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Message from the President

The Times They Are A-Changin'

The title of that Bob Dylan song certainly applies to medicine today. When I went to medical school in 1970, my class of one hundred students included only five women. Almost none of our faculty was female. Now medical school students are more than 50% female. I often joke that when I applied to medical school you should not even apply unless you were obsessive compulsive. Now that is called a disorder and is treated with medication. When in residency training we routinely worked more than 90 hours per week. Since 2003, that has been limited to no more than 80 hours per week. The times are definitely "A-Changin'".

When I finished my OB residency, most doctors were solo or in 2-3 person groups. You worked hard and you were rewarded. You decided what to charge for your services and it was mostly paid for. When someone unexpectedly became pregnant (today still 50% of pregnancies are unplanned), the family rallied around and supported the new mother-to-be both emotionally and financially. Today the insurance company decides what I get paid for my services and those reimbursements have not kept pace with other expenses. Nearly half of all pregnancies and deliveries are now paid for by Medicaid (or in Tennessee, TNCare). The Medicaid reimbursement is so low that the only way most doctors manage is to see a high volume of these patients.

And now, "Health Care Reform" is coming. Although there is much uncertainty about the future of the recent Affordable Care Act and the ACOs

(Accountable Care Organizations) that are part of that bill, times are definitely "A-Changin'". Most agree that we need to provide medical care to everyone. Yet economists say we cannot continue to afford the ever increasing cost of medical care. A recent survey by the National Institute for Health Care Management Foundation found that nearly 50% of our country's health care costs are incurred by just 5% of our population. They also found that 50% of the people only account for 3% of medical spending. In addition, estimates show that about 27% of Medicare's annual \$327 billion budget goes to care for patients in their final year of life. What does all this mean?

The one constant in the life of today's medical practitioner is change. The velocity and intensity of that change will certainly increase. The result is stress. As stressors increase, physicians can sometimes turn to unhealthy practices. Whether this be substance abuse or the blurring of appropriate boundaries, physicians not only become ineffective but can become a danger to themselves and others.

This is where the Tennessee Medical Foundation plays an invaluable role. For more than 30 years, we have been there to protect patients and to restore the lives of numerous physicians. This is one thing that is not changing, the TMF is there to help heal and restore physicians' lives. The success of our program has and always will depend on the support of Tennessee's physicians. Your support will make a difference in the life of one of your colleagues, or even yourself. Go to www.e-tmf.org to offer your support today.

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



**Dr. Gray, TMF Medical Director
at The Hutton Hotel presenting
"Baptist Healing Trust - Courage to Heal".**

When I came on board with the TMF in 2001, the conventional wisdom was that at sometime during their careers 15 to 20% of physicians would experience stress or burnout to a degree that would impact their practice of medicine. Based on a recent survey of 2,000 physicians reported in the January 19, 2012 issue of *Health Leaders Media*, 87% said they were moderately to severely stressed, with 63% reporting their stress had increased "moderately to dramatically" over the past three years.

It is well known that a key work-related stressor for doctors is concern about medical malpractice lawsuits. It is a fact of medical life that there is a good chance a physician will be sued at some point in his or her career. The Tennessee Medical Foundation has long recognized the debilitating effects of malpractice stress syndrome, particularly for those inclined to the common triad of perfectionism, guilt and exaggerated sense of responsibility. In addition, the inability to separate "who I am" from "what I do" places a practitioner at high risk when faced with charges of medical malpractice. It feels like a personal attack. No wonder 95% of physicians report significant physical and emotional reactions to being sued while 40% experience at least one bout of major depression.

This year's State Volunteer Mutual Insurance Company Risk Management seminars will be devoted to Dealing with Malpractice Stress. As a presenter and panelist, I will focus on the emotional and physical reactions physicians typically have to being sued, the damaging effects to family and relationships, and the dangers of self medicating. I will also stress some of the coping skills needed to weather the crisis: participating in a safe litigation support group, strengthening spiritual and meditative practices, and developing enriching interests outside of medicine. The goal of the TMF is to see that physicians survive these suits with the least damage and the most helpful lessons learned.

In closing, I want to share how much my life has been enriched by my 27 year relationship with Dr. Bill Anderson who soon retires as Chair of the Peer Review Committee and longstanding member of the TMF Board of Directors. It is impossible to overstate how much Bill means to the history of the Tennessee Medical Foundation. As its founder in 1979, he set a standard of professionalism and passion which continued throughout 33 years of service with no pay and little credit. He nurtured its development with steady leadership, abiding good humor, and countless hours of volunteer work. It is with love and sincere gratitude that I thank and honor him for his three plus decades of cheerful, selfless devotion to the Physician's Health Program. Godspeed, Bill.

