Can Physicians “Heal Themselves?” A way out of Depression for Physicians

By Mike Manor, MS, and Loretta Leja, MD

When was the last time you were relaxed and happy, or content? Are you edgy, irritable, overburdened by paperwork, fixing others’ mistakes, feel nothing goes right? Do you think patients don’t appreciate what you do? Are you endlessly worried about getting sued, the Medicare pay cut, declining reimbursements? Sound familiar? For many physicians, these thoughts lead to serious emotional problems, for some, even suicide. Depression and anxiety are the loneliest feelings in the world. Physicians are often isolated, unable to share these thoughts and feelings with others. They believe, “It will be better tomorrow, I’m just tired right now.” “I need some time off and I’ll feel better.” But that never happens; they don’t feel better.

Depression in the general population is well known. Much less talked about, and lesser known, is the rate of depression and suicide in physicians. A major contributor to physician depression is a fear of consequences they’ll face if their depression becomes known. The sanctions go up significantly when the physician is suicidal. A serious threat to professional survival, the sanctions include loss of admitting privileges, loss of status in a medical community, being removed from a position, and more. This can lead to even greater loss of self-esteem.

When confronted, the physician will deny the problem. “If I just work harder, be nicer, study more, volunteer for another committee, I’ll be a better physician and feel better.” Many depressed doctors self-medicate, rationalizing there’s no time for formal treatment. The medication helps – for a while – but it’s no answer. It’s difficult for a physician to admit to having emotional problems. They are in one of the highest stress-related professions, by insurance statistics, and yet nothing is taught in medical school about managing their stress, anxiety and depression.

A depressed physician can pose a threat to patient care and safety. But because of the fear of consequences, they won’t come forward. Instead, they get more depressed, less functional and frequently turn to ineffective and dangerous methods of help like self-medicating or alcohol and drugs. If the physician

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believes there’s nowhere to turn, they’ll have more feelings of helplessness and hopelessness.

But there’s hope. Things are changing.

**Physician Heal Thyself. Can they? Should they?**

Recently, PBS aired a documentary on the problem (Struggling In Silence, PBS, 2008). In a recent Journal of Clinical Psychiatry article (April 2008), the authors surveyed Michigan physicians to determine the prevalence of depression and the effect on their lives and practices. They found a depression rate in Michigan physicians of 11.3% with another 25% knowing a physician whose professional standing was compromised by depression. These doctors were “more likely to report a wide range of dysfunctional and worrisome approaches to seeking mental health care, including 30% who reported it likely that they would self-prescribe antidepressants.” This is a grim picture. The authors concluded “that fear about potential adverse effects of reporting depression on professional status may compromise a physician’s opportunity to receive mental health care appropriately and safely.” This creates stigma, making getting help a near impossibility.

Progress is being made. We’re approaching a time when a doctor can openly acknowledge depression, ask for help, and get it without fear of loss of status, privileges, or standing. Ironically, when a depressed physician asks for and gets help, it actually decreases the likelihood of risks to patient care.

Many medical communities now have Physicians Assistance Programs (PAP), a confidential and anonymous program available to physicians 24 hours a day. The key word is confidential. This makes the program work. The physician can talk to a counselor immediately, with an in person referral to a mental health professional within 24-48 hours.

Working with a mental health professional is the most effective method, but not every physician will be convinced this is a safe way – safe from being exposed in his or her medical community. However, there’s another effective solution.

**Train Your Way Out of Depression**

That’s right. Train yourself, learn how not to be depressed. Depression is debilitating and crippling. Yet it is one of the most curable of the “emotional diseases.” Every day, people effectively learn how not to be depressed – without drugs – using hard work and a serious commitment.

The ancient Stoic philosopher, Epictetus, wrote, “People are not disturbed by things, but by the view they take of those things.” Contemporary psychologists took that idea and created an effective method of treating depression known as Cognitive Behavioral Therapy (CBT). The premise of this method: it’s not what happens to us that gets us upset but what we tell ourselves about what happens. Simple as it sounds, it is true. Using logic, common sense and a good bit of objective thinking, the techniques are effective, longer lasting, and can be self-taught.

Having a good therapist is most desirable, but without risking your profession, learning CBT can be an effective and efficient way to beat depression.

**How we make ourselves depressed**

We upset ourselves by the way we talk to ourselves. The process of depressing ourselves has a structure. Space does not allow for a detailed discussion of this or how to re-educate ourselves. Briefly, something happens, we evaluate the significance of the event – the **Self-Defeating Thoughts** – then we feel upset. The thoughts are self-defeating because they interfere with our goals and desire to feel well.

**The Goal: Realistic, Rational Thinking**

The goal in beating depression is creating effective and self-enhancing thinking. It realistically acknowledges frustration, inconvenience or sadness, while working to effect change. This reasoned thinking keeps negative feelings at a reasonable level and keeps us from “scrambling our brains.” Change the way you think, develop a useful belief system essential in overcoming depression, and get better.

