Professionalism and Self-care in Medicine: the Weakest Link?

Philip Candilis, MD, DFAPA
Director, Forensic Psychiatry Fellowship
Saint Elizabeths Hospital/DBH
former Associate Director/Assessment Director
MA Physician Health Services, Inc.

Disclosures/Conflicts

- None

Burnout: The recent challenge to professionalism

- Emotional exhaustion (Shanafelt et al, 2011: 40-45%)
  - Diminished motivation/energy
  - Suicide risk (SI: 6-9%)
  - Substance abuse (Oreskovich et al, 2014; 13-21% etoh)

- Disengagement (Dyrbye et al, 2014: WHC 'r'= hrs, burnout)
  - Separation, divorce (Rollman et al, 1997: esp. Ψ, SURG)
  - Relational difficulties

- Diminished productivity
  - Negative attitude
  - Depressed mood (Shanafelt et al, 2011: 40-58%)
  - Disruptive behavior (QuantiaMD 2011)
    - 26% admit it
    - 60% of leaders receive complaints
    - 50% of pts Δ docs or leave practice

QuantiaMD 2011, Shanafelt et al 2011, PHS 2012, Dyrbye et al 2014, Oreskovich et al 2014

Defining professionalism

- More than a list of characteristics
- Not merely self-regulatory

- Must address moral relationships (Wynia et al, 1999, 2014)
- "Protect vulnerable people and values."

- Integrate personal, professional, community values (Candilis et al 2007, Candilis 2009)
- Develop habits/skills of professionalism

Habits/skills of professionalism

- Habits/skills of ethical practitioner
  - Sensitivity to vulnerability
  - Self-awareness
  - Self-reflection
  - Honesty (vs. denial)
  - Integrity (wholeness or intactness)
  - Consultation
  - Education
  - Aspiring to improve

Candilis 2009

Why does this matter?

- 15-20% of physicians will experience mental health problems
- 33% of 1,999 residents had significant stress
- 21+% of 2,000 med students experienced depression
- 1.4-2.3 x suicide rate
- Accompanied by cynicism, less humanitarian outlook, less empathy

Zwack & Schweitzer, Acad Med 2013, 88 (3):382-7

MMS Practice Environment Index
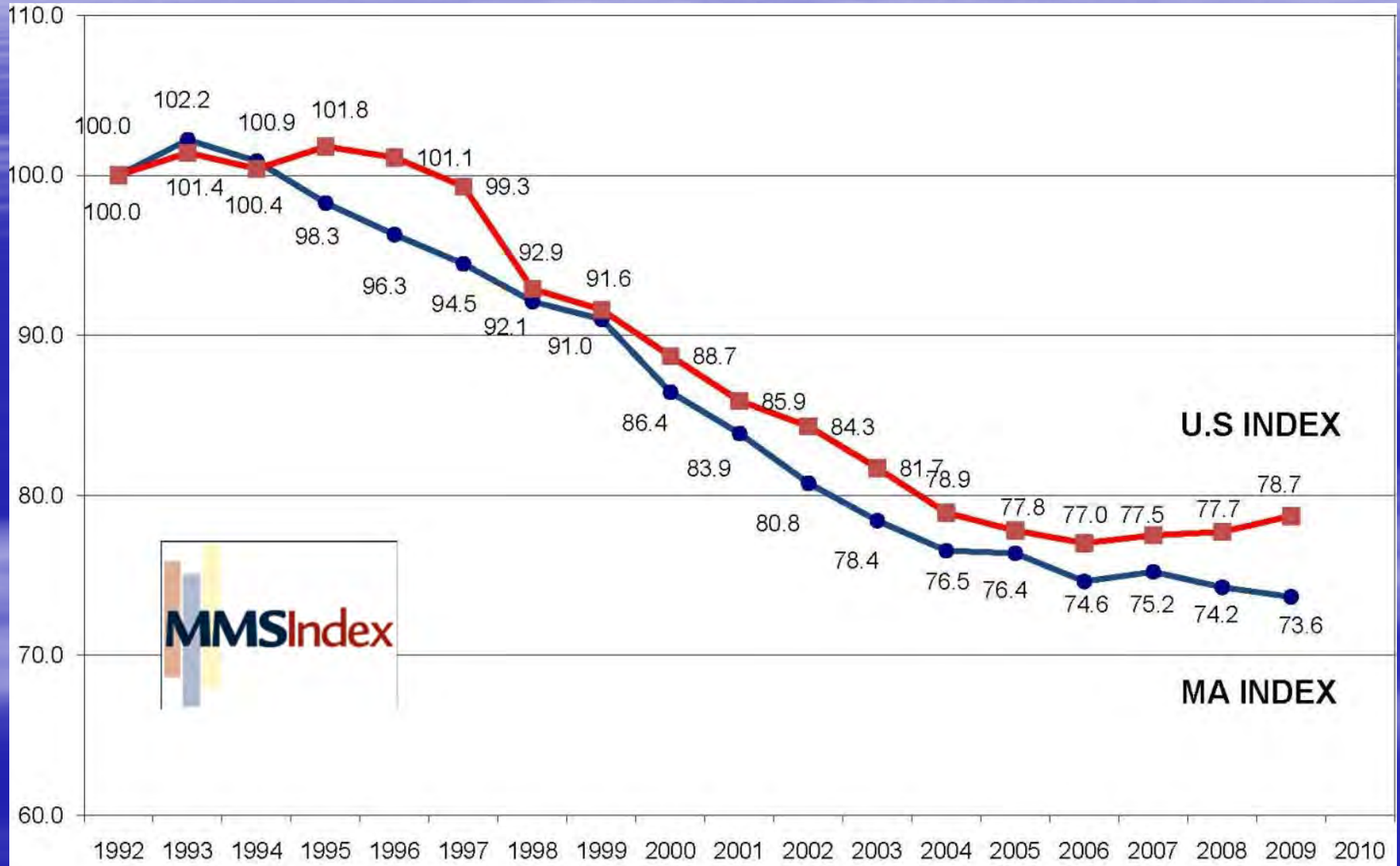
MMS Index