Upcoming 2012 SVMIC Risk Management Programs

"The Anatomy of a Medical Malpractice Lawsuit"

Nashville	April 12-13, 2012
Chattanooga	May 15-16, 2012
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Memphis	August 7-9, 2012
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Kingsport	September 18, 2012
Johnson City	September 19, 2012
Gatlinburg	October 30, 2012

For additional 2012 information, contact SVMIC
www.SMVIC.com or 800.342.2239

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

STRESS AND BURNOUT

Doctors, like anyone, can experience stress and fall prey to burnout. Unfortunately, they are often the last to recognize they're buckling under pressure, perhaps because they believe showing any sign of vulnerability might be seen as weakness. So they become masters at suppressing feelings which makes asking for help virtually impossible. Ask for help? They are the help!

Physician stress comes in various forms. Sometimes it's physical, such as too much to do, not getting adequate sleep or poor nutrition; sometimes it's mental, such as money worries. These stressors take a toll. Given enough stress, a state of fatigue or emotional depletion called burnout can set in. Symptoms may include exhaustion, chronic fatigue, relationship upset, increased drinking, headaches or anger.

Many physician stressors are predictable: time pressure, losing patients, keeping up with continuing education and new developments in their specialty. But for many doctors, it's the unexpected that causes the most debilitating stress. No one tells them during training how to handle violent or litigious patients. Somehow they are supposed to figure out magically how to handle third party intrusions into their practice.

An examination of physician stress must begin with a review of the myths that set physicians up. For instance, medical training leads many doctors to believe that to ask for help is a sign of weakness. Having learned to put patients first, often at great personal cost, some physicians somehow conclude they are immune from illness. Some mistakenly believe that technical excellence in their profession will provide all the satisfaction needed – personal satisfaction is not required.

Often the very qualifications for being a good doctor contribute to stress. Physicians, for example, as a rule are perfectionists. In fact, perfectionism is prized and rewarded in medicine. But some doctors are unable to comprehend the difference between excelling and being perfect. They expect to practice error free medicine – a virtual impossibility.

Dr. Glen Gabbard, an authority on the psychology of physicians, has written on common personality traits in physicians, in particular a compulsive triad of self-doubt, guilty feelings, and an exaggerated sense of responsibility. These personality traits account for a great deal of the suffering that physicians endure in the course of their practice. When they are coupled with excessive devotion to work, an inability to delegate, and rigidity, the ingredients are in place for increased vulnerability to depression, anxiety, burnout and suicide.

Since burnout can disrupt personal and professional functioning, it is essential for physicians to recognize the warning signs which include:

- relationship difficulties
- negative thoughts and feelings about work
- an increase in physical complaints and illnesses
- unhealthy habits such as not exercising, excessive eating and drinking, smoking and arriving late for work
- fatigue and exhaustion

Physicians suffering from burnout often lose their ability to relate to patients on an empathic level. Because they see their

physician as lacking empathy, patients and family members confronted with a negative outcome will often assume malpractice has occurred even if it has not.

Stress is part of life. It is unrealistic to think it can be eliminated. However many coping skills are available to physicians to manage stress including:

- learning to relax and meditate
- developing a spiritual perspective on life
- making a gratitude list
- monitoring use of alcohol and drugs
- developing a support network of friends, physicians and others outside the medical community
- physical exercise
- developing a positive attitude, seeing life as a challenge and an opportunity
- being open to new experiences
- giving personal and family relationships the necessary time and effort
- developing hobbies, having a life outside of medicine
- taking time off – vacations as well as daily personal time
- seeking professional help when needed

Each of these works differently to restore balance. It is not enough to engage in just one or two. To truly achieve balance, we must address all of life's dimensions.

It is important for physicians to learn to care for themselves as well as they care for their patients. If they can accept the fact that there will always be stress and take responsibility for managing it, burnout can be avoided. Learning to value oneself as a person first and a physician second goes a long way toward preventing a stressful situation from becoming a professional crisis.

