Healing the Healers

“Physician, heal thyself.” This popular proverb has been often quoted by physicians – but is rarely heeded.

Through research to develop a 1998 policy statement called “Physician Health and Well-Being,” the Canadian Medical Association (CMA) discovered that, similar to the general population, physicians can be sick with a variety of ailments including stress, substance abuse, depression and sleep deprivation – sometimes leading to suicide.

The policy statement illustrates in great detail the inherent health hazards faced by physicians. They are on the front line of medical situations, from overcrowded emergency rooms to excessive work and patient demands. Thus, it can be harmful to their health just to be physicians.

Residents and physicians are at a high risk of burnout, overwork and more serious impairment, due to restructuring, financial constraints, a growing and aging population and the acceleration of information technology. In fact, a recent CMA survey discovered that, out of 2,251 physicians surveyed, 45.7% were found to be in an advanced phase of burnout.

In response, the CMA developed the Centre for Physician Health and Well-Being. Its mission is to promote health and prevent illness among physicians, physicians in training, their families and their loved ones. Through its phone lines and web section located on www.cma.ca, the Centre developed a reference area for physicians. The Centre’s representatives refer callers in need of counselling to the appropriate provincial physician health program. In line with its prevention focus, the Centre provides information and resources to assist physicians with their personal-health-related issues prior to them becoming ill.

The Centre’s four key priority areas include health promotion and disease prevention, awareness and education, research and data collection, advocacy and leadership.

In coordination with the launch of the Centre, the CMA invited proposals for original research that would contribute to or address the gaps in the current literature and available data regarding the health and well-being of Canadian physicians.

This request fits closely with the interests of the Canadian Institutes of Health Research (CIHR). CIHR’s Institute of Neurosciences, Mental Health and Addiction supports research to enhance mental health, neurological health and vision, hearing and cognitive functioning, and to reduce the burden of related disorders through prevention strategies, screening, diagnosis, treatment, support systems and palliation. Novel research of this nature concerning physicians’ health falls into the Institute’s overarching goal to help advance people’s understanding of human thought, emotion, behaviour, sensation (sight, hearing, touch, taste, smell), perception, learning and memory.

As a result, in early March 2004, the CIHR Institute of Neurosciences, Mental Health and Addiction partnered with the CMA to fund two research projects related to the request for proposals:

(1) With “Development of a guide for common indicators for Canadian Physician Health Programs,” Dr. Joan Brewster, from the University of Toronto, and Dr. Michael Kaufmann and Ms. Sarah Hutchison, from the Ontario Medical Association, are fostering a coordinated approach in gathering data that will benefit research on physician health and program planning. The project will develop a guide for Canadian physician health programs (PHPs), which are varied among the country’s provinces, in order to standardize measures used to describe those who participate, the problems they may experience and the subsequent treatments offered. Consistent data collection approaches across all Canadian PHPs will enable comparisons across regions of Canada and among programs that offer different types of services.

(2) In “The Psychodynamics of the Work of Physicians: Well-Being and Mental Health Issues,” Dr. Marie-France Maranda, Dr. Michel Vézina and Dr. Louise St-Arnaud at Université Laval, along with Dr. Marc-André Gilbert at Université du Québec à Trois-Rivières, investigate the impact of work schedules on physicians’ health. They hypothesize that the organization of the physician’s work schedule has not been able to escape the intensities that are characteristic of the work world in general. The pressure for physicians to adapt to these constraints has reached the breaking point and is starting to manifest itself among some physicians through physical and mental health problems. Common components derived from this research will lead to the development of a proactive plan that will rectify high-risk situations (such as suicide or substance abuse).

This is only the beginning. In the near future, CIHR and the CMA plan to build on the success of these two projects in order to explore further research opportunities and partnerships with other health research organizations.

This will make the proverb “Physician, heal thyself” a reality rather than a hope.

About the Author
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