~~BAD~~ sick DOCTORS

Doctors are being subjected to greater scrutiny and placed under mounting stress in overburdened healthcare systems. They deserve sympathy, not shame

BY TRISTAN BRONCA

In April 1983, Dr. Lawrence Wiser attempted to take his own life. He was practising in California at the time and the incident plunged him into a coma for two weeks. When he emerged, he was found to have suffered brain damage.

Over the next two years, Dr. Wiser was subjected to intense medical and legal scrutiny as the state evaluated his fitness to practise. But before the medical board could render a final decision on what—if any—conditions should be placed on his licence, Dr. Wiser surrendered it and returned to Canada. After serving in 1989 as a special adviser to Manitoba's health minister, he returned to his native Saskatchewan where he had obtained his medical licence in 1976.

In 1999, he became a surgical assistant after a review from a three-member appeal board. He was approved to practise, and has done so without incident ever since.

Much of Dr. Wiser's past medical history was shared in a report published last year by the *Toronto Star* as part of a provocatively titled series "Bad Doctors." "Brain damage ended his medical career in the U.S.," the title of the piece reads. "Now he's licensed in Saskatchewan." Thirty-five years after the incident it is, according to the report, "unclear if (Dr.) Wiser is still impaired by his injuries."

What was clear was the suggestion implicit in the reporting: That the public could not be certain Dr. Wiser posed no risk to patients, and the regulator's failure to disclose his injuries was a violation of the public's trust.

"I have been assisting the surgeons of Regina in almost all of the disciplines of surgical practice for 19 years," Dr. Wiser wrote in a piece defending himself, published by our magazine online. "During that time there have been no lawsuits, no complaints and no inquiry into my competence." He pointed out that all the medical and hospital boards under which he has practised, along with the panel that allowed him to become a surgical assistant, had carefully considered the information the *Toronto*

Star had published, along with other "documentary evidence referring to his clinical skills, psychological makeup, and professional judgment."

They found nothing to suggest Dr. Wiser is a "bad" doctor. He was, at one time, a sick doctor, but that distinction isn't made as often as it should be.

'BAD PEOPLE DON'T GO INTO MEDICINE'

Dr. Derek Puddester is a practising psychiatrist and the former associate medical director of Ontario's physician health program. During his time with the program, they developed a section to support physicians with "disruptive behaviour"—i.e. words, actions, or inactions that interfere with their ability to deliver sound care. Dr. Puddester said the data is limited but some researchers estimate that up to 85% of disruptive doctors are struggling with an underlying health issue.

That also appears to be borne out by studies on the topic done in the U.S., at Vanderbilt University in Nashville. They created a program to collect unsolicited patient and colleague complaints from hospitals and medical practice, dealing with an array of unprofessional behaviour. They found a very small proportion of physicians accounted for a disproportionate share of complaints.

"Most of these doctors weren't, as we say in the south, 'cussing, spitting and throwing scalpels', " explained Dr. William Cooper, a professor of pediatrics and health policy at Vanderbilt. "The complaints would be more along the lines of 'a physician said he wouldn't be able to do the operation because he had a birthday party to attend' or 'he did a very poor job of explaining what to expect' . . . they were not displaying rage, they were just less patient."

According to their data, about 3% to 5% of physicians accounted for about 45% of unsolicited patient complaints (and, as it happens, 50% of an organization's malpractice risk). About 3% of physicians account for 40% of coworker complaints. The two offending groups were comprised of different doctors, but they did have one thing in common: about 80% corrected their behaviour simply after being told about it.

"What we find is that the small number of individuals who don't self-correct have a much greater risk of having mental illness, substance abuse, significant life stressors or burnout," Dr. Cooper said. Moreover, almost every physician health expert we spoke to for this article said that when doctors do get referred or self-refer for treatment, they tend to be highly motivated patients. They are eager to understand where and how they slipped up.

"Bad people don't typically go into medicine," said Dr. Kai MacDonald, a San Diego-based psychiatrist who specializes in treating medical professionals. "That's kind of a generalization, but it's like saying there aren't a lot of lazy marathon runners." Medicine involves a ton of delayed gratification, patience and diligence, he explained. People with less altruistic motives would find their efforts rewarded quicker and far more generously somewhere like Wall Street.

