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Message from the President

Are Physicians Entitled?

The other day I was engaged in a conversation with another physician about the fact that doctors rarely get involved in the political process. At the same time, we noted that other professionals from nurses to chiropractors to attorneys are much more involved in the legislative process. We concluded that physicians feel entitled.

There is much discussion these days about entitlements. Most of us associate the word "entitlement" with people receiving Medicaid or Medicare. Here is the Wikipedia definition: *An entitlement is a guarantee of access to benefits based on established rights...A "right" is itself an entitlement associated with a moral or social principle, such that an "entitlement" is a provision made in accordance with legal framework of a society. Typically, entitlements are laws based on concepts of principle ("rights") which are themselves based in concepts of social equality or enfranchisement. In a casual sense, the term "entitlement" refers to a notion or belief that one (or oneself) is deserving of some particular reward or benefit—if given without deeper legal or principled cause, the term is often given with pejorative connotation (e.g. a "sense of entitlement").*

Why would I say that physicians feel entitled? Is it possible that a sense of entitlement comes as a result of a sense of superior intellect, long years of training and sacrifice, or years of delayed gratification? I think so. I often joke *"that when I applied to medical school that one need not apply unless that individual was obsessive-compulsive"*. I continue with *"now being obsessive compulsive is considered a disorder and it is treated with medication"*. I think while the average patient would like to have a physi-

cian that is somewhat compulsive, this trait can potentially have negative consequences. One of these negative consequences is a sense of entitlement.

I think the sense of entitlement not only prevents the average physician from being politically as well as socially active, but it can be a threat to physician health and relationships. Entitled individuals often do not feel the same sense of responsibility to take care of their own health or relationships. The results can be failed relationships, poor mental health, and/or abuse of alcohol or drugs.

As a physician involved in the political process, I would certainly support the idea of more physicians doing the same. I am not sure I know how to accomplish that goal. But as a physician involved in the Tennessee Medical Foundation (TMF), I do know how to help the physician whose health is impaired by substance abuse or whose life is affected in a negative way by the daily stress and pressure to perform the role of "perfect" healer.

This is where the PHP plays a vital role. Our mission is "to protect patients through identification, intervention, rehabilitation and the provision of advocacy for physicians impaired by addictive disease, mental or emotional illness. We have been living and carrying out that mission for a number of years. Because of the work of the TMF, many lives, both patients and physicians, have been saved. This work does not happen in a vacuum. Our organization depends on dollars contributed by individuals and organizations from across the state. Without these contributions, the scope of work we do would not be possible. Please do not be "entitled", be involved.

Leonard A. Brabson, Sr., M.D.
President, Tennessee Medical Foundation
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THE MISSION OF THE PHYSICIAN'S HEALTH PROGRAM (PHP) IS TO PROTECT PATIENTS THROUGH IDENTIFICATION, INTERVENTION, REHABILITATION, AND THE PROVISION OF ADVOCACY/SUPPORT FOR PHYSICIANS IMPAIRED BY ADDICTIVE DISEASE, MENTAL OR EMOTIONAL ILLNESS.

PHYSICIAN'S HEALTH

MEDICAL DIRECTOR'S MESSAGE

By Roland Gray, M.D.



Dr. Gray, TMF Medical Director

Between March and October 2012, I logged over 6,000 miles making presentations as a part of the 2012 SVMIC's Risk Management Program "The Anatomy of a Medical Malpractice Lawsuit."

This program has been uniformly well received across the state, touching

a nerve of concern and interest among the thousands of physician attendees. I am grateful to the State Volunteer Mutual Insurance Company for addressing this crucial area of medical practice, and for its generous annual support of the Physician's Health Program.

During my portion of the program, I described the physician's emotional and physical responses to being sued; the effects on spouses, partners and loved ones; and the dangers of isolation and self-medication. I cautioned attendees about the tendency by some physicians to adopt "the psychology of postponement" – i.e., putting off until tomorrow the vacations, hobbies, time with loved ones and, for some, getting therapy or couples counseling. For many, "later" becomes "never."

