Physician health: beyond work–life balance

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National conferences on physician health have been held since 1975 in the United States, and international meetings on the subject have taken place since 1991. The next such meeting, this September in London, UK (http://bma.org.uk/icph2014), has adopted transitions as one of its themes. Planned topics include assessing competencies across the lifespan, addressing professional identity and improving workplace behaviour.

What do these topics have to do with physician health? We would argue that the concept of physician health would be best understood as a set of risk-management practices aimed at shifting perceptions of wellness from being a private matter to something closer to a shared resource. In Canada, three main mechanisms are driving this change: the use of risk-management strategies adapted from organizational psychology and occupational medicine to change physician behaviour, intensified oversight of physician health by professional bodies and the adoption of health itself as a core value in the medical profession (CanMEDS, www.royalcollege.ca/portal/page/portal/rc/canmeds). Institutions and regulators want to minimize the risk of medical errors while maximizing quality of care; individual doctors want to help their patients while leading fulfilling lives.

Risk management

Surveys and retrospective cohort studies from the past decade point to a relationship between symptoms of burnout among doctors and perceived errors.[1] Burnout broadly describes feelings of emotional exhaustion, depersonalization and reduced efficacy or discouragement.[2] The syndrome, although not an official psychiatric disorder, is correlated with major depressive disorder and seems to be endemic to medical practice, affecting between 30% and 45% of practising physicians.[1] Current institutional responses to burnout include attempts to improve civility within the workplace, leadership training, raising awareness of the condition and implementing feedback mechanisms to address work overload and systemic inefficiencies.[3,4] Psychological innovations include techniques to increase doctors' awareness of their emotional responses to team dynamics and difficult clinical situations.[5–7] Strategies from occupational medicine are also being employed to ensure patient safety when doctors return to work after illness. The general approach is task-centred, with risk assessed and managed based on the individual and his or her specific work context.

Key points

- The term "physician health" is closely linked to risk management and should not be mistaken for a simple question of work–life balance.
- Physician health is becoming a core professional value.
- The governance of physician health is increasingly a political issue.

Intensified oversight

Traditionally, impairment caused by addictions or severe forms of mental illness has been a central concern of medical regulators. This trend continues with the reporting expectations for gross impairment and the health screening questions used by licensing bodies and hospital credentialing committees. In the 1990s, physician health programs were set up in most Canadian provinces (and American states) to help physicians access care, recover from illness and safely return to work. Operated by provincial medical associations, the programs work with regulatory bodies and, in some jurisdictions, oversee workplace monitoring. Since their inception, these programs have attempted to facilitate a culture of trust and openness among medical colleagues. Doctors are prone to illness and addiction, and they need to be able to take personal responsibility without fear of retribution.[8]

The past decade has seen the focus of physician health programs shift beyond helping those few doctors with severe addiction or mental health issues to a more proactive role in risk-management across the entire profession.[9] Although the specifics vary, a general trend among programs is toward increased involvement with medical training and regulators,[10] an ambitious goal. Physician health programs regularly pool resources with medical educators to raise awareness of individual health risks while reinforcing the importance of group communication. Programs are also working more cooperatively with regulators and hospital leaders, because problematic physician behaviour

is viewed as a systemic risk to both medical teams and patient care.

Health as a core professional value

Given the transformation of physician health to a proxy for risk, it is not surprising that health itself is becoming a core professional value. The widely used CanMEDS competency framework, soon to be updated for 2015 (www.royalcollege.ca/portal/page/portal/rc/canmeds/canmeds2015), has a number of changes from its 2005 iteration, including a central focus on patient safety and physician health.

What now?

Taken together, risk management, intensified oversight and health as a core professional value are powerful forces shifting the concept of physician health from being a private matter to being an issue of public concern. However, questions such as who decides when the public's right to safety impinges on a doctor's right to privacy and how the organization of medical care can be shaped to avoid physician burnout are yet to be answered. Such questions will undoubtedly be on the minds of those convening in London this autumn. Although solutions may not be forthcoming soon, physician health is clearly more than a simple matter of finding an optimal work–life balance; it is a political issue.

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