**In Summary**

Depression and suicide in practicing physicians are less talked about and lesser known. Asking for and getting help is crucial for recovery. However, for depressed physicians, asking for help is not always an option without serious professional consequences.

However, the opportunity for depressed physicians to get help is improving. More and more, medical communities are offering Physicians Assistance Programs (PAP), where a depressed physician can get help in complete anonymity and confidentiality. Another option is to use a self-help program like Cognitive Behavioral Therapy. For more information contact your PAP at (800) 777-1223.
Managing Difficult Patients

By Alex Smith, MS, LMHC

There are patients in every doctor’s practice who are difficult. As their physician, you won’t always be the recipient of their behavior, but your staff could hear more of the rude remarks and experience the negative or hostile behaviors. You might be inclined to be understanding or simply let it go, but this is not enough to handle difficult patients. When patients behave badly or when your office staff begins avoiding them, the problem needs to be addressed. If you don’t, the behaviors are reinforced and may negatively impact your business as well as your patients. In extreme situations, safety may be a risk. Knowing when and how to intervene with difficult patients is a useful management skill.

When you become upset, your ability to stay calm and rational diminishes. If this happens, use a relaxation technique or stress management skill. (Learn them if you have problems staying calm). If possible, give yourself a minute or two of solitude to regain your composure. Try looking at things from the other person’s perspective, which will help you see what they really want. Rarely do people – even difficult people - want to make others unhappy or afraid.

Once you’ve addressed the situation and given the patient a chance to express his concerns, remain calm and gently but firmly take the lead in the conversation. We know if we actively maintain a positive and reasonable interaction with patients, they’re more likely to forgive errors, delays or other problems.

There are different levels of stress and responses to managing disruptive behaviors. A patient will first become frustrated and upset. They’ll stare, change their tone, and become curt or rude. Next, they may become visibly agitated, pacing, finger tapping, presenting with a flushed face, and demanding. The final level is losing control, raising their voice, slamming doors, and using profanity.

Responses to difficult patients vary as much as difficult behaviors. You want to stay calm, control your emotions, and maintain a respectful posture. Address the patient by name. Don’t judge or criticize, and ask them for the reasons they’re upset. Then listen, acknowledge their concerns, problem solve, and offer choices or options. If the patient continues to escalate, move to a safe, private area and have another person present. Distinguish the patient’s intention from how they’re behaving. e.g.: “I know you don’t mean to upset others but that’s how it’s coming across. I’m going to ask you to calm down.” And finally, if the patient is responding negatively, give him an opportunity to regain control. Follow this by stating the consequences if the behavior continues. Do this without a threatening tone. If the disruptive behavior continues, you can then follow through with the consequences. These actions need to comply with your policy on threatening or violent behavior and should include measures up to and including calling security or the police. And always try to recognize the signs of building tension and intervene as early as possible – it’s easier to prevent a problem than to fix one.

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Things to Avoid

You shouldn’t argue with the patient or try to convince them they’re wrong; power struggles are ineffective. Don’t state rules or policies without explaining them and presenting problem solving options. Don’t interpret your patient’s behavior. Even if you’re right you may find another power struggle or, at the very least, a very defensive patient.

General Tips for Dealing with Difficult Patients

- Continually manage your own stress
- Don’t take on more than you can handle - don’t be afraid to ask for help
- Recognize the signs of building tension and intervene as early as possible
- Offer sincere assistance and suggestions, but don’t promise what you cannot deliver
- Seek support and assistance after a difficult interaction
- Learn or improve communication and stress management skills

PAP Services - What happens after I’ve made the phone call?

Once you’ve made the call to First Choice Health’s PAP, we’ll find the right provider for you. You’ll need to answer a series of simple questions regarding your needs, preferences, and schedule flexibility. Then, you can simply relax while you wait for a call from the provider to schedule your appointment. (More information available on making the call to PAP services online at /www.fchn.com/doc/Newsletter.aspx, Fall 2004).

A provider, chosen because they meet your criteria, will contact you within 24 business hours to schedule an appointment for your first session. All that’s left is to attend the appointment, which isn’t any different than seeing a new doctor. Providers generally ask you to arrive early for your first session to complete some confidential paperwork. A few providers have office staff who can walk you through it, where an independent provider may simply have a clipboard waiting for you with directions on what to complete before your appointment begins. There will be time for questions at the beginning of your session, so there’s no need to feel pressure if you’re not done.

At your appointment time, your provider will invite you into their office, and get down to business fairly quickly. They will introduce themselves, go over your completed paperwork, describe their philosophy of counseling, and begin to ask what precipitated your call to First Choice Health’s PAP. Before you know it, your first session will be over and your provider will either suggest a second appointment, or will ask you to consider another appointment and suggest you call back to schedule. We don’t expect most issues to be resolved in one session, but we want you to leave the office relieved, believing your first step was a good one.

If you want to set up an appointment, or simply have more questions regarding the PAP process, please contact us at our toll-free number, (800) 777-1323.