After several of my presentations, a physician would wearily share that he or she could barely recall the last time they had a "real vacation." This occurs all too frequently for many of our colleagues. However, other troubles can mount in the wake of delayed self-care and personal gratification. Marital and family relationships can wilt or die; passion for play, work and friendship can erode; and loss of meaning and purpose can set in as "one of these days" becomes "none of these days."

Fortunately there are solutions to the malady of postponement. As Medical Director, I meet and get to know

hundreds of distressed physicians, many on the verge of losing their sanity, well-being and even their lives to mental, emotional or addictive illnesses. Yet over 90% return from the brink of chaos and despair to live productive, happy and useful lives. They learn to face reality without relapse or returning to the behaviors which originally brought them to the attention of the Physician's Health Program. The vast majority return to work with a sense of gratitude and purpose.

As I conclude my eleventh year as Medical Director, I salute the physicians we are privileged to serve for their steadfastness in recovery and for all they do for their patients and the communities where they live and practice. In their personal lives, they embrace opportunities to develop their talents and pursue the dreams they hold for themselves and their families. Yes, as I heard in my recent travels, some of them join the ranks of physicians who are sued. Yet they cope with the stress of litigation by using the tools they have acquired on the journey of healing. I am proud of their efforts and accomplishments and grateful to be associated with them.

Calendar of Events



SVMIC Risk Management Program

"The Anatomy of a Medical Malpractice Lawsuit"

www.SVMIC.com or 800.342.2239

October 30, 2012

Gatlinburg, Tennessee

FSPHP Annual Meeting & Conference

April 19 - 22, 2013

Cambridge, Massachusetts

44th Annual ASAM Conference

April 25 - 28, 2013

Chicago, Illinois

Caduceus Retreat

June 7 - 9, 2013

Montgomery Bell State Park

IDAA Annual Meeting

July 31 - Aug 4, 2013

Keystone, Colorado

Dr. Gray has served as Medical Director of the Tennessee Medical Foundation's Physician's Health Program since January 2001. Prior to this, he served as a TMF Board member and long-time volunteer for the Physician's Health Program. Certified in Addiction Medicine in 1987, Dr. Gray has treated more than 10,000 patients for addiction diseases over the course of his career. He serves as a Special Government Employee and Consultant to the FDA Subcommittee on Drug Abuse. A practicing pediatrician from 1976 through 2001, Dr. Gray is a Fellow of the American Academy of Pediatrics as well as a Fellow of the American Society of Addiction Medicine. Dr. Gray is also a member of the clinical faculty at Vanderbilt University.

PHYSICIAN'S HEALTH

PHYSICIAN SELF-CARE

By Vince Parrish, L.C.S.W.

Physicians are well aware that a host of conditions can side-swipe their careers and health. These range from the serious (e.g., perfectionism or stress), the debilitating (e.g., malpractice stress syndrome), to the deadly (e.g., substance disorders or suicide). Fortunately, most problems that befall physicians can be avoided, or their effects moderated, by good self-care and preventive health practices.

Health experts recognize that it is easier to stay well than to get well. Physicians also know that *preventing* a disease – be it physical or mental – is also less expensive and more effective than *treating* one. Yet when it comes to self-care, physicians have often been accused of not “practicing what they preach”. Fortunately, this is for the most part untrue except for those who use tobacco, eat atrociously or never exercise.

Erica Frank, M.D., MHP of the University of British Columbia's Department of Health Care and Epidemiology has observed that physicians on the whole live longer than other groups because they have healthy lifestyles. What's more, there is a correlated ripple effect in that physicians who practice the healthiest habits such as regular exercise, using seat belts, avoiding fatty food and abstaining from tobacco are more likely to counsel their patients to adopt similarly healthy habits. Patients in turn are more likely to adopt healthy habits when they see their physician doing so! Conversely, an overwrought, over-worked and exhausted physician likely will not find the time and energy to engage in preventive self-care or advise his or her patients to do so. Bottom line? Good physician self-care translates into good patient care and healthy habits by the patients.

