Why Don't We Take Care of Ourselves?

It was difficult to locate a lot of research on general physician health. There are a number of articles addressing physician burnout along with the depression, and sometimes, suicide that results from burnout. However, it is difficult to find statistics on how many physicians regularly see a personal physician.

> "As difficult as it is to be a physician patient, it is also difficult to be the physician's physician."

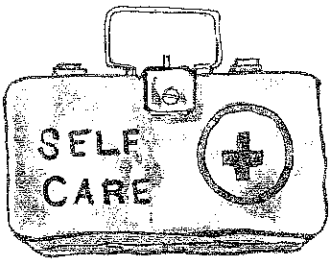
We very seldom take sick days. This is related to both psychological and organizational factors. We know how hard it is to find someone to cover for us, and if we don't, our patients will all have to be rescheduled. The responsibility we feel for our patients may trump the need to take care of ourselves.[1] We often go to work sick, exposing our co-workers and patients to potentially contagious diseases. If it gets really bad, we may swipe something from the sample closet or call in a prescription for ourselves. In fact, studies have shown that anywhere from 52-90% of physicians have self-prescribed or otherwise rendered treatment for themselves.[2,3]

Getting away from your own office to go sit in someone else's office waiting for your own appointment may seem like a waste of time when you can simply treat yourself. It is much easier to grab a colleague in the hallway and "curbside" if we cannot take care of something ourselves. In this case, neither the patient nor the consulted physician are following the norms for an office visit. The exam may be inadequate or completely lacking because of the setting.

But what about things like hypertension, high cholesterol, diabetes, or any of the other chronic conditions that we take care of day in and day out? After all, if it is what we would do for our patients, shouldn't it be what we want for ourselves? However, there isn't that objectivity that comes from having someone else evaluate, diagnose, and make recommendations. We may be prone to treat beyond our expertise and training. Lest we forget, it is also difficult to do a physical examination on ourselves.

The American Medical Association's Code of Medical Ethics states, "Physicians generally should not treat themselves or members of their immediate families."[4] The exceptions are in cases of emergency, but some state laws do prohibit self-prescribing and it can also run afoul of state pharmacy statutes. Controlled substances are most likely to be prohibited, but in some states, this pertains to any self-prescribing.[2] Insurance companies may not cover the cost of prescriptions when self-prescribed either.

So why are we so bad at taking care of ourselves? We may keep from seeking care from a colleague out of fear of being turned away or being a bother to another physician. There is also a fear of exposing our weaknesses and plain old denial that there is anything going on.[5] This denial, along with associated anxiety, may blur accurate symptom self-evaluation. We also tend to minimize or intellectualize symptoms leading to delays in diagnosis and treatment.[1]



Privacy is a concern even though our treatment is supposed to be confidential.[6] There is still a risk that staff may recognize us or have access to our records. If we are already anxious about seeing a colleague, will we be as forthcoming with potentially sensitive history if we are worried about the confidentiality of our medical records?

An issue unique to physicians is the requirement to disclose health issues to our state Board of Healing Arts. We all know about the requirement to disclose any alcohol or drug use. There are also questions about any treatment for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder in the past ten years. We are also asked about any current "medical condition or disorder that limits or impairs our judgment or that otherwise affects our ability to practice medicine in a safe and competent manner."[7] The Missouri application goes on

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to state that "If your answer is 'yes,' provide complete details and dates, including the names and addresses of individuals who treated you and any hospitals/institutions where you have been treated on a separate notarized statement. The Board also requires a letter from your treating professional indicating your diagnosis, prognosis, and if your illness or condition affects your ability to practice."

If you choose to practice in another state, the questions vary. A 2009 study in Academic Medicine found 96% of all medical license applications contained questions pertaining to the physical health, mental health, or substance abuse history. Sixty-nine percent of those applications contained at least one "likely impermissible" or "impermissible" item based on the Americans with Disability Act of 1990 and appropriate case law.[8]

Given all of the attention being given to physician burnout and the depression and anxiety that may accompany it, physicians are put in what can seem like a no-win situation. Mental health is already stigmatized and there are many barriers to seeking and receiving treatment. If physicians fear referral to their Physician Health Program or having limitations placed on their license, they are even less likely to seek care.

