

"12 Steps" toward healthier attitudes and coping strategies

Step 1:

"We admitted difficulty living as a medical professional only, that problems arise from this single focus in life"

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We arrive at the hospital, or office, slip into our white coat, and cloak ourselves with the sense of mastery and control that years of training and medical practice have bestowed upon us. This is what we worked so hard for, and sacrificed so much to achieve. We are doctors. More than a vocation, this is a calling, and a noble one at that. We offer hope, healing and comfort. And our patients revere us.

Our name has changed. They don't address us as "Mr." or "Ms." anymore, even away from work. Strangers respect us, adorned as we are by the mystique of medicine granted to us by our title. We are constantly reminded of what we do, who we are. Eventually we allow our sense of worth, and our self-esteem, to be defined by what we do. Being a doctor feels good, important. The inner voices of doubt and inferiority are smothered by the value of the service we offer society. We are alright.

But the demands upon us as physicians are endless. We see patient after patient, days, nights, weekends. We deliver babies, respond to emergencies, start early and finish late. We break promises and commitments to others — but for good reason. We are doctors, and our patients need us. We forget about art, music, sports, and all the other creative and leisure activities we used to enjoy. Our children are often in bed when we get home, and our spouses have become acquaintances.

We haven't seen our friends in so long.

There are many pressures, a growing number seemingly beyond our control. Patients' problems, and the therapies to relieve them, are increasingly complex. Resources of all kinds are shrinking. Finances are strained. Medical politics are unstable and we don't get along with co-workers as well as we used to. We respond to these stresses in the way we know best — by working more. Yet we feel tense, anxious, sometimes depressed and exhausted. Pleasures are few, and sometimes unhealthy. Still, we find some solace in our work because here, despite the problems, the rewards remain greatest.

By now our physical and emotional health are suffering. Our marriages may be faltering. We hardly know our children. Professional and personal "burnout," or even impairment, become a possibility. And greater application of the familiar strategy — working more — provides

less relief. But, perfectionistic and independent, we silently push on.

Until now, we haven't seriously considered asking for help. Turning to our colleagues for assistance is out of the question. From the earliest days of competition for medical school entry, through residency training and beyond into practice, we believed that revealing our distress to our peers, teachers and associates would be seen as professional and character weakness. We risk harsh judgment, delay in professional advancement, reduction in referrals from colleagues, tarnishing of our professional image, and more. And, so far, none of our colleagues have come forward to offer support.

If we have a family doctor, and most physicians don't, we don't want him or her to know of our distress, either. We still regard them as professional colleagues first, and personal health-care providers second. We are so invested in our identities as physicians that, although ill-advised, some

of us have ignored the prohibitions against self-treatment. Physicians to the end, we now become our own patients.

We are afraid. If someone notifies the chief of staff or regulatory authorities with their concerns for us, might we not lose our hospital privileges, or worse, our medical licence? We are convinced that our distress must remain a secret from our professional peers. We feel trapped — solutions to our problems remote and barricaded behind our attitudinal rigidity.

Work ceases to salve our wounds. The joy of medical practice is long gone. We have already fallen behind in our administrative obligations and it becomes difficult to maintain the pace of patient care commitments we have established. It's not unusual, at this stage, to feel resentment toward colleagues, institutions and even our patients.

Then, one day, something happens. Our spouse leaves, or a patient complains. Sometimes the crisis

takes the form of an impaired driving charge. Perhaps we have been confronted by colleagues. We are hurt, baffled, angry and ashamed — emotions which fuel our growing resentments. We think we have been wronged.

We reach a point where we feel we can't continue enduring our physical, emotional and spiritual pain. Defeated, we finally admit to ourselves that we have problems which we have been unable to solve. Our personal prescriptions, our plans for ourselves, our self-determination as physicians have not worked. At such a low point, suicidal ideas may enter our thoughts. Until now, we have been unwilling to consider solutions.

If there were nothing to follow, this would be a sad state of affairs. But this is not the case. Others before us have learned that it is possible to find relief from these problems and the tensions they create. The OMA Physician Health Program 12 Steps for Medical Professionals are guide-

posts to such a result. Missing have been the open-mindedness sufficient to consider them, and a willingness to practise them. Who among us have been truly willing to admit that, as doctors, we don't have all the answers? Why have we been so reluctant to attend to our personal needs before those of others? Who has had the time or inclination to achieve genuine self-awareness, then take the steps necessary to solve our problems, make amends, heal our relationships? And, as scientists, many of us have let our spiritual development lapse.

It is not until we have taken the first step — of admitting difficulty living as a medical professional only — that we become truly ready to proceed toward a healthy future. OMR

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OMA Physician Health Program 12 Steps for Medical Professionals:

Suggested Guidelines for Physicians Who Seek Rehumanizing

- 1. We admitted difficulty living as a medical professional only, that problems arise from this single focus in life.**
2. We came to believe that accepting help and support from everything life has to offer could restore our physical, mental, social and spiritual health.
3. We made a decision to turn our will and our lives over to the care of our fellows who have learned these lessons and a Higher Power as we understand one.
4. We made a searching and fearless personal inventory of our problems, strengths, goals and dreams.
5. We shared our list with trusted others, acknowledging our character weaknesses, virtues and humanity.
6. We were entirely ready to accept the help available to address our basic human needs.
7. With humility and an open mind we sought to correct the shortcomings in our lives.
8. We made a list of all persons and institutions we resented and became willing to address these issues.
9. We made direct amends where necessary and took any action required to relieve these tensions, except when doing so would harm others.
10. We continued to monitor internal feelings and needs, promptly admitting when we had a problem.
11. We remained open and responsive to help, guidance and love we can receive from others who care about us.
12. Having achieved personal revitalization as a result of these steps, we try to carry this message to the others in our lives, and to practise these principles in all our affairs.