Physicians who practice self-care understand that while practicing medicine is what they *do*, it is not who they *are*. When life consists of work only, any semblance of balanced living goes down the drain. When this happens, one of the first casualties is the physician's marriage or committed relationship. When time for coupleship, communication and fun always take a distant second place to work, important relationships can falter. Only by taking time to nurture and enjoy the relationship can stagnation be prevented.

Unchecked, the practice of medicine can make a physician one-dimensional, and consume every minute of time and ounce of energy. Without revitalizing outside activities such as music, reading, painting, fitness, pets, meditation, or yoga, a physician may become im-

prisoned in medical practice. At the very least, a regimen of the following activities should form the core of physician self-care:

- **Stay physically active**
- **Set priorities and simplify tasks to reduce stress**
- **Get adequate restorative sleep nightly**
- **Eat healthy, including fruits, vegetables and whole grains**
- **Connect often with supportive family and friends**
- **Make time for activities you love**

Fostering an identity outside of medicine takes time and energy which may be difficult for someone who has invested years in medical school, post-graduate training and launching a practice. Nonetheless, balancing the practice of medicine with outside-of-work pursuits is crucial lest life become stale and boring. Without a hobby, passionate interest or avocation, physicians deprive themselves of outlets for life's current and future frustrations.

One way to cope with stress is to acknowledge and accept that “perfect is not possible”. Striving to practice flawless medicine, or anything for that matter, inevitably contributes to anxiety and anger, and sows the seeds for interpersonal conflict. Modest, reasonable expectations are a potent antidote to the runaway perfectionism so often seen in physicians.

Having and actually using a personal physician is an essential ingredient of self-care. There is no substitute for access to a caring, trusted physician provider. It is not a luxury. You would insist on nothing less for a loved one or family member. If the Physician's Health movement teaches anything, it is that what can happen to a patient, can happen to a physician. When routine and unexpected health events occur, seamless access to a physician who already knows you is essential.

Finally, practices that soothe and nurture one's spirit are essential to self-care. Whether faith-based or spirituality-based, experiences which promote serenity and transcendence can be deeply reassuring for anyone seeking meaning and contentment amidst the bumps and bruises inherent in the practice of medicine.

If you know a physician who may need help or have a question about physician health, please contact the TMF Physician's Health Program at (615) 467-6411 or visit our website at www.e-tmf.org

Dealing with Litigation Stress

By Sharon H. Fitzgerald

Tips for Coping

For physicians who have been sued for malpractice, this isn't news: It's an extraordinarily stressful situation.

What is news is the growing recognition that many providers need help to emotionally navigate those treacherous malpractice waters. In Tennessee, that help might come from the Tennessee Medical Foundation and its Physician's Health Program, led by Medical Director Roland W. Gray, M.D. Gray is one of the speakers this spring and summer at a series of statewide risk management seminars sponsored by State Volunteer Mutual Insurance Company entitled "Anatomy of a Medical Malpractice Lawsuit." The two-hour panel discussions offer an educational overview of the emotional aspects of being sued, the legal process and how to cope with and effectively participate in the litigation.

"We've long recognized the malpractice stress syndrome," Gray said. "Studies show that most physicians at some point in their career probably will be sued for medical malpractice, and it can be very difficult emotionally."

While there are certain personality traits common among most doctors, some of those characteristics don't help physicians when they are under the strain of a lawsuit. "Most of us are perfectionists. It's a personality trait that serves us very well in other aspects of our career," Gray said. "But this perfectionism, as you're going through malpractice litigation, can cause a gut-wrenching and unnecessarily painful self-evaluation."

