

17 Doctors' health

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As doctors we are constantly exposed to stresses and hazards that can impair our relationships and ourselves: working long hours, fatigue, sleep deprivation, consumer demands, secondary traumatic stress,¹ consequences of mistakes, debt, demands of external bodies (including the Council and colleges), fear of complaints and litigation, infectious diseases, radiation, noxious chemicals. In addition we are vulnerable to the same physical and psychological disorders as the rest of the community. The incidence of these disorders in doctors is comparable to that in the general population and in some cases considerably higher (e.g. suicide, liver cirrhosis and accidents). The British Medical Association's working group on the misuse of alcohol and other drugs reported in 1998 that, in a lifetime, about one in 15 doctors in the UK may suffer from some form of dependence on alcohol or other drugs.²

Being a patient

Doctors are often poor at seeking help and attending to their own health needs. A survey of the health practices of New Zealand general practitioners found that only 71 percent claimed to have their own family doctor and only 10.9 percent said that they visited their doctor for regular checkups. Of women, 27.5 percent had not had recommended cervical screening.³

Some of the factors that make it difficult for a doctor to become a patient are

- a sense of being indispensable
- fear of moving from a position of power in the medical system to a position of powerlessness
- fear of breaches of confidentiality or of being recognised in the waiting room
- fear of having a serious condition
- shame or embarrassment particularly with respect to substance abuse or sexual issues
- a misperception that we lack time to see to our own health needs
- reluctance to impose on a busy colleague

- a belief we should be able to heal ourselves
- our ready access to a wide range of medication
- financial pressures to maintain high levels of income
- shame at having “let myself down”, and also your family and the profession at large
- a fear of disciplinary action and deregistration.
- We often fail our colleagues by not confronting them when it is clear they are sick and impaired. Some of the reasons for this failure include
- the “there but for the grace of God go I” syndrome
- lack of knowledge of the notification process and the consequences of notification
- fear of the reaction, especially if the doctor is in a position of power
- anxiety about increasing our already overburdened workload, especially in shortage specialties and small practices
- misplaced loyalty—the “he/she has always been a good bloke/woman” phenomenon
- judgmental attitudes
- denial that there is a problem.

Being a doctor's doctor

Being a doctor to a colleague can be challenging for a number of reasons. These include

- fear of being seen as inadequate
- fear of offending a colleague
- role confusion
- hierarchy
- difficulties if you disagree with your doctor patient's self diagnosis
- identifying with the doctor patient
- boundary issues
- difficulties saying “no” to a colleague
- issues of privacy and confidentiality
- difficulties challenging a colleague particularly with respect to lifestyle issues.

Dr Hilton Koppe who works in the area of doctors' wellbeing, suggests a six step consultation model when seeing a colleague as a patient. The principles are those used in any consultation—the key issue being to retain these principles and your usual professionalism in this unusual encounter.

Connection—as part of the process of agreeing to see a colleague, you should make a formal appointment in your rooms. You may need to discuss whether the doctor is comfortable to wait in the waiting room or elsewhere and whether an appointment at a quieter time of day would be easier. At the first appointment issues of confidentiality, notes, payment and your expectations of each other (including how to address each other) should be clarified.

Information gathering—you will need to walk the tightrope of acknowledging your colleague's knowledge while taking a thorough, and if necessary challenging, history as you would with any patient. It is important not to make assumptions e.g. that the doctor would tell you of symptoms without your needing to ask specifically. You will need to clarify what he or she thinks is the diagnosis then take the history

and examine the patient to establish the diagnosis for yourself, rather than accepting that diagnosis.

Exploring thoughts and feelings—at this stage you may need to reaffirm confidentiality and the difficulty of being a patient. You will need to explore the doctor’s fears and look for any other issues. It is particularly important to be aware of the dangers of self disclosure and identification or collusion. Keep the focus on the doctor who is here as a patient and avoid discussing mutual patients or experiences.

Education—Again you will need to walk a tightrope between assuming your colleague has specific knowledge, and causing offence by imparting that knowledge. It can help to explain that hearing information about yourself is different from giving it to others, so you will explain it as you would to any patient. Acknowledge his or her fear if relevant, and admit the limits of your own knowledge. As with any patient it will be important to negotiate the choice of treatment.

