Doctor's Health, Wellbeing and Vitality

Approved August 2013

Preamble

1. The health of a doctor affects themselves, their families, the work that they undertake and the patients they serve. The need for members of the medical profession to maintain their own health and wellbeing is vital, but often overlooked in the desire to provide better care for patients. The NZMA considers that doctors in optimal health are more likely to make better clinical decisions than doctors who are not. Further details of the links between the health and wellbeing of doctors, their work, and the patients they serve are provided in Appendix 1.

2. The primary purpose of this position statement is to provide recommendations and guidance on how to safeguard and improve the health, wellbeing and vitality of doctors. The intended audience includes doctors and medical students, employers, medical schools and training colleges, as well as government and key decision makers.

Recommendations for Doctors and Medical Students

3. The NZMA encourages doctors and medical students to take responsibility for their own physical and psychological health. We recommend the practice of healthy lifestyle behaviours —including good nutrition, exercise, leisure, regular leave and family time—to the maximum extent that these are possible, given the demands of the job and training.

4. Doctors and medical students should seek formal healthcare when necessary. To facilitate this, the NZMA recommends the establishment of a therapeutic relationship with a general practitioner. This practice should be fostered when a medical student, to promote a life-long pattern of seeking professional care. We also recommend having a colleague or mentor who can advise professionally but who can also provide insight and support when there are early signs of distress. Doctors should also have appropriate insurance in place to support them through illness.

5. It is important for doctors to recognise the dangers to others associated with a reluctance to admit illness or failing competence, as well as with continued or regular self-diagnosis, treatment and prescribing. Doctors have an obligation to assist their colleagues who are unwell or under stress. As such, doctors should be aware of and look out for the signs of stress, burnout and other health issues in their colleagues.

6. Doctors have a legal obligation to notify the Medical Council of New Zealand in situations where they believe that either they themselves or colleagues are unfit to practise because of a physical or mental condition.

7. The NZMA believes that, other than in an emergency or when working in an isolated area where there are no general practitioners readily available, it is advisable for doctors to avoid treating themselves or their family. If living in an isolated area, doctors should be encouraged to investigate other ways to get access to formal health care.

Recommendations for Employers

8. The NZMA calls on employers to acknowledge that a healthy workforce is an asset and to provide appropriate resources to ensure that doctors can maintain a good general state of health, wellbeing and vitality.

9. We recommend the implementation of employer policies, processes and/or strategies to support safe rostering practices and safe working hours, the reduction of excess stress and fatigue, and the promotion of wellbeing and vitality. These policies should address appropriate supervision of medical students and resident medical officers (RMOs), maximum hours of work, clinical responsibilities after nights on call, backup coverage for RMOs, and the handling of disputes.

Recommendations for Medical Schools and Training Colleges

10. The NZMA calls on medical schools and training colleges to establish the routine collection of data on trainee health as a monitoring tool, with due consideration given to issues of privacy. We also suggest that this could be extended to the health of trainers, given the likelihood of a correlation between the health of the teaching faculty and the health of trainees.

11. We recommend that all training programmes incorporate policies on intimidation, harassment (including sexual harassment), discrimination and violence. These policies should include a clear, fair process for dealing with such cases. Training programmes should also incorporate the teaching of skills such as time management and dealing with stress as part of the core curriculum and in continuing medical education.

Recommendations for Medical Schools, Training Colleges and Employers

12. The NZMA believes that medical schools, training colleges and employers should promote good health, wellbeing and vitality, and the adoption of a healthy lifestyle throughout a medical student/doctor's training and career. In particular, training and practice environments should ensure opportunities for adequate rest, sleep, exercise, healthy diet, leisure and family life. They should also demonstrate their commitment to doctors' wellbeing by providing effective role modelling and mentorship programmes that value these aspects, and be sufficiently flexible to allow doctors to meet their family commitments and maintain a work/life balance.

13. Scheduling for training and the provision of medical services should ensure reasonable working hours to safeguard the ability of RMOs and senior medical officers (SMOs) to provide quality patient care.

14. Training and practice environments should adopt a non-judgemental culture that supports those facing difficulty, so that doctors are confident that seeking help will not affect their career. This includes the provision of access to confidential medical and other health services so that doctors and medical students are confident that seeking help will not stigmatise them nor affect their career progression. There must be clear referral pathways and models of care for those in need of assistance.