Another trait that gives physicians problems is their natural role as caretaker; thus, a malpractice suit "feels like a personal attack," Gray added.

While not every doctor has a severe emotional or physical reaction to being sued, studies have shown that about 95 percent of doctors do have a significant reaction. "The feelings rank in intensity with the death of a loved one, going through a divorce or the onset of a life-threatening illness," Gray said. "A major depressive episode is not uncommon. About 40 percent of the physicians at some point will meet the DSM-IV-TR criteria for major depressive disorder."

Some physicians try to deal with the stress by suppres-

sion and denial, but that strategy "doesn't work for the long haul," Gray said. Instead, the Physician's Health Program recommends several coping skills.

Top of the list is encouraging physicians to "take charge of their practice and take some time off to reevaluate their priorities," Gray said. That means working on relationships with the important people in their life. "They may take the biggest toll of this," Gray continued. "They're the ones who put up with the irritability, the lost nights' sleep, the cancellation of vacation plans at the last minute and just other intrusions on their personal life."

Adding to the difficulty between physicians and their loved ones, Gray said, is that the doctors can't discuss the specifics of the malpractice case with their family members, who want to feel like they are "part of the healing process."

Gray also encourages physicians to do what they often recommend to their patients: get plenty of rest and exercise. He added that a reflective life helps.

"I find that physicians who have a strong meditative or spiritual life get through these difficulties in much better shape," he said.

Finally, Gray recommended physicians reevaluate their priorities in the midst of this taxing situation. He said many physicians suffer from what's called a "psychology of postponement" – once I get through medical school, I'll take time off; once I finish my training, I'll take some time to smell the roses; once I get my practice established, I'll spend more time with my family; once I make partner, I'll finally take that big vacation. "There's always something that interferes with a physician enjoying life today. So I encourage physicians very much to develop a life outside of medicine," he said.

And there's a reason for that. "Never are the things in life that give us meaning, gratification and balance more important to maintain than during the stress of malpractice litigation," Gray said. "The good news is that physicians do survive lawsuits, and our goal has always been to see that physicians get through this with the least damage done."

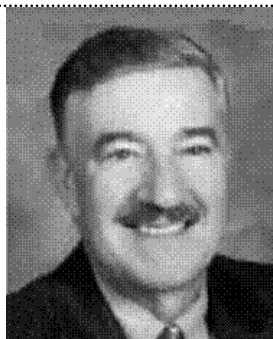
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PHYSICIAN'S HEALTH

MEET THE TMF BOARD

David Gerkin, M.D.

David R. Gerkin, M.D. has devoted a dozen years of exemplary volunteer service and leadership to the TMF. He has served as a member and past president of the Board of Directors and member and past chair of the Physician's Health Peer Review Committee.



David Gerkin, M.D.

A graduate of Indiana University School of Medicine, Dr. Gerkin is a board certified ophthalmologist and has been chief of staff at the University of Tennessee Medical Center and an associate clinical professor. He is editor of *Tennessee Medicine*, the journal of the Tennessee Medical Association where he also served as both president and chair of the board. He was awarded the 2001 TMA Outstanding Physician Award and received the Knoxville Academy of Medicine's 2010 President's Award.

Retiring as a colonel after 19 years of active and reserve duty with the U.S. Army, Dr. Gerkin now serves as Brigadier General of the Tennessee State Guard.

According to Dr. Roland Gray, TMF Medical Director, "Dr. Gerkin has been extremely important in carrying the message of physician health to organized medicine through his work with the TMA and AMA."

"I am fortunate to have had the privilege to work with Dr. Gerkin during his tenure as President of the TMF Board, as a member of the PHPRC and now again, as a member of our Board", said Mike Todd. "When I was hired as TMF Administrator in 2003, Dr. Gerkin was my *"go to person"* for not only business issues but for guidance, advice and many times just to listen. His dedication to the TMF will have a lasting impact. Thank you Dr. Gerkin!"