The TMF Physician's Health Program stands ready to assist. The following are some of the problems physicians encounter for which support and resources are available:

- Substance abuse
- Behavioral issues
- Psychiatric and emotional problems
- Professional boundary issues
- Stress and burnout
- Prescribing issues
- Work life balance
- Malpractice stress and legal problems
- Family and relationship problems
- Grief and loss
- Work, career and retirement concerns
- Cognitive concerns
- Chronic Pain
- Eating disorders
- Physical Problems

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

PHYSICIAN'S HEALTH

Longtime TMF

Physician's Health Program Champion

Dr. Anderson Retiring

After 33 years as one of the founding members and leaders of Tennessee Medical Foundation's Physician's Health Program (PHP), a national leader in addressing the problems of distressed physicians, William C. Anderson, MD, chaired his last meeting of the Physician's Health Peer Review Committee (PHPRC) on April 5 and then retired.

"I've been in this program so long it's kind of like a child to me. I hate to leave it but I'll be 78 before too long and now it's time for me to fade into the sunset and let someone else do all this," he said. Dr. Anderson was tapped to shape the program in November 1979, just after completing a chemical dependency program himself. He knew the ins and outs of recovery and, while serving as PHP's volunteer intervention chairman, sought to change the mindset for treating chemically-dependent doctors.

"True alcohol and drug addiction is a disease, not a bad habit," he explained. "I've seen psychiatrists, been to expensive psychiatric treatments; I've known others who have and I can't think of a single one who got clean and sober." Dr. Anderson convinced regional PHP leaders to instead use a medical approach that has since resulted in a 90-plus-percent recovery rate for program participants.

His years of leadership and dedication are deeply appreciated by current medical director, Roland Gray, MD. "In effect, Dr. Anderson ran (and was) the PHP from 1979 to 1985 as a volunteer," said Dr. Gray. "He started doing interventions and provided what we would now refer to as case management, recording by hand his observations on a yellow legal pad that we still have."

After turning over the medical director reins to David Dodd, MD, he continued to serve by doing interventions, chairing the Peer Review Committee and serving on the Tennessee Medical Foundation Board of Directors.

Dr. Anderson's service extended to other organizations as well - he served as medical director for Cumberland Heights Alcohol and Drug Treatment Center in Nashville, and received the Community Service Award from the Middle Tennessee Alcohol and Drug Council.

After three decades, he still firmly believes in the mission and work of the PHP. "It's by far, in my opinion, the best doctors' recovery program in the country," he declared. He is excited about the program's future and worries about its challenges, particu-



Dr. William C. Anderson

larly the issue of increasing numbers of disruptive physicians.

Most of all, Dr. Anderson worries that Tennessee's physician health program's budget will be impacted by lack of funding and/or attempts by third parties to tell the program how to do its work. "That would be a disaster. It has not happened here yet but I know states where it did," he warned.

The PHP also needs the support of doctors, most of whom he said don't even know the program exists until they or a colleague need it. With support from physicians and stable funding, he believes the PHP has a great future providing a critical service to the medical community.

"When I had a problem back in the 1970s, you either got well on your own or the hospital kicked you off the staff. There were no doctors' treatment programs," Dr. Anderson recalled. "I wish there had been; they could have saved me a lot of misery. I could not reach out; no one knew what to do with me. Now, all doctors have to do is make a phone call and we can help them."

As much as Dr. Anderson admires and respects the work of the PHP, the staff, board and volunteers return the admiration in equal measure. "Dr. Bill Anderson's efforts were crucially foundational and continue to this day," said Dr. Gray, adding, "He will be sorely missed!"



Dr. & Mrs. Anderson

PHYSICIAN'S HEALTH



2012 Caduceus Retreat

June 22-24, 2012

Montgomery Bell State Park

Terence T. Gorski

Terence T. Gorski, a pioneer in the development of Relapse Prevention Therapy, is a leader and authority in the addiction, behavioral health, social services, and corrections fields for his work in recovery and relapse prevention. Mr. Gorski is the featured speaker of the 2012 Caduceus Retreat.

Mr. Gorski holds a Bachelor of Arts Degree in Psychology and Sociology from Northeastern Illinois University and a Master of Arts Degree from Webster University in St. Louis, Missouri. He is also a Certified Addiction Professional in Florida, a Master Addiction Counselor (MAC) and Nationally Certified Addiction Counselor (NCAC II) by NAADAC, and a Senior Certified Addiction Counselor (CSAC) in the State of Illinois. Mr. Gorski also serves on the Board of Directors of the Florida School of Addiction Studies and Florida NAADAC.

Mr. Gorski's practical approach to recovery and relapse prevention is based on more than thirty-five years' experience as a therapist, supervisor, program administrator, and consultant. A leading authority on the use of science-based models for preventing relapse, his unique approach to treatment is biopsychosocial in nature and integrates the use of cognitive, affective, behavioral, family, and community recovery methods.