Safety net—you should give clear instructions about follow up and after hours contact. Ask whether the doctor patient wishes to receive copies of test results and negotiate about minor procedures e.g. removal of sutures.

Closure—check that everything has been dealt with and reiterate the difficulties of being a patient.

Maintaining good health

Medical practitioners are in the vanguard of illness prevention and health promotion and should lead by example. Sadly this is not often the case with respect to our own health and we often fall into unhealthy work patterns. This may begin during medical student years and then persist into vocational practice. A recent study found that the prevalence of depressive symptoms among medical students was 12.9 percent (significantly higher than the general population),⁴ and an earlier study showed that at that stage of their careers, medical students were reluctant to seek help if stressed or distressed.⁵

The practice of medicine can place huge physical and emotional demands on practitioners. In recent years this has been increased further by administrative and reporting pressures as well as by the exponential rise in knowledge and literature in all medical fields. Increasing pressures, coupled with the subtly induced ethos of “doctors must always cope” can be a very toxic mixture.

Doctors should be informed about stress management and how to stay healthy despite these demands. Each doctor must find his or her own solutions but some simple guidelines are

- establish good health habits early
- set aside time each day to maintain your own fitness and health, and to pursue other interests outside of medicine
- deal with your own reluctance to seek help and identify the barriers, both real and imaginary, which prevent help seeking behaviour
- have your own general practitioner— someone who is comfortable treating doctors
- avoid corridor consultations about your own health
- if you are feeling stressed consider contacting any support groups your college, professional body, College or insurer may have.

- you should not prescribe for yourself as you lose the benefit of objective care and insidious illness may ensue
- when you visit your GP leave your “medical mantle” at the surgery door
- do not become isolated. Join professional bodies, a peer support group, and attend meetings regularly. Isolation is not always geographic and can occur even in the biggest cities
- plan holidays and recreation and make sure work does not intrude on them
- remind yourself often that you are “responsible to” your patients, not “responsible for” them. (Responsible to your patients to provide the best care you can for them, which may mean from time to time organising somebody else to care for them)
- when ill health strikes seek help early (as you would like your patients to)
- consider income protection so financial pressures are not a consideration in preventing you from taking sick leave if it is necessary
- consider planning for your retirement so you do not feel you have to keep working for financial reasons.

The future is perhaps a little rosier with a greater emphasis on promoting health, wellness and coping skills in the undergraduate programme, improvement in working conditions for those in training and a greater recognition and assistance for some groups with particular stresses: rural, isolated doctors; women doctors; the older doctor.

The law: fitness to practise

The Council states

“A doctor is not fit to practise if, because of a mental or physical condition, he or she is not able to perform the functions required for the practice of medicine.

These functions would include

- the ability to make safe judgments,
- the ability to demonstrate the level of skill and knowledge required for safe practice,
- behaving appropriately,
- not risking infecting patients with whom the doctor comes in contact,
- not acting in ways that impact adversely on patient safety.”

The most common disorders that impair doctors’ ability to practise are

Psychiatric disorders

- substance use, abuse and dependence (both alcohol and drugs)
- mood disorders—bipolar disorder and severe depression
- dementias
- eating disorders
- anxiety disorders
- adjustment disorders, personal and professional stress and situational crises.

Medical disorders

- head injury
- neurological diseases
- malignancy
- eyesight and hearing difficulties
- communicable diseases.

The HPCAA provides for notification of any mental or physical condition affecting the fitness of a doctor to practise medicine. Part 3 section 45 sets out the steps that must be taken when there is reason to believe a health practitioner is unable to perform the functions required for the practice of his or her profession because of some mental or physical condition. There is a mandatory requirement for health practitioners, their employers, medical officers of health and persons in charge of a hospital or other organisation that provides health services to notify the Council Registrar promptly in writing.

Persons in charge of health professional education programmes (e.g. deans of medical schools) are similarly required to give written notice to the Registrar if students who are completing a course would be unable to perform such functions.

People considering making a notification are entitled to seek medical advice to assist them in forming an opinion and must state whether such advice has been obtained when giving notice to the Registrar.

Disruptive behaviours may indicate a health and/or competence problem, so it is important to make a notification rather than attributing the behaviour to “personality”. Any person making a notification is protected from civil or disciplinary proceedings unless the person acts in bad faith.

