Burnout, Depression and Suicide in Physicians: Restoring Mental Health Resilience in Today's Medical World

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Disclosure Slide

- Medical Education Speakers Network – two grand rounds in 2017
- Book Royalties

Learning Objectives

1. Recognize symptoms of burnout, depression and more in oneself and colleagues
2. Acquire best practice strategies in coping with – and growing through – the suicide of a medical peer
3. Incorporate new behaviors that preserve wellness and joy in one's personal and professional life

psychiatry.org/burnout

- Estimate is that 2 out of 5 psychiatrists are burned out
- APA workgroup on psychiatrist well-being and burnout – chaired by Dr Richard Summers
- Assessment tool – Oldenburg Burnout Inventory
- Dr Julie Chilton – wellness ambassador – leading the way by seeking help

psychiatry.org/burnout

- Well-being resources
- Burnout: (individual and systemic): Ted talks, provider resilience app, Stanford Medicine WellMd Center, APA Tool-kit for well-being ambassadors, ACGME Physician Well-being Initiative, AMA Steps Forward, etc.
- Depression: AFSP
- Addiction: FSPHP, IDAA

Burnout: What is it?

(Freudenberger and Richelson 1980)

- Occupational exhaustion in those in the helping professions
- A state of fatigue or frustration brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward
- Not just tiredness – it is an erosion of the soul in people with ideals and commitment

Burnout: Definition (UCSD committee for physician suicide 2011)

- Burnout is a syndrome of:
  - emotional depletion
  - detachment
  - low personal achievement
- Develops in response to chronic occupational stress
- Burnout more likely to develop when *job stress* is high and *personal autonomy* is low

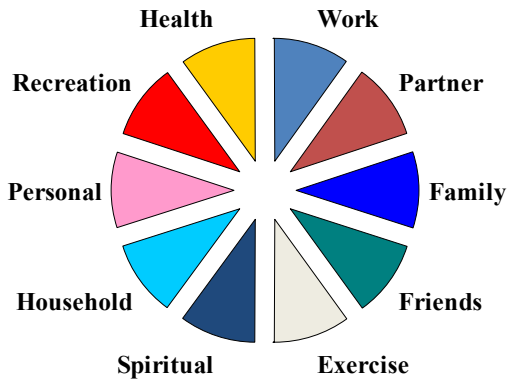
“Burned out” Chief Complaints

- “I don’t like what’s happened to me…I dread going into work…I’ve lost my zest for medicine…my empathy and compassion are gone…I’m kind of numb…just going through the motions”
- “I think I’ve become a statistic…part of the 50% of docs who say they’re burned out”
- “I didn’t realize it was that bad…my wife and kids call me ‘BOD…burned out doc”

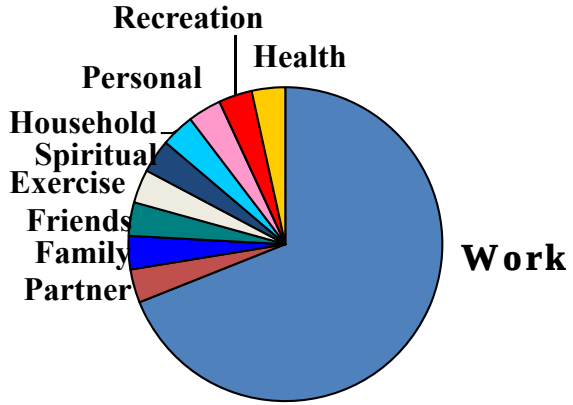
Something's Gotta Give

(UCSD committee for physician suicide 2011)

A Balanced Life



Imbalance: Many Medical Trainees and Physicians



What are the implications of physician burnout? (Shanafelt et al 2012)

- Higher incidence of self-reported medical error
- Lower scores on instruments that measure empathy
- MDs with burnout plan to (and do) retire earlier
- Higher job dissatisfaction on surveys
- Reduced patient satisfaction and treatment adherence

Burnout v Depression

- Etiology – burnout is an occupational syndrome; depression is a biopsychosocial illness
- Much overlap of symptoms and behaviors
- Some researchers believe that burnout is a type of depression and that in some cases is a prodrome or trigger of depression
- Some see burnout as “depression-light” yet suicidologists believe burnout can lead to suicide

Burnout v Depression

- There is less stigma associated with burnout than depression
- Burnout can be a cover for depression that is undiagnosed and untreated leading to protracted morbidity and mortality
- Burnout is a not uncommon chief complaint in physicians who warrant a very careful comprehensive assessment to rule out comorbid illnesses and specific treatment(s)

The argument for timely Rx of depression……..

