely, effective help from either situational temporary problems (drinking heavy during a divorce) or from more permanent ongoing problems like chronic depression or suicidal ideation. Why? Because just reaching out for help can exacerbate the problem by putting your job in jeopardy. This is the 1000-pound elephant in the room when everyone talks about doctors getting help. I have been around the medical arena my entire adult life, and I have seen MULTIPLE doctors endanger their livelihood and actually have their license suspended just by reaching out for help no matter how minor or major the problem. I acknowledge in some cases, there is good reason to put the doctors license on suspension if there is clear and compelling evidence patient care is negatively impacted by the impaired care provider. However, in many cases, we have highly functioning physician professionals who by all accounts are giving great patient care, but simply want some assistance with their alcohol problem or severe depression. Yes, one could always state "patient safety" was the main issue, but as long as the "Sword of Damocles" hangs over the physician head, no one should be surprised when he or she goes to the closet and blows their brains out without reaching out for help. The AMA comes out with policies which "calls on state medical boards to evaluate a physicians' mental and physical health similarly, ensuring that a previously diagnosed mental health illness is not automatically considered as a current impairment to practice". I do not consider this helpful or resolute in addressing my concerns. If I have a problem, the LAST place I want to contact is my state medical board if I am concerned about discreteness and privacy.

I decided to see how easy it would be to get expedient, accessible and confidential help. I called my various membership organizations asking what would I do and to whom I could speak if I had a substance abuse problem or severe depression. Some of these physician membership organizations have received my consistent and reliable dues for over 30 years. I spent hours on the phone trying to find out who I could talk to in a confidential private manner with these hypothetical situations. I spent hours on the computer trying to find resources that could help me. I am not talking about the hundreds of articles on "mindfulness" whereby I can get a CME credit. I am talking about one of my peers (at least someone who understands my line of work) who will instantly pick up the phone and "talk me off the

ledge” (I know I am old, but do not want a “chat room”). I was shocked with the number of referrals to vague web sites and overall general lack of help and guidance from everywhere I looked. I called the AMA, my local county medical society, my state board of medicine and even my hospital medical staff office. I perused their web sites as well. What I was looking for was an 800 number or some type of contact whereby I could reach out and talk to someone about my problem (again, my hypothetical problem, do not want to lose my license over this article) knowing it was completely confidential, private and nondiscoverable. It would have to be a resource whereby there would be no change in my ability to work and practice medicine while I sought out the help I thought I needed. I know how to search, and I could not find it. It may be out there, but if it took this long to find it is of no use to the person at “ropes end”.

My new focus for all the committee meetings moving forward is to make sure we have easily accessible help for our physicians whether they be our new residents, our attendings or any health care provider who is in dire straits from substance abuse or mental illness. If anyone reading this article knows of what is available right now for Florida physicians and allied health professionals, feel free to respond to my contact information. Remember the qualifications: discreet, confidential, private and peer involved. I will make sure it is posted in the doctor’s lounge, in our new emergency medicine residency office, etc. It should be on the top front of each of our newsletters and on the home page of each of our physician websites.

Again, to be clear. Where is the 800 number for physicians and allied health care professionals whereby, they can call and reach out for help? This could be a type of central clearing house where once they identify the problem, there is an instant transfer to someone who handles a particular situation a little better than others. It cannot be a situation where someone says...” let me look into it and get back to you”. It must be RIGHT NOW and it must be a professional. It must be 100% guaranteed to be completely confidential and private and nondiscoverable. I would entertain some rare exceptions to this like the doctor who states they want to fly a plane into the courthouse, but there must be a clear and eminent threat to the public safety. Unless we have something like this, prepare to continue to see the swarms of physicians and allied health care professionals descend down the path of personal destruction. A recent Medscape survey asked physicians whether they planned on asking for help for their burnout or depression. A stunning 70% responded either “no” or “prefer not to answer”. It is not that we do not recognize our need for help or that we do not want help. It is that none of us want to wear the “Scarlet Letter” of the damaged goods physician who is regarded with great suspect from the moment of perceived weakness (he or she cannot handle it) to the end of their career. We all worked hard for our licenses and it is only natural for us to be protective of something we obtained through incredible sacrifice and diligence. The medical license for many is the point around which many physician lives revolves, and physicians today have proven again and again they would rather stop spinning than to have someone potentially take that away. Patient Safety and Professional Wellness can both be achieved by what I am requesting above.

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