The Council’s Health Committee

The Council’s Health Committee is currently authorised by the Council to exercise the functions, duties, and powers contained in sections 45-51 of Part 3 of the HPCAA, except for those relating to registration.

The Health Committee is comprised of at least four members of the Council, including one public member. The Council’s health manager is responsible for the functioning of the Health Committee and keeps close liaison with the committee chairperson.

How the Health Committee deals with notifications of impairment

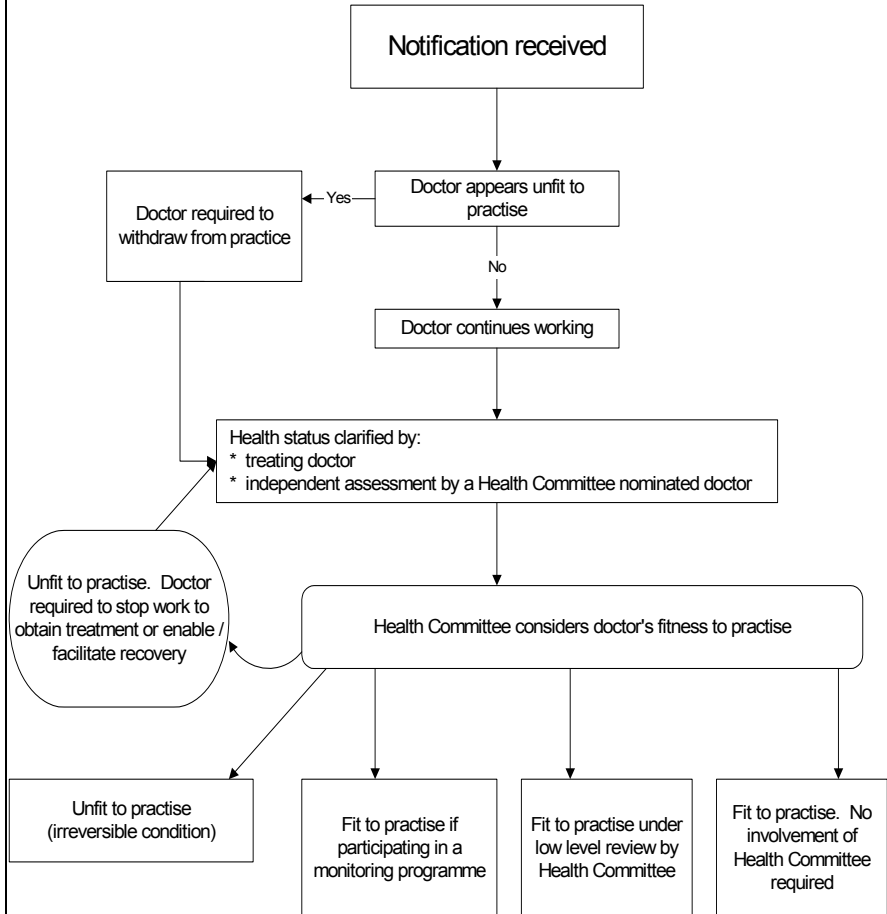
When the Council Registrar receives notification of the possible impairment of a doctor or graduand, the notice is passed to the Health Committee, which considers the notification and its potential implications. The notice is discussed immediately by the chairperson of the Health Committee and the health manager.

If necessary, and pending a full review, there is provision to suspend a doctor’s practising certificate temporarily, or alter a doctor’s scope of practice in ways it considers appropriate. However, this course of action is rarely required.

Usually the health manager, after consulting the chairperson, contacts the doctor. If appropriate, a report might be requested from the doctor’s general practitioner and other treating specialists. Sometimes the doctor may be asked to agree to an undertaking which limits his or her practice of medicine in particular ways, to ensure public safety while an expert examination is arranged.

The HPCAA gives the Committee, acting under the Council’s delegation, the power to order a doctor to attend a medical examination at the Council’s expense. The examination is by a specialist relevant to the suspected (health) condition, and the Council would consult with the doctor about the specialist. The doctor receives a copy of the report. Failure to attend for such an examination may mean the Council

Steps taken when a health notification is received



suspends the doctor's registration. If the circumstances warrant, the Council can impose restrictions on a doctor's scope of practice.

