

Practicing Medicine with a Mental Illness

By Pam Moyers Scott, PA-C, MPAS, DFAAPA
WVAPA Representative to WV Medical
Professionals Health Program (WVMPHP)

I recently had the privilege of viewing the documentary, *Struggling In Silence: Physician Depression and Suicide*, on PBS. This documentary is part of a campaign targeting physicians regarding the recognition of depression in themselves and patients. It features personal accounts of physician and medical student struggles with depression. What struck me as particularly dramatic was a statement made by one of the interviewees, plastic and reconstructive surgeon, Robert Lehmborg. He stated, "Physicians would rather take a risk with their health than with their license."

Unfortunately, this statement is much truer than most of us are aware. According to the National Institute of Mental Disorders (NIMH), over one-fourth of all American adults (> 18 years of age) have a mental disorder. Of these nearly 60 million adults, approximately 20.9 million experience a mood disorder with major depression the most prevalent (14.8 million). Slightly less than one-half (45%) actually meet the DSM-IV criteria for two mental disorders. The most common combination is major depressive disorder and alcohol abuse. Obviously, physicians (and physician assistants) have to be represented in this population because they, in contrast to popular opinion, are not immune to psychosocial stressors by virtue of their profession.

It can be argued that they have more psychological stress than individuals in the majority of other professions. The responsibility of practicing medicine is daunting. The Health Care Provider (HCP) generally derives a high level of personal satisfaction from the work he or she performs. It is a wonderful feeling to be able to treat an illness; however, it is an awesome feeling to be able to prevent an illness before it occurs. The HCP is very important and an integral part of the community held in high regard and esteem. There is a delicate balance of personal life, society expectations and the tremendous responsibility of the practice of medicine, which includes making life and death decisions. The high ideal that our society places on Health Care Providers (HCPs) is often overwhelming. Many patients believe their HCP is always available at all times to provide quality, compassionate, and infallible care. This enhances the HCP feeling of being invincible and capable of handling all personal and professional problems with utmost precision and perfection.

This theory is supported by a large meta-analysis performed by Drs. Miller and McGowan, "The Painful Truth: Physicians are not Invincible", published in the October 2000 issue of the *Southern Medical Journal*. Although this article is nearly 10 years old, they discovered some very important and frightening statistics regarding physicians which can easily be extrapolated to include physician assistants and are relevant still today. For example, divorce rates tend to be 10 to 20% higher in physicians than the general US population. Those who do remain married report a lower level of satisfaction with the marriage and a higher level of unhappiness when compared to national standards.

They discovered that the rate of depression is equivalent and perhaps even higher for certain groups than the aforementioned rates. Some studies cited the lifetime incidence of depression to be as high as 51% in female physicians, and nearly 50% greater in female psychiatrists. Even more concerning was the discovery of an overall physician suicide rate ranged from approximately 28 to 40 per 100,000 (compared to a rate of 12.3 per 100,000 in the general population). This equates to physicians having a completed suicide rate that is twice that of the general population. Looking at the rate by gender, female physicians had a completed suicide rate equivalent to male physicians making it approximately FOUR times the rate of women who are not physicians.

The effects of mental illness are not limited to the physician or even his or her family. The illness has the potential to affect others, including patients. It could be theorized that the fatigue, memory problems, decreased concentration, anhedonia, and other related depression symptoms could have an adverse effect on patient outcomes. This was proven by a recent study of over 8,000 physicians by the Mayo Clinic. Sr. Shanafelt and team discovered that depression, burnout, emotional exhaustion, depersonalization, perception personal accomplishments, and "mental quality of life" adversely affected patient outcomes as they were associated with an increased incidence of medical errors.

Receiving treatment for mental illness, especially a major mood disorder, is associated with a stigma in this country. Many individuals believe that depression and anxiety are due to a generalized weakness or character flaw. This negative attitude is also held by many of our

[Practicing Medicine..., continued on page 5]

[Practicing Medicine..., continued from page 4]

physician and physician assistant colleagues. As a result of stigma, many HCPs deny their own symptoms and compensate by becoming more involved in their work and increase patient care hours. They frequently feel experiencing personal problems equates with being a failure as a HCP. Those who do recognize the symptoms in themselves are reluctant to seek treatment because they fear they will be viewed negatively by their colleagues, co-workers, and/or patients who might discover the HCP has sought assistance for a psychological condition. The dangerous practice of self-medication is always a concern because many HCPs remember the doctrine, "physician heal thyself" but forget "a doctor who treats himself has a fool for a patient". "Curbside" consultations with a trusted colleague are also inappropriate treatment.

HCPs are often justifiably concerned regarding sanctions, restrictions, and/or other disciplinary action which could be placed upon them should the self-report treatment for a mental disorder to their state licensure board which is generally a requirement for licensure and re-licensure. They are concerned regarding personal information having to be revealed to the board, their colleagues, and in some cases, the public (in the event

of public sanctions).

So what can a HCP do? The West Virginia Medical Professions Health Program (WVMPHP) can assist physicians, physician assistants, and podiatrists with mental illness in addition to substance abuse. If the HCP does not have any current or pending board actions regarding a mental illness and/or substance use disorder, he or she can voluntarily and confidentially enroll with the WVMPHP for assistance and guidance without required disclosure to the respective licensure board. The WVMPHP maintains strictest confidentiality of your personal information and is not required to inform the licensure board unless you are not compliant with your treatment plan or represent a risk to the public.

If you (or a colleague) are struggling with your own mental illness or substance use disorder, please contact Dr. P. Bradley Hall, M.D. at the WVMPHP northern office in Bridgeport at 304-933-1030 or southern office in Charleston at 304-414-0400. If you are in crisis, please see assistance at your nearest emergency facility and then contact the WVMPHP. For further information, please see the WVMPHP website at www.wvmpHP.org.

Activities and Benefits of Membership in the WVAPA

The West Virginia Association of Physician Assistants (WVAPA), established in 1977, is a constituent chapter of the AAPA devoted to representing and promoting the interests of physician assistants within the state. WVAPA members enjoy numerous opportunities for professional development and involvement as well as opportunities to meet and network with their peers. As with any professional society, the membership is its strength. WVAPA's members are committed to their profession and to increasing access to cost-effect, quality health care. Join now!

WVAPA Organizational Structure

- President
- President Elect
- Vice President
- Secretary
- Treasurer
- Directors At Large (2)
- Student Representation
- Committees
 - ~ Membership
 - ~ Nominations and Elections
 - ~ Convention and Continuing Medical Education
 - ~ Legislative and Governmental
 - ~ Public Relations
 - ~ Newsletter and Publications
 - ~ Impairment
 - ~ Rules and Regulations

Benefits of Membership

- * *WVAPA Bulletin*
- * Continuing Medical Education
- * Membership Directory
- * Legislative Representation
- * Public Education and Awareness
- * Career Information and Resource Center
- * Professional Research
- * Impairment Support and Information
- * Leadership Opportunities
- * Student Scholarship

[Activities and Benefits..., continued on page 6]