15. The medical profession needs to develop a culture that supports colleagues in difficulty without judgement. To avoid potential conflicts of interest, this support role should be shared by all

doctors, vocational colleges and employers, but is best kept separate from the functions of the Medical Council.

16. Doctors and medical students must have access to treatment that is given with the same skill and professionalism provided to all other patients, but with particular emphasis on confidentiality, accessibility and addressing issues which compromise the ability to provide formal medical care.

17. All training and practice environments should have policies, processes and/or strategies in place to ensure that medical students and doctors are protected from intimidation, harassment, discrimination or violence.

18. Medical schools, training colleges and employers should develop a communications strategy to make medical students, RMOs and SMOs aware of available health and wellbeing programmes, policies and resources. These organisations should also, where possible, identify the internal and/or external stress factors contributing to (and recognise the warning signs and behaviour patterns of) poor health.

Recommendations for the government and key decision makers

19. The NZMA calls on the government and key decision makers to consider the potential impact of changes in the health care system on the health and wellbeing of doctors and, wherever possible, to consult meaningfully with them or their representative bodies on such matters.

20. We recommend that an appropriate quality indicator to assess doctors' welfare be developed and implemented, and that this is adopted nationally as a measure of District Health Boards' performance.

21. The NZMA calls on relevant agencies and decision makers to consider the implications of early career planning. While workforce planning is facilitated by early career planning, pressure on newly graduated doctors to make decisions regarding choice of vocation training as early as the Trainee Intern year is in itself an additional stressor for this group and may also lead to dissatisfaction with career choice in later years.

22. The NZMA supports research into the health and welfare of doctors and medical students, with specific attention on issues such as safe working hours and the recognition of vulnerable sub-groups. We also support research and policy initiatives that will help identify doctors and medical students who are at risk of suicide, as well as the development of a national information system that could guide systemic improvements to the health and wellbeing of the profession.

Appendix 1

Background

Health has been defined as "a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity".[1] In New Zealand there is a wider nuance to the term in that Māori take a holistic view of health, with good health being seen as "a balance between mental (hinengaro), physical (tinana), family/social (whānau), and spiritual (wairua) dimensions".[2] Both definitions recognise that health is something more than the absence of disease. It includes a state of wellbeing and, at its plinth, good health could be said to be a state of vitality where the doctor is resilient and energised.

The need for doctors to maintain their health and wellbeing is vital but often overlooked. Its importance is underlined in the NZMA Consensus Statement on the Role of the Doctor,[3] which states that doctors "*recognise the importance of maintaining their own health and are committed to supporting each other in achieving this*". While doctors are less likely than the general population to suffer lifestyle-related illnesses such as heart and smoking-related diseases,[4] doctors are at greater risk of mental illness and stress-related problems, and are also more susceptible to substance abuse.[5] Doctors suffer higher than normal rates of depression and anxiety, and their suicide rate is higher than that for the general population.[6] Medical students also experience high rates of depression and stress.[7]

The health and wellbeing of a doctor affects not just themselves and their families but the work they undertake and the patients they serve. When doctors are unwell, the performance of health care systems can be suboptimal. Emerging research has shown that stress, fatigue, burnout, depression, or general psychological distress in doctors negatively affects health care systems and patient care.[8]

Interestingly, doctors who are at their peak of physical health and are adopting good lifestyle habits may also be likely to provide better advice and care than those who are simply "not ill". For example, doctors who were physically active and adopted healthy lifestyle habits themselves were found to

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[1] WHO. Preamble to the Constitution of the World Health Organization as adopted by the International Health conference, New York, 19-22 June 1946, and entered into force on 7 April 1948

[2] Durie M. A Maori Perspective of Health. *Soc Sci Med* 1985;20:483–86

[3] Consensus Statement on the Role of the Doctor in New Zealand. *NZMJ* 2011; 124(1345) [available from http://journal.nzma.org.nz/journal/124-1345/4947/]

[4] Carpenter L, Swerdlow A, Fear N. Mortality of doctors in different specialties: findings from a cohort of 20,000 NHS hospital consultants. *Occup Environ Med* 1997;54: 388–95; Clode D. The conspiracy of silence: emotional health among doctors. Melbourne: Royal Australian College of General Doctors. 2004.