"When we say 'bad' I think we're talking about people with true, prominent empathy deficits or who have significantly misguided morals. The more common thing that we see is doctors who don't know how to take care of themselves very well, and then they get in a pinch."

GOOD DOCTORS AT GREATER RISK

For the last decade, Dr. MacDonald has worked at the University of California San Diego in the Physician Assessment and Clinical Education (or PACE) program. Much of Dr. MacDonald's work at PACE was done in the professional boundaries course, to which doctors are referred following a harassment or sexual misconduct complaint. Following a clinical evaluation, they participate in a three-day program to address the issues that might have contributed to their misconduct. Much of it tends to be cognitive behavioural therapy with "a healthy marbling" of mindfulness, Dr. MacDonald explained.

The evaluation focuses on the individual ("There are of course system factors but we don't treat system factors"). Most physicians Dr. MacDonald sees in the program have some variation of the same personality traits—narcissism, obsessiveness or entitlement—which, combined with insufficient emotion regulation, can lead to impulsive or context-inappropriate behaviour.

"Having evaluated a lot of these physicians, they tend to have hypertrophied versions of characteristics that most physicians have," he said. "Conscientiousness and self-confidence, writ large, become obsessiveness, grandiosity and entitlement."

Stress also plays a role. Dr. MacDonald said that most people he encounters, he believes, have good intentions but just can't enact them very skillfully, which is where problems tend to arise. "A lot of disruptive behaviour comes from people wanting things to function the right way, even perfectly," he said. "They want things to happen like a machine, and it just doesn't because systems are made up of people." Physicians can be particularly intolerant, because to do their job well they often have to be.

"It comes back to the question of what makes a good physician," said Dr. MacDonald. He referenced the military to draw a parallel. "Someone who has a tendency to an aggressive, action-oriented response to stress, makes a good marine? Yes. Does it also make them prone to suicide? Yes." If you think of a good surgeon, that person is more likely than not borderline obsessive, decisive and maybe a little bit curt. But then you place that surgeon in another situation, such as the visit before the surgery, and you have to expect them to flip. They have to be calm, empathetic, patient, etc. "You turn up the knob on those other personality traits—those requirements for their job—and you're going to have a mess."

This, Dr. MacDonald suggested, is not only one of the driving factors for disruptive behaviour, but also for burnout. "There's a selection bias for certain personality traits in medicine that don't do well under certain kinds of stress." We need physicians who are calm, empathetic, selfless, etc. but those same personality traits can also make them vulnerable. There's no benefit without cost.

DOES BURNOUT LEAD TO BAD BEHAVIOUR?

Originally, the reporting for this article began with a simple question: Is burnout, a syndrome still growing in scope and intensity across the profession, increasing the incidents of disruptive behaviour? We already know that mental health and substance abuse among physicians are contributing factors for such behaviour, and we know that burnout adversely affects physician health and has been linked to medical errors. If it were linked to disruptive behaviour as well, it would make addressing the currently urgent problem even more urgent.

As of this writing, the team at Vanderbilt is collecting data on this but so far doesn't have anything to report. Some physician health experts acknowledged there was likely some overlap, but all of them were very apprehensive about drawing a direct link between burnout and disruptive behaviour.

"If you picked 100 doctors who were labelled 'disruptive' there would be a percentage of those people who would be sociopaths, there would be another smaller percentage who suffered from burnout, but the majority of those people would have a legitimate beef," said Dr. Dike Drummond, a physician health expert based in Seattle, and the CEO of TheHappyMD.com. "Physicians are uniquely programmed to be uncompromising in the face of hypocrisy. When you know what the right thing is to do, and you can't because your organization won't let you or won't support you, who's on the hook for that?"

Dr. Drummond explained that sociopaths, the small group of the litigious and self-centred troublemakers, are responsible for a lot of complaints. But many of the others, particularly those who are "disruptive" with administrators, simply stray beyond the boundaries of polite discourse. And there's often good reason for them to do so, Dr. Drummond said. "We don't make widgets; we're talking about whether a 65 year old is going to get a heart transplant or not."

Dr. Drummond's work focuses on physicians, who he helps stay within those boundaries when presenting their concerns to leadership. "If you lose your cool, they'll label you disruptive and ignore your concern, even if it is legit." He also works with the administrators, helping them deal with sociopaths and differentiating them from doctors with legitimate concerns.