It is clear there is a need to find strategies to assist physicians in obtaining care. As difficult as it is to be a physician patient, it is also difficult to be the physician's physician. Insecurity of the treating physician may lead to unnecessary studies and exams. It is easy to slip into medical jargon and not offer all of the information that may be given to a "regular" patient. Having a patient that knows everything that can go wrong in the hospital makes all involved anxious. In Norway, a group of physicians are trained by the Norwegian Medical Association specifically to care for other physicians.[1] Other novel and innovative ideas need be explored for providing care to physicians.

In addition to all that we read in medical publications, patients are becoming more aware of the toll of our poor health. An article from *Time* in 2015 reports up to half of all physicians are burned out. The rate of medical errors and suboptimal care is increased, and as many as 400 physicians a year commit suicide leaving thousands of patients with no physician.[16]

The American Academy of Family Physicians has recently launched "Your Health Before All Else." There are numerous resources available on the AAFP website including solutions to well-being, tips on improving your health and professional satisfaction, and the Maslach Burnout Inventory. AAFP is also sponsoring its first Family Physician Health and Well-Being Conference in April 2018. More details can be found at http://www.aafp.org/membership/benefits/physician-health-first.html.[17]

If it has been years since your last visit to your own family doctor, make some time. If you are feeling overwhelmed and burned out, reach out to a friend. Our patients are counting on us to take care of ourselves so we can be there for them. ■

References:

1 Rosvold EO. "Doctor, Don't Treat Thyself." Agency for Healthcare Research and Policy, Patient Safety Network. 2014 September, psnet.ahrq.gov/webmm/case/71. Accessed 25 August 2017.

2 Adler EL."Physicians and Self-Prescribing: Just Say 'No.'" Physicians Practice. 21 December 2011, www.physicianspractice.com/blog/physicians-and-self-prescribing-just-say-%E2%80%98no%E2%80%99. Accessed 25 August 2017.

3 Latessa R, Ray L. "Should You Treat Yourself, Family or Friends?" Family Practice Management. 2005 Mar;12(3):41-44. www.aafp.org/fpm/2005/0300/p41.html. Accessed 25 August 2017.

4 The AMA Code of Medical Ethics' Opinion on Treating Family Members. Virtual Mentor. 2012 May; 14(5): 396-397. journalofethics.ama-assn.org/2012/05/coet1-1205.html. Accessed 25 August 2017.

5 Ladouceur R. "Should doctors treat themselves or not?" Can Fam Physician. 2009 Aug; 55(8): 776. www.ncbi.nlm.nih.gov/pmc/articles/PMC2726086/. Accessed 25 August 2017.

6 Johnson K. "Against Recommendations, Physicians often treat themselves." 31 October 2012, Medscape Medical News from the 2012 AMA/CMA/BMA International Conference on Physician Health. http://www.medscape.com/viewarticle/773623#vp_1. Accessed 25 August 2017.

7 Missouri Board of Healing Arts Physician License Application. Missouri Division of Professional Registration. pr.mo.gov/boards/healingarts/375-0457.pdf. Accessed 31 August 2017.

8 Schroeder R, Brazeau CM, Zackin F, Rovi S, Dickey J, Johnson MS, Keller SE. "Do State Medical Board Applications Violate the Americans with Disabilities Act?" AAcad Med. 2009 Jun;84(6):776-81. doi: 10.1097/ACM.0b013e3181a43bb2. Accessed 11 September 2017.

9 Oaklander M. "Doctors on Life Support." Time Health. 27 August 2015, time.com/4012840/doctors-on-life-support/. Accessed 25 August 2017.

10 Physician Health First. American Academy of Family Physicians. www.aafp.org/membership/benefits/physician-health-first.html. Accessed 11 September 2017.