[5] Clarke D et al. Life events, stress appraisals, and hospital doctors' mental health. *NZMJ* 2004; 117(1204) [available from http://journal.nzma.org.nz/journal/117-1204/1121/]; Willcock SM et al. Burnout and psychiatric morbidity in new medical graduates. *Med J Aust* 2004; 181: 357–360; Schattner P et al. Doctors' health and wellbeing: taking up the challenge in Australia. *Med J Aust* 2004; 181: 348–9

[6] Elliot L, Tan J, Norris S. The mental health of doctors –A systematic literature review executive summary. Melbourne: beyond blue: the national depression initiative, 2010 [available from http://www.beyondblue.org.au]

[7] Dahlin M et al. Stress and depression among medical students: a cross-sectional study. *Med Educ* 2005; 39: 594–604

[8] Wallace J et al. Physician Wellness: a missing quality indicator. *Lancet* 2009; 374: 1714–21

give better counselling and motivation to their patients to adopt such health advice.[9] Another study of patients who saw a video of a doctor giving advice about diet and exercise showed that the doctor was more believable and motivating if they disclosed their own personal health practices.[10]

There is also research to support the importance of good dietary habits. In a study which compared the cognitive function of doctors on those days when they were fed nutritious meals, snacks and fluids (the intervention day) with the days when they followed their normal eating and drinking habits, cognitive scores were superior on the intervention day.[11]

Stress

Stress is both a physical and emotional syndrome. It occurs when the demands on someone are greater than their capacity to respond, and is mediated by factors in the external environment (including the workplace) as well as by internal qualities. A downward spiral often ensues, as work performance drops when stress mounts.[12] Stress may be caused by external pressures such as changes in the health care system, or political or economic uncertainty. Other stress factors are occupational in nature and are related to career choice, heavy workload, sleep deprivation, frequent on-call responsibilities, practice management and financial problems, and increasing expectations of patients and the public. Excessive cognitive demands caused by the need for quick processing of overwhelming amounts of information for long periods can negatively affect work quality.[13]

Debt

For medical students and RMOs, student debt and early pressure to make vocational decisions are both significant stressors. In 2006 the New Zealand Medical Students Association undertook a study of debt and its effects on graduating doctors. One hundred and fifty eight postgraduate year-one (PGY1) graduates responded to the survey, and of those, 86 percent reported increased levels of stress due to their student loan.[14] This finding is particularly significant given that the house officer years already contain considerable work-related stress arising from inexperience, learning/training requirements and long working hours.[15]

Workplace bullying and harassment

Workplace bullying and harassment are also concerns in the medical work environment and can cause major health issues. A New Zealand study reported that 50 percent of house officers and registrars had experienced at least one episode of bullying behaviour during their previous three- or

[9] Lobelo F et al. Physical activity habits of doctors and medical students influence their counselling practices. Br J Sports Med 2009;43: 89–92

[10] Frank E. Physician Health and Patient Care. *JAMA* 2004; 291: 637

[11] Lemaire JB et al. Physician nutrition and cognition during work hours: effect of a nutrition based intervention. BMC Health Services Research 2010;10:241 [available from http://www.biomedcentral.com/1472-6963/10/241]

[12] Patterson R, Adams J. Professional burnout – a regulatory perspective. *NZMJ* 2011;124 (1333)

[13] Wallace JE, Lemaire JB, Ghali WA. Physician wellness, a missing indicator. *Lancet* 2009; 374:1714 –21; Levin S et al. Shifting toward balance: measuring the distribution of workload among emergency physician teams. *Ann Emerg Med* 2007;50:419–23

[14] Moore J, Gale J, Dew K, Davie G. Student debt amongst junior doctors in New Zealand; part 1: quantity, distribution, and psychosocial impact. *NZMJ* 2006; 119(1229) [available from http://journal.nzma.org.nz/journal/119-1229/1853/]

[15] Above, n 15

sixth-month clinical attachment.[16] A similar Australian study found that 50 percent of junior doctors had been bullied in their workplace.[17] International research has shown that bullying in the healthcare profession is not associated with specialty or sex; it appears to be endemic, occurring across all specialties and at all levels of seniority. Even so, it is more common for bullying to be perpetrated by a senior employee over a junior one.[18]

Burnout

The nature of the work means that doctors are particularly susceptible to burnout. This may be defined as a "syndrome of emotional exhaustion, depersonalisation and a sense of low personal accomplishment that leads to decreased effectiveness at work",[19] and may result from chronic work stress. Specific factors that have been suggested as having a role in producing stress and consequent burnout in doctors include the following: high workload and fatigue; dealing with emotionally charged situations associated with suffering; fear, failures and death; difficult interactions with patients, families, and other medical personnel; excessive cognitive demands; increased patient care demands; remuneration issues; growing bureaucracy; increased accountability; conflict between the needs of the organisation and patients; decline in medical practitioner autonomy.[20]

It is important to differentiate between high workload as a major stressor potentially leading to health and wellbeing concerns, and work intensity which, depending on the situation, may actually increase wellbeing as a result of feeling challenged and energised.