"Oh, don't take any notice of me, I'm just a little depressed."

Narrative of a psychiatrist with depression

- Churchill called it the “Black Dog.” For me…..
  - Myers and Gabbard (2008)

PTSD in Psychiatrists: A Hidden Epidemic (APA Workshop 2016)

A salute to Dr John Bradford

‘Tough forensic guy’ John Bradford opens up about his PTSD

– CHRIS COBB, OTTAWA CITIZEN 11.10.2013

PTSD in a psychiatry resident
(Myers 2011)

- 29 y/o female – case vignette

PTSD in psychiatrists

- Traumatic situations in developmental years antedating medical school especially immigrants who have fled war torn countries, holocaust survivors and their children, survivors of torture, rape, kidnapping, natural disasters and more
- Exposure in training to traumatic situations
- Military psychiatrists, disaster experts
- Vicarious traumatization from patients
- Trauma from life events in adult life

Vicarious traumatization in psychiatrists

- VT is the “traumatization that occurs within the therapist as a result of empathic engagement with clients’ trauma experiences and their sequelae” (Pearlman and Mac Ian 1995)
- A recent study of medical students found that 26% of students reported symptoms of VT in their 3rd year and of these, 50% identified psychiatry clerkship as the source (Al-Mateen et al 2015)

Deeply buried trauma in psychiatrists

- Case example Dr Pilsner
  - Myers and Gabbard (2008)

Cognitive and emotional changes in psychiatrists (Myers 2015)

- An inner sense of vulnerability and frailness
- Mistrustfulness of others, guardedness, loss of idealism, cynicism
- Heightened anxiety and fearfulness about one's personal safety = defensiveness
- Countertransference = frightening fear of engulfment or contagion – may lead to rage and blaming the patient
- Negative impact at home on loved ones

The suicide of a medical peer

Personal anecdote

- “You’re joking, right?” Even as I reflexively uttered these few words, I knew that my friend was not kidding around. Yes, it was true; Jim Steele (not his real name), whom I had trained with many years ago, had killed himself. “Gunshot wound to the head” was offered next. I realize now that my friend, another physician, was using clinical jargon to protect himself from the horror and the deeply personal nature of the act of self-destruction. “You’re joking, right?” conveys my shock and disbelief.
  - Myers MF. When psychiatrists die by suicide. Clinical Psychiatry News. Commentary. November 2010. p.13

Background: what do we know?

- 800,000 people died by suicide in 2016 (WHO)
- 44,965 Americans died by suicide in 2016 (CDC)
- Every year, three to four hundred physicians take their own lives — the equivalent of two to three medical school classes (Struggling in Silence AFSP 2008)
- Put another way, we lose a doctor a day to suicide in this country
- In male physicians, the suicide rate ratio is 1.41 (compared to the general population) and in female physicians it is 2.27 (Schernhammer and Colditz 2004)
- No trustworthy data on rates of medical student suicide

Background: what do we know?

- Between 2000 and 2014, 324 residents died (220 men and 104 women)
- Suicide was 2nd most prevalent cause: 51 men and 15 women
- 74% of the suicide deaths were PGY I and II
- 64% of the suicides were 1st and 3rd quarters of the academic years
  - Yaghmour NA, Brigham TP, Richter T et al. Causes of death of residents in ACGME-Accredited programs 2000-2014: implications for the learning environment. Acad Med 2017;92(7):976-983

Kay Redfield Jamison, PhD, Professor of Psychiatry, Johns Hopkins Medical School

"No one who has not been there can comprehend the suffering leading up to suicide, nor can they really understand the suffering of those left behind in the wake of suicide"

from the Foreword "*Touched By Suicide: Hope and Healing After Loss"* by Michael F. Myers and Carla Fine, Gotham/Penguin, NY, 2006