Mr. Gorski is a prolific author and has published such classics as *Staying Sober: A Guide for Relapse Prevention*, and *Passages Through Recovery: An Action Plan for Preventing Relapse*. His most recent book addresses *Depression and Relapse*.



Montgomery Bell State Resort Park

Inn and Conference Center

Montgomery Bell State Park is located seven miles east of Dickson in Dickson County. A place of quiet natural beauty, the park abounds in fox, squirrel, raccoon, opossum, deer and a wide variety of birds and wildflowers. There are three lakes for fishing, boating or swimming, trails for hiking, and an 18 hole golf course.

Nashville Caduceus Christmas Party

Each December for the past ten years, Nashville's Caduceus group has sponsored a Christmas Party for the Davidson County Drug Court's residents and their children who gather for an afternoon of entertainment, fellowship, and holiday food. For the residents - all non-violent felons with decades of addiction and drug related arrests - the party marks the only time they see their children during 18 months of residential treatment and vocational rehabilitation.

Organized 10 years ago by Roland Gray, M.D. who saw an opportunity for Caduceus members to "give back", the Christmas Party continues to grow annually, energized by a core group of volunteers and the larger group's generous contributions.



Welcome Tim Davis, M.D.

We warmly welcome Timothy P. Davis, M.D., FAAP as the newest member of the TMF Physician's Health Program Board of Directors.

Dr. Davis holds a medical degree from the University of Tennessee Center for Health Sciences. Specializing in pediatrics, he practices at Galen North Pediatrics in Hixson, Tennessee.

Active in the Chattanooga recovery community since 1992, Dr. Davis' service to the TMF began in 1994 when he assumed leadership of the Chattanooga Caduceus group, a position he still holds. In addition, he has been a volunteer member of the TMF Physician Health Peer Review Committee (PHPRC) since 2007.

Timothy P. Davis, M.D.

For Tim Davis, recovery entails giving back. "Gratitude is a transitive verb," he likes to say. "I realize that the TMF got me back to life and work. Were it not for the Physician Health Program, I would not have been able to help the patients I've seen since 1992."

The TMF isn't the only beneficiary of Dr. Davis' service work. For the past 8 years while serving "at the pleasure of the Tennessee Supreme Court" he has been a valued member of the Tennessee Lawyers Assistance Program (TLAP) where he volunteers his knowledge, time and experience to assist Tennessee lawyers in need. For the past 3 years he has served on the Board of the Council for Alcohol and Drug Abuse Services (CADAS), a Chattanooga treatment center.

"Giving back requires action" Tim believes. "I am forever grateful to the TMF for my life, job and well-being, as are many others whose lives my recovery has touched since 1992."

PHYSICIAN'S HEALTH

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Thank You Dr. Anderson!

By Michael Todd, Administrator

How do you adequately thank someone who has given so much over so many years in so few words and limited space? That is my challenge in thanking Dr. Anderson for his leadership, his gifts of time and money, his guidance, and his friendship. Since becoming the Administrator of the TMF in 2003, I have developed such admiration for his commitment to this organization. His steadfastness is exemplified by his near perfect attendance at TMF Board of Director meetings; his leadership of the PHPRC and his financial generosity. I have sought his wise counsel on decisions affecting this organization because of his vast historical knowledge of the TMF and, most importantly, his love for the program and its' people. He has been a support to me both personally and professionally during my tenure. A simple "thank you" seems inadequate for all he has given but that simple "thank you" is given in a true sense of gratitude. Thank you Dr. Anderson!



Bill and Sue Anderson

Thank you for the privilege of working with you to continue the mission of the TMF.

I would be remiss in not also thanking Dr. Anderson's lovely wife, Sue. She has given so much to the TMF by sharing Dr. Anderson with us. She has been to every retreat and every TMF function held. Her support of Dr. Anderson and his involvement with the TMF from the beginning has allowed this organization to grow and fulfill the vision of helping physicians heal. Thank you Mrs. Anderson for all you have done for the TMF!

The idea of a physician's health program became a reality under the leadership of Dr. Anderson. His desire to help distressed physicians, born out of his own struggles, created a place of help and safety for thousands of Tennessee physicians and positively affected the lives of countless patients. Thank you Dr. Anderson! Be proud of what you have done! We are all proud and grateful to have had an opportunity to share in your vision.

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Website: www.e-tmf.org

Phone: 615-467-6411

Fax: 615-467-6419

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