The working environment

The working environment for doctors in New Zealand is often not conducive to maintaining good health. Potential stressors include the following: long hours with frequent overtime for RMOs; irregularity of overtime for SMOs, depending on specialty; extremely demanding and complex work with minimal or no room for error; potential for unexpected, rare and/or stressful crisis situations; working to other people's schedules which may entail irregular meal and leisure breaks.

A 2009 report on the Resident Medical Officer Workforce entitled 'Treating People Well' identified a number of specific issues that were causing low morale in RMOs.[21] These included the following: a culture that devalued RMOs by treating them as units of labour to be deployed to cover service need rather than professionals in training with families and lives outside the workforce; the lack of simple resources such as common rooms and lockers; minimal provision of support services; inadequate supervision and education; inconsiderate rostering practices; treatment of a doctor taking sick leave as being 'inconvenient'; lack of flexibility by the DHB to accommodate the demands of family and children; a lack of pastoral care; industrial conflict.

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[16] Workplace bullying and Harassment, NZMA Resource, July 2010; Scott J et al. Workplace bullying of junior doctors: a cross sectional questionnaire survey. *NZMJ* 2008; 121(1282) [available from http://journal.nzma.org.nz/journal/121-1282/3265/]

[17] Rutherford A, Rissel C. A survey of workplace bullying in a health sector organisation. *Aust Health Rev* 2005; 28(1):65–72

[18] NZMA Bullying and Harassment Position Statement, July 2010; Quine L. Workplace bullying in NHS community trust: staff questionnaire survey. *BMJ* 1999;318:228–32

[19] Above, n 13; Maslach C et al. Maslach Inventory Manual, 3rd ed. Palo Alto, Calif: Consulting Psychologists Press; 1996

[20] Above, n 13, n 14

[21] Treating People Well. Report of the Director-General of Health's Commission on the Resident Medical Officer Workforce. June 2009 [available from http://healthworkforce.govt.nz/sites/all/files/rmo-treating-people-well-aug09.pdf]

Barriers to seeking help

Doctors are often poor at seeking help and attending to their own health needs. In a survey of the health practices of New Zealand general practitioners,[22] only 71 percent claimed to have their own family doctor, and only 11 percent said that they visited their doctor for regular checkups. Of women respondents, 28 percent had not undergone recommended cervical screening. A number of reasons why doctors were poor patients have been identified.[23] These include the following: a sense of being indispensable; 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 doctors lack time to see to their own health needs; a belief that doctors should be able to heal themselves; doctors' ready access to a wide range of medication; financial pressures to maintain high levels of income; fear of disciplinary action and deregistration.

Presenteeism

Presenteeism refers to doctors presenting for work in situations where they should be taking sick leave and represents a very real problem. A study of this issue at Otago DHB found that the main reasons why doctors who were unwell were more likely to present for work than other occupational groups were because they did not believe they were unwell enough to justify taking leave and/or they did not want to increase the workload of others.[24]

Self treatment

For several of the reasons discussed above, and given doctors' ready access to knowledge and medications in the workplace, many doctors engage in self-treatment. This includes embarking on informal pathways of care such as 'corridor consultations' and self-referring to specialist colleagues, as well as self-prescribing. The literature suggests that the practice of self-treatment and self-prescription is common among doctors, with prescription drugs used more frequently than in the general public.[25]

Quality of care and patient safety

The health of doctors and their apparent willingness to work when in suboptimal health has a direct impact on the quality of care and patient safety. Findings from several studies have shown a clear link between burnout and depression in doctors and the effect on patient care.[26] Some of the suboptimum practices as a result of burnout include failure to fully discuss treatment options or answer patient questions, treatment or medication errors that were not due to lack of knowledge or inexperience, and reduced attentiveness or caring behaviour towards patients. The possible adverse

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[22] Richards JG. The health and health practices of doctors and their families. *NZMJ*; 1999;112:96–9

