

Physicians Health Program Message

PHP: Rescuing the Wounded Healer – Pt. III

By Roland W. Gray, MD



While care is individualized for each client, the PHP (Physicians Health Program) offers help in seven major areas, and each of those areas has unique challenges. In Pt. II, we previously discussed alcohol and drugs, disruptive behavior, and mental/emotional problems. We continue our look at other issues addressed by the PHP:

SEXUAL BOUNDARIES

Sexual boundary violations are a serious threat to a physician's career with potentially severe consequences, including disciplinary action by the state medical board. This can include but is not limited to physician-patient sex, as well as behaviors, expressions or gestures that are sexually suggestive or demeaning, or show a lack of respect for a patient's privacy. The PHP is seeing a growing number of referrals in this area every year, and can help physicians even if they have not been sanctioned.

PHP assistance in this area can include a continuing medical education (CME) class – we currently work with Vanderbilt University in Nashville to present a course called “Maintaining Proper Boundaries.” We also refer doctors for treatment, and advocate on their behalf during their education/treatment time and return to practice.

INAPPROPRIATE PRESCRIBING

Doctors who get into trouble for overprescribing can run the gamut. Some are “duped” – they may be adult children of alcoholics who become the “hero” of the family, or are just people pleasers who don't know how to say “no.” Others are “dated” – out of step with current knowledge and don't realize the abusive or addictive potential of the drugs they are dispensing. And some are “dishonest” – they're the ones illegally prescribing drugs for a profit or sexual favors.

For these doctors, we offer referrals for assessment to help them find out why they can't say “no,” re-educate them on proper prescribing techniques, and teach them how to set boundaries. We can also help them connect with a peer to review their prescribing habits once they complete re-education.

STRESS & BURNOUT

As I said in my introduction, doctors are like everyone else – they can get stressed out and eventually burn out. But sometimes we're the last ones to admit we're feeling the pressure, maybe because we buy in to the myth that doctors are supposed to be all-knowing, and any uncertainty or emotional revelation is viewed as a sign of weakness. Often, the very qualities that make us good doctors – perfectionism and control – are also the culprits that cause undue stress and guilt. In turn, stress can lead to addictive behavior, relationship distress, and emotional and behavioral problems, and we are suddenly back at the top of our list.

While it's unrealistic to think doctors can completely eliminate stress from the practice of medicine, the PHP can help with counsel and guidance on learning to manage stress. The first step is to acknowledge stress and its impact in our lives; then we look for ways to reduce stress by staying positive and healthy, renewing our spiritual lives, maintaining a balanced life outside of medicine, and devel-

oping a support network.

Malpractice stress is an additional area of concern – doctors follow emotional patterns through the course of a major lawsuit and often develop severe depression; the PHP is equipped to help in those situations as well.

MEDICAL MARRIAGE

Marriage isn't easy for anyone and physician marriages are vulnerable to the same communication, finance, sexual and emotional issues that impact every couple. Add to that the detachment doctors can develop on the job and our talent for denial and you're in for trouble at home. The PHP has responded to an increasing need for marital counsel and resources, adding some new programs that help physicians and their spouses strengthen their marriage bonds, even as they're walking through some of the other hardships we have discussed.

I want to emphasize again that doctors are no different than anyone else – addiction, behavioral and emotional problems are occurring among our ranks. But we all need to understand the importance of being proactive, offering confidential treatment in a non-punitive atmosphere, and reaching out to rescue and restore these wounded healers who have so much to offer.

There, but for the grace of God, go I. ■

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