Healthy and content physicians benefit everyone

The frustrations physicians face in their practices today are different from those we faced when I began medical practice a little more than 20 years ago. For the most part we know the reasons why—decisions by various governments in the early 1990s that reduced the number of medical school spots, medical advances that have outpaced the health care system's ability to provide, and a lack of financial and health human resources. The result is that physicians today are under increasing pressure to find health solutions for their chronically ill patients, to manage the pain and discomfort of those on waiting lists, and to take care of more patients than is easily manageable, among many other concerns. More and more physicians are experiencing the fallout of these increasing pressures in the form of burnout, stress, and for some, drug and alcohol dependency.

The health of the profession and of those who work in it is something I care very deeply about. We are fortunate in BC to have an exceptional program that safely and confidentially helps physicians manage and overcome their difficulties related to emotional and mental health, physical illness, and drugs or alcohol. The Physician Health Program (PHP), under the leadership of Dr Paul Farnan, clinical coordinator, began in 1979 and has grown and is utilized by medical students, residents, physicians, and their families. The program's policy is to encourage early identification either by oneself, colleagues, or any other concerned person, and to ensure prompt attention including intervention if necessary. A referral program to appropriate treatment and assessment centres is also in place.

In 2002, the number of new cases opened was 102; in 2003, that number grew to 167; in 2004, the number grew to 269; last year 286 new cases were opened. Of those, 189 involved physicians, 15 were medical students, 21 were residents, and 37 were family members. I am sure that part of the increased demand for services is a result of the increased awareness of this excellent, confidential program, and improved willingness of our members to ask for assistance.

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The demands on the program are continually mounting as doctors struggle with a complex, rapidly changing work environment. Cases these days focus less on inappropriate use of drugs and alcohol—the number of these cases dropped from 25% in 2004 to 17% in 2005—and more on psychiatric, stress, physical illness, relationship, or family issues, which account for more than 60% of new cases. The goal is to get physicians back in their practice and giving their patients the best and most effective care possible.

The PHP does much more than provide assessment and treatment. Education and prevention are key priorities as well. The best case scenario when thinking about physician health and well-being is that we prevent what is preventable. Doctors need to be educated, informed, and empowered starting in their first year of medical school.

As physicians we need to be accountable and responsible for our own health and well-being. We also have a professional and humanitarian duty to look out for each other. But to do this well, we need education and resources. Our goal for today's medical student must be to develop resilient physicians with self-knowledge and skills. Skills to maximize their own health, both physical and mental, and knowledge of how to access available resources when they or a colleague are not well.

We often hear of doctors unwilling or unable to ask for help—lacking strength, lacking insight, working when not appropriate to do so, and tragically sometimes ending their own life.

A culture change is required. Too many of us have two sets of rules—one for ourselves, and one for everyone else. Our entrenched, unwritten professional rules state we must be strong, self-sufficient and that it is not acceptable to ask for help. We prescribe for ourselves. We self-diagnose and treat. We dictate our own care. We don't have family doctors. We don't allow ourselves to be cared for the way we care for others.

This double standard must end. Each of us should have a family doctor, and occasionally, we should be a patient. And if we're in trouble, we must acknowledge the problem, and takes steps to deal with it.

The government of BC has made a substantial commitment to physician health in our recently negotiated agreement. We've worked hard to have government recognize the growing demands placed upon physicians and, fortunately for the profession, as Dr Farnan has said, our government realizes that physician health matters.

The financial commitment of the government will assist the PHP to continue to grow and adapt to the ongoing challenges we face in maintaining and improving our health. It makes better financial sense to support efforts that will result in long-term retention of our current physician workforce, rather than rely on recruiting from elsewhere.

We all need holidays, loving relationships, exercise, and healthy diets. We need to do more than just advise our patients how to live. We need to model it ourselves. Doctors are human—sometimes strong, but occasionally not so strong. Like every other human, we need to decide what our values and priorities are and then ensure that the way we live our lives reflects those values and priorities.

Exciting developments and changes will be occurring as the program expands. A new strategic plan is being implemented and we believe that we will have a program that will be a leader in physician health in North America. I hope that each of you will consider your own health and well-being and take steps to optimize both—starting today.

—Margaret MacDiarmid, MD

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for some reason I agreed. I assumed that of the hundreds of attendees there might be two or three who would be interested in the topic, but I was surprised by the packed house that met my co-presenter (then–managing editor Ms Claudette Reed Upton) and I as we prepared to start. The standing-room-only crowd seemed to like the information we provided, but up to the final wrap-up point I thought that we were only a 1-hour "filler" for the almost-rapt crowd. Claudette and I worried that as soon as we finished the attendees would have to be careful if they wanted to avoid suffering physical injury as they stampeded out the door. To our amazement, the crowd hung around, asking an amazing variety of questions about not only the mechanics of scientific writing but also about the business of medical publishing. We finally shut it down when the next presenter arrived and started to set up. This experience showed us that there is an unexpectedly large, quiet, keenly interested cohort of docs out there with an educated interest in this somewhat obscure domain.

Knowing this, I promise not to be surprised when the cruise is completely sold out and people start calling our office for more tickets.

My advice: visit our web site for more information and contact Sea Courses Cruises before it's too late.

See you there.

—JAW