If an examination has been arranged and the examining doctor's report received, any initial limitations are reviewed in light of the report. If the examining doctor's report indicates that a mental or physical condition is affecting the doctor's ability to practise, the doctor will usually be invited to attend a meeting of the Health Committee to discuss the report and implications, with a support person if desired. The doctor is also entitled to make written submissions, and to be represented.

If the doctor's ability to practise is affected by a mental or physical condition, the Health Committee usually decides on one or more of the following

- ask the doctor to sign a voluntary agreement

- conform to appropriate restrictions on practice to ensure public safety in light of his or her condition; and
- undertake specific treatment or counselling according to the advice in the examining doctor's report.

This undertaking is underpinned by the acknowledgment that conditions may be placed on the doctor's practice if the agreement is breached in any material way. In doing this, the Health Committee's intention is to help the doctor to regain and maintain health so that he or she can continue to practise, subject to appropriate limitations, and also ensure the health and safety of the public are protected.

It may also recommend to the Council that conditions be placed on the doctor's scope of practice or that registration is suspended e.g. while the doctor attends a rehabilitation or treatment programme. A typical voluntary agreement may include

- limiting the doctor's scope of practice such as the place or places of work, the types of work to be undertaken, the workload e.g. hours of work;
- supervision of the doctor's practice
- treatment to be undertaken and the names of the treating doctors, therapists and agencies who may be involved in the doctor's treatment programme, with some indication as to the frequency of consultation. There may be provision for each to communicate with the Health Committee if problems arise e.g. non-compliance or relapse;
- where relevant, provision for a key person in the doctor's workplace to be aware of the condition;
- some monitoring by the Health Committee for example where the problem has involved abuse of drugs, random urinalysis testing will also form part of the agreement;
- restricted access to prescription drugs and medicines
- prohibition on self prescribing
- regular assessment of progress by a Health Committee nominated doctor.

Doctors monitored by the Health Committee may meet with members of the committee at intervals to discuss their progress, current state, and to make changes to the voluntary agreement. When the situation has stabilised and the doctor's recovery is firmly established, the doctor may be monitored by an annual exchange of letters and then, if all is going well, the doctor is finally discharged from Health Committee monitoring.

It should be stressed that the Health Committee does not become involved in treatment decisions directly but ensures the appropriate treatment is taking place and the doctor's health is maintained at the most satisfactory level possible. The doctor chooses his or her own treating team.

This process has been designed to separate matters of impairment from matters of professional misconduct and discipline. The assumption is that with treatment of the impairment a doctor should be able to return to the medical workforce. The process is intended to be rehabilitative, not punitive.

Infection with transmissible major viral infections (TMVIs)

As with any illness that may pose a risk to patients, doctors who are—or may be—infected with one of the transmissible major viral infections (hepatitis B, hepatitis C and Human Immunodeficiency Virus) must take all necessary steps to minimise the

possibility of transmission. HRANZ, is, with the Medical Council, developing guidelines for all health care providers. Key points are

- learning and awareness must start early, in students' training
- doctors should be tested if they may have been exposed to the viruses
- doctors should advise patients who may have been exposed to be tested
- doctors who perform exposure prone procedures have a responsibility to know their HBV, HCV and HIV status and notify the Council if they are infected
- being infected does not, by itself, justify either refusing registration of the doctor or limiting their practice—such decisions are always case by case
- doctors who know, or think, they may be infected with any of the viruses must seek advice and then act on it—a doctor should not continue practising based on her or his own assessment.

Conclusion

“Physician heal thyself” is not a policy the Medical Council endorses. Doctors are a valuable asset. We must take responsibility for maintaining our own health as much as is possible and seek professional help when we are ill. While the HPCCA gives the Medical Council powers to restrict doctors' practice when necessary to protect public safety, it is preferable if the Council can reserve the use of these powers and assist doctors to continue to work as appropriate and recover from their illnesses. This is best achieved by early notification and early intervention.

References

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Resources

In Sickness and in health: a handbook for medical practitioners, other health professionals, their partners and their families. Editors: John O'Hagan and John Richards. DHAS 1997.

Health Committee via health manager phone 04 384 7635 or 0800 286 801

The Council website: www.mcnz.org.nz.
