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When Self-Help Isn't Enough: Who Can You Trust with Your Secret Struggles?

Physicians learn that it's often in their patient's best interest to consult a specialist for a case outside of their own area of expertise. They also see how patients with a strong support system can beat the odds. So shouldn't it make sense for doctors to consult a specialist and rally their own support systems when they themselves need help?

"Yes, that's a good analogy, because we do consult when we are working to help a patient," says internist and emergency medicine specialist William G.B. McCallum, MD who practices at Salem Oncology Center in Houston and several Houston hospitals.

But doctors can have trouble thinking of themselves as patients. That's especially true when they are struggling with stress, mental health issues, suicidal thoughts, substance abuse or serious relationship difficulties.

What gets in the way?

"You wouldn't tell a colleague who has cancer to 'suck it up and keep practicing,' but that's what often happens when a doctor is depressed or has other mental health issues," says oncologist James "Jay" Lynch Jr., MD, Assistant Dean for Admissions at the University of Florida College of Medicine.

"Physicians tend to step up to the line, keep their chins up and keep moving without acknowledging their personal needs," says McCallum. "And patients generally look at physicians as people who couldn't possibly have problems. Then there's the physician's perception that counseling is not going to be useful. They worry that someone will find out they're getting help, and then question their ability to practice medicine."

Lynch acknowledges the perceptions that persist, and that trust can be an issue. "You think your livelihood could be on the chopping block, or you could have your license pulled, and that's a serious impediment to revealing you have a problem."

The level of support you need depends on the level of stress, says McCallum. "There's not really a counselor for the general stress we deal with, so sometimes it's better to sit down with colleagues over a glass of wine and gripe about insurance companies, for example. For the higher levels of stress that make you feel like you want to get out of the profession altogether, it can be beneficial to have a professional to talk to."



Trusted friends can help

One solution Lynch offers to colleagues and others is to give a trusted friend permission to speak to you if they are worried about you.

"It's remarkable how effective that can be," he says. "Often, after there's a crisis, friends or colleagues will say, 'I knew something was wrong, but I didn't know how to help,' or 'I didn't want to be a tattletale.' So you need to create friendship groups where people feel safe to talk about things they are struggling with."

Lynch says he values his own personal circle, including non-medical friendships and his faith community.

Open discussion averts a doctor's crisis

It was a group of longtime friends whose support prompted Lynch to seek professional help in the nick of time. He has shared his personal story with colleagues,

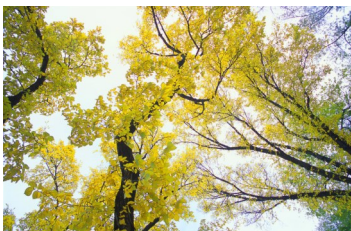
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"Choose to focus your time, energy and conversation around people who inspire you, support you and help you to grow you into your happiest, strongest, wisest self."

- Karen Salmansohn

“It’s important to have friends and activities that have nothing to do with medicine. You have to have that, otherwise you lose perspective.”

- William G.B. McCallum, MD



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Instead of Suffering in Silence, Seek Support

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medical students and the media to let others know that it’s OK to get help, and that it’s not a career-ending move for a doctor to do so.

Lynch was in his 40s at the time and from all outward appearances, on a successful career trajectory in oncology. Yet he was emotionally exhausted.

“I had gathered with friends from college after a mutual friend’s funeral,” Lynch says. “This was a group who had promised to stay connected and care for one another. During the discussion, one of them said to me, ‘Jay, you’re awfully quiet,’ and asked what was going on. I admitted that I’d been contemplating suicide. That was the first step to acknowledging that I wasn’t well.” Lynch began seeing a friend in psychiatry right away, and says he never missed a day of work. “The psychiatrist asked me ‘why is life so painful?’ and my answer was that all I do is disappoint people. I really felt that way. Even though it wasn’t true, it wore me down.”

Lynch is grateful that an antidepressant he was prescribed worked very quickly. “It was like someone turned on a light,” he says. “I was a new person, and I began to feel normal again. It was then that I realized just how sick I had been.”

Raising awareness and getting people talking

Lynch recently teamed up with Lisa J. Merlo, PhD, MPE, Associate Professor of

Psychiatry at UF College of Medicine to present a Grand Rounds Physician Wellness session for Orlando Health. Their presentation aims to create better awareness about physicians’ mental health issues, burnout risks and wellness resources.

One of the statistics they cite is the American Foundation for Suicide Prevention’s estimate that about 300 to 400 physicians commit suicide each year. “For clarity, that’s like losing a whole med school every year,” Lynch says.

Over 2/3 of US physicians report burnout, and nearly 1/3 report current depression, according to the American College of Physician Executives (2006). Almost 60% report that they have seriously considered leaving medicine.

Essentials to Understand

Lynch and Merlo emphasize these key messages and action items for physicians:

1. Physicians are at increased risk for burnout, depression, and suicidality.
2. Increased education is needed on this topic.
3. Physicians should regularly assess their wellbeing and level of risk with screening instruments.
4. Most struggling physicians are hesitant to ask for help.
5. Physicians must be attentive to colleagues in need—a life may depend on it.
6. Burnout and psychiatric disorders are very treatable—suicide can be prevented.¹

The value of humility

We shouldn’t discount the role pride plays in all this, says Lynch. “The virtue we all need to be cultivating is humility. I love the quote by Thomas Merton: ‘Pride makes us artificial and humility makes us real.’ I understand that we try to create a persona to protect ourselves and our reputation. With humility, we don’t have to pretend, and we’re able to speak about what’s right and what’s real. Almost all physicians who take their own lives never sought help, and depressed and burned out people make lousy doctors. So there plenty of good reasons to get yourself the help you need.”

Resources

Problems That Your FAP Can Help Resolve:

<http://www.woodassociates.net/FAP/index.aspx>

When Doctors Need Doctoring—Psychology Today

<https://www.psychologytoday.com/articles/201005/when-the-doctors-need-doctoring>

Suicide: A Doctor’s Story

<http://www.kevinmd.com/blog/2014/12/suicide-doctors-story.html>

Burnout Self-Test

https://www.mindtools.com/pages/article/newTCS_08.htm

¹ Used with permission: Excerpted from presentation slides for “Living the Dream or Feeling the Burn?” by James W. Lynch Jr., MD, Assistant Dean for Admissions, UF College of Medicine and Lisa J. Merlo, PhD, MPE, Associate Professor of Psychiatry, UF College of Medicine and Director of Research for the Professionals Resource Network (PRN).