- Cost of maintaining a practice
- Insurance premiums
- Practitioners over age 55
- Median income
- Ratio of housing price to income
- Applicants to medical school
- Mean hours per week
- Number of visits to ERs
- Number of ads for vacancies

MMS 2011

Signs & Symptoms in Family and Work Life

- Behavioral or Personality Changes
- Denial
- Lack of communication
- Isolation
- Irritability

Substance Use

- Alcohol (McLellan et al 2008: ½ of 904 referrals, 10-12% of US MDs generally)

- Illicit drugs (36% opiates, 8% stimulants)

- Self-prescribed medications (1990s: 50-60%)

- Diversion of controlled substances
  - To family
  - To self

PHS 2012

Behavioral Health Categories

- Depression (2013 referrals: Mental health, 21%)
- Bipolar disorders
- Stress
- Anxiety
- ADD/Cognitive problems
- Personality traits/Disorder
- Anger/Disruptive emotions/Interpersonal struggles (35%)
- Organizational problems
- Medical conditions (4%)

The New Descriptor: Disruptive Behaviors

- Inappropriate anger or resentment

- Inappropriate words or actions directed toward others

- Inappropriate responses to patient needs or staff requests

PHS 2012

Disruptive Behavior

…is characteristically a chronic or habitual pattern of behavior that creates a hostile environment, the effects of which have serious implications on the quality of patient care and patient safety. Disruptive behavior means any abusive conduct including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised. Personal conduct whether verbal or physical, that affects or that potentially may affect patient care negatively, constitutes disruptive behavior.

CEJA Ethical Opinion E-9.045

Resilience: the Antidote

- "Responding to stress in a healthy way"
- Enhances self-care, healthcare, sustainability of workforce
- Individual factors
  - Mindfulness
  - Self-monitoring
  - Limit-setting (setting priorities, saying "no")
  - Positive attitude (counters withdrawal, isolation)
- Institutional factors
  - Protective policies
  - Support groups
  - Building community

Epstein & Krasner, Acad Med Mar 2013

Interventions

- Change aspects of practice
- Delegate, set priorities
- Take a break
- Build collegial community
- Increase professional stimulation
- Consider counseling (20% of Heidelberg sample)

PHS 2012

Interventions (cont.)

- Time for self/family (vacations, naps, meals)
- Time out in OR or between pts
- Support, Balint groups
- Meditation, mindfulness, spirituality
  - Stress reaction education
  - Muscle relaxation
- CBT techniques
  - Challenge irrational/negative thoughts (ANTs)
  - Recognize wishful thinking

Zwack & Schweitzer 2013

Conclusions

- Professionalism entails obligations to vulnerable persons and values

- Professionals cannot serve their profession, community, and relationships if they are vulnerable themselves

- Self-care serves the individual, community, and profession