Steve Tate, M.D.

We warmly welcome Steve Tate, M.D. as the newest member of the TMF Board of Directors.

Dr. Tate has practiced pediatric allergy in Middle Tennessee for thirty years. A graduate of the University of Tennessee Medical School, he did pediatric residency at the Medical University of South Carolina and an Allergy/Immunology Fellowship at Georgetown University Medical Center.

Entering recovery in 1996, Dr. Tate has sought ways to "give back". He served as Medical Director of the Center for Professional Excellence in 2001. For a dozen years, he has led the Nashville Caduceus group which he describes as "a gift and a privilege to participate in health professionals entering recovery and assuming a new way of life."

Dr. Tate served as past president of the American Lung Association (ALA) for Middle Tennessee. During his active participation in the ALA, he helped establish asthma camps for children with asthma. Starting in 1980, Dr. Tate has also served on medical mission trips to Thailand, Korea, and Venezuela.

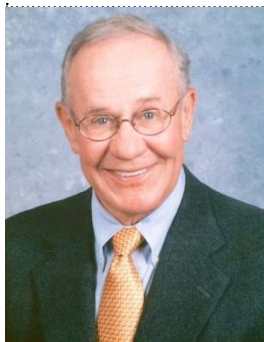
About recovery, Dr. Tate remarked, "I have seen the effects of my addiction not only in myself, but also the other members of my family. I have also seen the sobriety and healing that have come during my recovery in myself and my other family members. I want these gifts for other addicts and their families, and I am grateful to have opportunities of service that can help in that process."

Of Dr. Tate's contributions, Dr. Roland Gray, TMF Medical Director, said, "his efforts are untiring. He has never said no when I have asked for his help. His wife Miriam has been generous of her time in helping the families of our participants."



Steve Tate, M.D.

WE PAUSE TO REMEMBER James Fleming, M.D.



Dr. James Fleming
1933-2012

The Board of Directors and staff of the Tennessee Medical Foundation (TMF) Physician's Health Program (PHP) mourn the passing of Dr. James Fleming from Nashville, Tennessee who died August 17, 2012 after a long career as a plastic surgeon and addictionologist.

Dr. Fleming was a long time supporter of physician health and recovery in Middle Tennessee. He capably served on the Physician's Health Peer Review Committee from 1998 until his death.

Known for his abiding sense of humor, volunteerism and passion for service, Dr. Fleming found time in retirement to co-found the Center for Professional Excellence (CPE) and serve on the Boards of Cumberland Heights and Room In The Inn where he helped develop a recovery program for the chronically homeless.

Dr. Roland Gray, TMF Medical Director, said, "Jim Fleming used his experience, strength and hope to become certified in addiction medicine and over the next twenty years changed the lives of many still suffering alcoholic and drug addicts, many of whom were the most underserved citizens of the state."

PHYSICIAN'S HEALTH

500 DOCTORS . . . \$500 CAMPAIGN

JANUARY 1, 2011 - SEPTEMBER 30, 2012

In January 2011, the TMF launched 500 Doctors. . \$500, a major fundraising campaign to raise \$250,000 by having physicians gave \$500.00 or more to support the PHP. We are deeply grateful to the following individuals who have generously donated \$204,000 to further our work of Saving Lives. Saving Careers.

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PHYSICIAN'S HEALTH

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January - September 2012

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By Michael Todd, Administrator

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First, be our eyes and ears in the medical community. If you know a physician who is struggling, please suggest that he or she contact us. We can't assist someone we don't know about.

Second, get to know us better. Our staff is available to discuss concerns, answer questions by phone or email, or see you by appointment.

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We deeply appreciate the 66 donations commemorating Recovery Month 2012. A listing of the donors and the individuals they honored or memorialized will be published in the Spring 2012 issue of Physician's Health.

Thank you for your support. May you and your loved ones enjoy the fullness of health.

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