Losing a physician colleague to suicide

- *"A good friend told me about her death. We didn't know right away that it was suicide. It was horrible to hear the truth. It came out that she had been struggling. Why is there so much stigma? Why is there that message of 'don't show any weakness' in the everyday world of medicine?"*
  - The words of Pam Swift, MD, author of *Doctor's Orders: One Physician's Journey Back to Self.* I spoke to her by telephone on September 18, 2015 about the loss of a doctor colleague to suicide.
  - From the Introduction *"Why Physicians Die by Suicide: Lessons Learned from Their Families and Others Who Cared."* (Myers MF 2017)

Unique dimensions of bereavement associated with suicide loss (Myers and Gabbard 2008)

- Unlike deaths from illness or accidents, suicide is a chosen death (albeit during a despairing mood and cognitive constriction)
- Survivors are left with a sense of abandonment, betrayal, and responsibility
- Emotions are raw and primitive
- There is not a proper goodbye
- There are many questions and no answers
- Bereavement may be fierce and definitions of normality broad

Reactions of the deceased physician's colleagues (Myers and Gabbard 2008)

- Mourning – full range of emotions and thoughts
- Systemic anxiety – personal vulnerability, contagion fears, who's next?
- Guilt and blame – at self and others for not doing more, missing clues, not reaching out, failing the physician colleague

Reactions of the deceased physician's colleagues (Myers and Gabbard 2008)

- Anger and rage at the deceased – for 'giving up', being 'selfish', leaving his/her family, abandoning his/her patients, 'dumping' more work on those left behind, tainting the public perception of physicians as invincible
- Business as usual – calm, cool demeanor, defensive intellectualization and rationalization, 'suicide is just an occupational hazard when you're a doctor'

Some wise words……..

- *“The greatest obstacle to tackling the mental health issues in doctors is stigma. When my father passed, several physicians – his colleagues and friends at the hospital – suggested that we - my mother and my brother and me - that we cover this up. That we don’t tell the world that it was a suicide. I said ‘No, we are not going to do that, we are telling the truth. This is a derangement of a body organ that killed him”’.*
  - The words of Frank Watanabe, whose father, Dr. August “Gus” Watanabe, while in the throes of a massive depression, killed himself at the age of 67 on June 9, 2009. From “Why Physicians Die by Suicide: Lessons Learned from Their Families and Others Who Cared” (MF Myers 2017)

Coping and growing

- Try to talk about your colleague in the same way you might if he/she had been killed in a car accident or died of cancer
- If you know his/her family, do not abandon them – the stigma and resulting isolation after suicide is terribly painful
- Respond in a kind and supportive way to any queries posed by his/her patients – and yet, protect privacy and confidentiality
- Give some thought to some kind of memorial – lecture, scholarship, etc
- Take care of yourself – including reflection, lots of talking, therapy perhaps – you will grow through this tragedy

And…

- At the end of the day, suicide is very humbling
- We must always honor the mystery of life and death and be very careful not to project our personal and collective notions of what it means to be a physician onto others
- But we must simultaneously continue our research into the biopsychosocial reasons why doctors kill themselves
- And most important, we must remember those who have died

Personal example

- *“My dad never really stuck to the treatment you provided for him, Dr. Myers. He just hated being a patient. He felt so ashamed. I tried hard too, but even my support wasn’t enough”*
  - Words spoken to me by the medical student son of my patient, a psychiatrist, at the memorial service after his death by suicide

Additional resources

- After a Suicide: A Toolkit for Residency/Fellowship Programs
  - https://afsp.org/our-work/education/healthcare-professional-burnout-depression-suicide-prevention/

Preserving resilience and wellness in one’s life

Resilience

Resilience

- “a life force that promotes regeneration and renewal” and “the ability to confront adversity and still find hope and meaning in life”

(Deveson A. Resilience. Allen & Unwin. Sydney. 2003;267, 161. Cited in Myers MF. Physician suicide and resilience: diagnostic, therapeutic and moral imperatives. World Medical Journal 2011;57(3):90-97)

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Psychosocial factors and possible neurobiological underpinnings associated with resilience (Feder et al 2009)

- Facing fears and active coping
- Optimism and positive emotions
- Cognitive reappraisal, positive reframing and acceptance
- Social competence and social support
- Purpose in life, a moral compass, meaning and spirituality

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The good news……..