[23] Coles Medical Practice in New Zealand. Ed. Dr Ian St George, Medical Council of New Zealand, 12th edition 2013, page 157

[24] Bracewell LM et al. Sickness Presenteeism in a New Zealand Hospital. *NZMJ* 2010;123(1314) [available from http://journal.nzma.org.nz/journal/123-1314/4106/]

[25] Health and wellbeing of doctors and medical students. AMA Position Statement, 2011; Reid K, Dawson D. Comparing performance on a simulated 12 hour shift rotation in young and older subjects. *Occup Environ Med* 2001;58–62

[26] Above, n 14; Shanafelt TD et al. Burnout and self reported patient care in an internal medicine residency program. *Ann Intern Med* 2002; 136: 358–67; Fahrenkopf AM et al. Rates of medication errors among depressed and burnt out residents: prospective cohort study. *BMJ* 2008; 336: 488–91; West CP et al, Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study. *JAMA* 2006;296:1071–8

consequences of an unwell doctor for patients and health care systems provide the main impetus for the need to include wellness of doctors as an indicator of health system quality.

Duty to assist an unwell colleague

The duty to assist a medical colleague when they are unwell or under stress is both an ethical one and, depending on the level of concern, a legal one. While doctors are often reluctant to advise the Medical Council of their concerns about a colleague, such action should be seen as an act of caring, for which the majority of unwell doctors, many of whom have exhausted their personal resources to deal with their problems, are ultimately grateful. More on the legal and ethical obligations of doctors in relation to health and wellbeing is set out below.

Ethics and the law

The NZMA Code of Ethics for the New Zealand Medical Profession[27] is clear on the ethical obligations of doctors to maintain their own health and wellbeing. Recommendations 26 to 28 stipulate the following:

26. Doctors have both a right and a responsibility to maintain their own health and wellbeing at a standard that ensures that they are fit to practise.

27. Doctors should seek guidance and assistance from colleagues and professional or healthcare organisations whenever they are unable to function in a competent, safe and ethical manner. When approached in this way doctors should provide or facilitate such assistance.

28. Doctors have a responsibility to assist colleagues when they are unwell or under stress.

In addition, the law imposes obligations in respect of a doctor's fitness to practice. Coles' Medical Practice in New Zealand states that 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 include the following: 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 Health Practitioners Competence Assurance Act (the Act) provides for notification of any mental or physical condition affecting a doctor's fitness to practise medicine. Part 3 section 45 sets out the steps that must be taken when there is reason to believe a doctor is unable to perform the functions required for the practice of medicine because of some mental or physical condition. There is a mandatory requirement for registered 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.[28]

Health, wellbeing, and vitality

Good health is more than just reacting to health issues as they arise; it is also about maintaining general wellbeing and, if possible, achieving health vitality. As Shanafelt and colleagues have

[27] The NZMA Code of Ethics is currently being updated. Recommendations relating to doctors' health and wellbeing are not envisaged to change although the numbering may differ in the revised edition. .
[28] Above, n 24

noted,[29] "wellness goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life".

The importance of family time and work/life balance should not be underestimated in order for doctors to be able to maintain health and wellbeing. Spending time with family outside work has been shown to correlate with less emotional exhaustion in US physicians.[30] In addition, while too much stress is obviously bad, some challenge in a doctor's life is positive and can mitigate burnout. As such, it is important to distinguish between work intensity and work stress; the former can be quite positive in terms of wellness. A lack of challenge or stimulus in one's working environment can lead to low morale. Finally, a workplace that functions seamlessly and provides a smooth and harmonious environment also contributes to optimal health.

Healthy lifestyle practices

To maintain optimal health, doctors need to practice what they preach by adopting a healthy lifestyle. Cole's Medical Practice in New Zealand makes the following suggestions on maintaining good health.

- 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 support groups from your professional body, college or insurer.
- Do not prescribe for yourself as you lose the benefit of objective care and insidious illness may ensue.
- When you visit your general practitioner, 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. This may mean organising somebody else to care for them from time to time.
- When ill health strikes, seek help early (as you would like your patients to).
- Consider income protection so that 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.

[29] Shanafelt TD et al. The well-being of physicians. *Am J Med* 2003;15;114:513–9

[30] Lemaire JB, Wallace JE. Not all coping strategies are created equal: a mixed methods study exploring physicians' self reported coping strategies. BMC Health Serv Res 2010;14:208