"In all groups of disruptive doctors, burnout might play a role, but it is absolutely false to say burnout causes the behaviour"

"In all groups of disruptive doctors, burnout might play a role," he said, "but it is absolutely false to say burnout causes the behaviour." With burnout, he said, the damaging effects tend to be turned inward rather than outward. "You have people going to work thinking 'I hope I get in a car accident so I don't have to see patients', " he said. In the extreme, the prospect of doing something wrong, or facing the stresses of the work day can be more dreadful than serious self-harm.

ACCOUNTABILITY IN A NEW ENVIRONMENT

In many ways, it's easy to understand how a physician like Dr. Wiser came under scrutiny from a national newspaper. It is fair to ask questions about a doctor's competence, and if the public has been denied information that may be relevant to answer those questions, that needs to be remedied. One of the reasons the *Toronto Star*'s treatment of Dr. Wiser's case seems egregious is because there were doctors named in that investigation who were indeed "bad"—bad in ways that are, arguably, unique to this profession. Doctors, by virtue of their position, have the capacity to do much more harm than people in other professions; not unlike the way a pilot has unique control over your safety when you're in his or her plane. There is simply a different standard of accountability, even in their lives outside of work.

"Many people drive drunk, which we know is wrong and often has catastrophic consequences," said Dr. Joy Albuquerque. "Doctors, if we do that, we end up on the news."

Dr. Albuquerque is a psychiatrist and current medical director of the Ontario physician health program, which she helped establish alongside the founding medical director Dr. Michael Kauffman. While the focus of the program initially was on doctors with substance use problems, the work over the last 15 years has been on establishing a mental health component. This program, like others across North America, were built after a landmark physician health paper from *JAMA* that was released in 1973: "The Sick Physician." One of its core claims was that impaired physicians deserve effective treatment, not just discipline.

Since then, there has been a large body of work devoted to burnout,

particularly the systemic and environmental factors that play a role. Dr. Albuquerque drew a comparison to the early 20th century factory. When workplace accidents occurred, it was thought of as an individual problem. Workers who got injured were *accident-prone*. It took some time before most began to realize that placing a guard on a machine with a blade might be a better fix than expecting people to simply learn how to keep all their fingers.

There's a similar change happening in the culture of medicine, except now that machine with a blade may be an EMR, or new biotechnology, or all manner of other innovations that come with the requisite upgrades, tweaks and patches that add pressure in a world where efficiency and effectiveness is crucial. Questions about how to deal with these shifts have become significantly more complicated than putting a guard on a dangerous machine.

Getty Images

A NEW LANGUAGE OF SUFFERING

Still, progress is being made. "The language of suffering that doctors are starting to speak—one that has traditionally been reserved for their patients—has come to include themselves, and that's a good thing," Dr. Albuquerque said. "I'm a third-generation doctor, and my father and grandfather didn't have a way to talk about their stressors." Burnout, as a concept, didn't really exist. Now it's correlated with doctors leaving the profession earlier than they would, with unmasking suicidal intent, with propensity to addiction, and other serious issues. Identifying those links makes help possible.

But Dr. Albuquerque said that despite a growing body of work to help healthcare professionals cope with new stressors, it may take much longer for doctors to fully adjust. It is institutions—not those individuals—that appear to be responsible for the lion's share of burnout.

One of those institutions is the provincial colleges. Over the last decade, regulators have begun to ask more penetrating questions about physician health related to matters of impairment. Those questions simply aren't asked of other professionals. "You as a journalist are protected from having to tell anyone about an addiction problem or a mental illness, and if you've sought help, it would be frowned upon for anyone to ask about that," said Dr. Albuquerque.

"Doctors provide this information freely. They do this because they are governable, and because they realize that an impaired doctor is a risk not only to their patients but to themselves." Dr. Albuquerque said she thinks this process, even as it has changed over the years, remains nuanced. But the space between the public and private spheres of physician life is shrinking, and when this information is published and politicized, much of the nuance can be lost.

As Dr. Drummond warned in his interview with the *Medical Post,* it's a complicated discussion. "You can't soundbite this," he said. "If you do you won't be telling the truth."

"If behaviour is noticed in the workplace that's impacting how we work, I think it's a problem if someone somewhere is not asking 'is this a health issue?' " Dr. Albuquerque said. "If there's something happening that can be remediated or treated then that person deserves that chance." **MP**