- Resilience research is ever expanding and points to the high levels of healthy coping and adaptive mechanisms in people pursuing professional careers
- Most physicians respond nicely to today's treatments for psychiatric illnesses and regain their premorbid level of function

What is wellness?

- Physician wellness (well-being) is defined by quality of life, which includes the absence of ill-being and the presence of positive physical, mental, social, and integrated well-being experienced in connection with activities and environments that allow physicians to develop their full potentials across personal and work-life domains.
  - Brady et al 2018

Toward preserving wellness and striving for balance

- Pay attention to your physical, emotional, mental and spiritual health
- Pay attention to any/all feedback from your family, colleagues and patients about your well-being and behavior
- Try to leave your defensiveness at the door and strive to listen to and reflect on your reaction to what has been said to you
- Talk to others about how you're feeling – someone you trust – isolating leads to confusion, distorted thinking about yourself and others and can be dangerous
- Most important, put yourself first!

Toward preserving wellness and striving for balance

- Do not blame yourself for feelings of burnout – it is occupational and systemic – emblematic of how medicine is structured today
- It will take time for this kind of change to occur – excessive workload, clerical burden with electronic health records, imbalance of time spent on the computer and less in face-to-face time with one's patients, burden of documentation to meet billing requirements, hassles with insurance payers, maintenance of certification requirements, elimination of questions on licensing applications that ask about diagnosis and treatment of mental health illnesses (vs necessary questions about current impairment)

Toward preserving wellness and striving for balance

- The good news is that both the ACGME and the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience are taking this very seriously and working on changes at a national, state, organizational and leadership level
  - Next NAM meeting is May 2, 2018 in Washington, DC with a live webcast
  - https://nam.edu/event/establishing-clinician-well-national-priority-meeting-3/
- In the meantime, there are many individuals and groups that are working at – and writing about – ways in which each doctor can think about and implement changes in oneself to prevent or combat burnout

Table 1. Ten Steps to Prevent Physician Burnout (Linzer et al 2014)

- **Institutional Metrics**
  - 1. Make clinician satisfaction and wellbeing quality indicators.
  - 2. Incorporate mindfulness and teamwork into practice.
  - 3. Decrease stress from electronic health records.
- **Work Conditions**
- 4. Allocate needed resources to primary care clinics to reduce healthcare disparities.
- 5. Hire physician floats to cover predictable life events.
- 6. Promote physician control of the work environment.
- 7. Maintain manageable primary care practice sizes and enhanced staffing ratios.
- **Career Development**
- 8. Preserve physician “career fit” with protected time for meaningful activities.
- 9. Promote part-time careers and job sharing.
- **Self-Care**
- 10. Make self-care a part of medical professionalism.

Avoiding and fighting burnout

- Pay close attention to your rest and sleep
- Build in and protect time for regular exercise
- Secure a primary care physician and develop a doctor-patient relationship with that individual
- Do not let any job in medicine severely compromise your right to a personal and family life
- Build collegial relationships with your doctor peers, including Balint and narrative medicine groups
- Learn mindfulness meditation, new CBT strategies for facing stress

Web resources for physician wellness

- http://digitalrepository.unm.edu/cgi/viewcontent.cgi?article=1003&context=omsw
- Important links to resources for:
  - Individual and institutional strategies to build resilience and prevent burnout;
  - What has been developed at other institutions;
  - TED Talks;
  - Podcasts;
  - Narrative medicine and reflection

The end result…

- More personal happiness
- Restored morale in yourself and others
- A return to career gratification
- Heightened patient satisfaction indices
- Fewer physician lives lost to protracted illnesses and suicide

End note on Keeping Well: A salute to Lucy Kalanithi, MD (widow of Paul Kalanithi, MD *"When Breath Becomes Air")*

- "Living fully means accepting suffering…..When we approach suffering together, when we choose not to hide from it, our lives don't diminish, they expand."

  - Excerpt from her Ted Talk "What Makes Life Worth Living in the Face of Death" https://www.ted.com/talks/lucy_kalanithi_what_makes_life_worth_living_in_the_face_of_death#t-918383

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Thank you!!

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