CMA POLICY

PHYSICIAN HEALTH AND WELL-BEING
(1998)

Physicians should strive to manage professional and personal stress to maintain their own health and well-being and to maximize their ability to provide quality health care to their patients. This policy outlines strategies and recommendations that address a range of health and well-being issues throughout the physician life cycle. Implementation requires commitment and action by many individuals and groups, including medical students, residents and practising physicians; governments, regional authorities and decision-makers in health care facilities; medical school deans, faculty, and undergraduate and postgraduate program directors; and those representing national, provincial and territorial medical organizations.

Background

Historically, physicians have encountered many professional and personal stress factors throughout their education, training and practice. Many of these are inevitable in this demanding profession. There are indications, however, that physician stress is on the rise; increasingly, medical students, residents and practising physicians are voicing distress and seeking assistance in coping with stresses in their training, practice and personal lives.

Several recent developments may have a negative impact on physician health and well-being. These include the rapid pace of change in the health care system; an unprecedented growth in medical knowledge and technology and the accompanying ethical dilemmas; the political and economic uncertainty affecting practice location, remuneration, hospital closures and mergers; and the needs and expectations of an increasingly informed public.

The CMA has developed this policy, in consultation with its divisions and affiliated societies and a number of other groups and individuals, to outline strategies and make recommendations addressing the wide range of health and well-being issues facing physicians. Some solutions will require that medical students, residents and practising physicians acquire and maintain successful coping skills. Others will require the commitment and coordinated efforts of governments, regional authorities, health care facilities, the academic medical community and medical organizations to put stress-reduction strategies in place for the medical profession. The overriding objective is to ensure a healthy physician workforce to deliver quality medical care to Canadians.

The impact of stress on physician health and well-being

Stress is a part of everyone's life. A certain level of stress contributes to optimal performance. However, stress can become overwhelming when it is not managed properly; such distress can have a negative effect and lead to physical, mental and
spiritual difficulties.

Attributes that enhance physician functioning as healers, such as dedication, commitment, competitiveness and altruism, may also place them at risk for distress and impairment in their professional and personal lives.

Some stress factors affecting physicians are external. These can be broad based, such as changes in the health care system and political and economic uncertainty. Other stress factors are occupational in nature and are related to career choice, heavy workload, sleep deprivation, frequent on-call responsibilities, practice management and financial problems, litigation issues, and increasing expectations of patients and the public. Still others are personal or social in nature and often reflect the challenge that medical students, residents and practising physicians face in achieving a balance between their professional and personal lives.

It is important for physicians to acknowledge and accept that some stress factors are controllable and others are not. Physicians, like others, have the capacity to make choices and use their skills to control some of the stress factors in their lives.

Different physician groups often face unique practice and personal stress factors. In particular, female physicians, physicians practising in rural, remote and underserviced areas, and those from visible and nonvisible minorities represent groups encountering additional stress as they seek a balance among professional, community and family commitments.

To guide individuals and groups as they seek to promote the health and well-being of medical students, residents and practising physicians, the CMA recommends that:

• educational, training and practice environments support and promote the health and well-being of medical students, residents and practising physicians by ensuring opportunities for adequate rest, sleep, exercise, healthy diet, leisure and family life
• the relevant institutions and organizations make available adequate financial, human and physical resources to support appropriate health and well-being initiatives for medical students, residents and practising physicians
• medical students, residents and practising physicians protect and enhance their own health and well-being by identifying those stress factors in their professional and personal lives that can be managed, availing themselves of the current information on stress management techniques, and developing and practising coping strategies throughout their professional and personal lives
• scheduling for training and the provision of medical services ensures reasonable working hours to safeguard the ability of residents and practising physicians to provide quality patient care
• scheduling for training and the provision of medical services recognizes the need of medical students, residents and practising physicians to have reasonable time for personal, family and social life
• medical students, residents and practising physicians, or their representative bodies, be proactively consulted about and actively involved in issues related to the conditions of training and practice
• policies and processes be developed to ensure that medical students, residents and practising physicians are protected from maltreatment arising from intimidation, harassment, discrimination or violence in the training or practice environment
• measures be taken to monitor and enhance the health and well-being of all medical students, residents and practising physicians
• mechanisms be developed to facilitate flexibility and change in career choice for medical students, residents and practising physicians
• every medical student, resident and practising physician be encouraged to have a personal family physician for comprehensive care
• every medical student, resident and practising physician find a colleague or mentor who can provide insight and support when there are early signs of distress
• medical schools, training institutions and medical facilities develop and implement policies regarding parental and family leave programs for medical students, residents and practising physicians
• decision-makers in governments, regions and health care facilities consider the potential impact of changes in the health care system on the health
and well-being of medical students, residents and practising physicians, and consult and involve them, or their representative bodies, meaningfully in all such changes in the health care system
• medical students, residents and practising physicians receive support and assistance in dealing with professional and personal problems; this assistance must be confidential and delivered in a climate free of stigmatization and the threat of negative consequences
• nondiscriminatory health and disability insurance be made available to medical students, residents and practising physicians
• ongoing research be conducted into the stress factors affecting medical students, residents and practising physicians and into the methods they use to cope with distress, and ongoing evaluation of support and assistance strategies and programs be carried out
• national on-call standards for medical students, residents and practising physicians be established and adhered to; these standards should ensure opportunities for adequate rest, sleep, exercise, healthy diet, leisure and family life.

Medical students and residents

Some of the stress factors faced by medical students and residents are common to many people; these include financial worries, strained relationships and social pressures. In addition, medical students and residents are challenged by a number of unique demands, including long and intensive study and training that leave limited time for rest and personal activities. Students and residents have also reported stress arising from competition with peers, intimidation, abuse and harassment.

Compounding these stress factors is an uncertain training environment. Today’s medical students often feel pressured to make decisions about their career path as early as the second year of medical school, before they have had adequate opportunity to experience a wide range of options. Many are burdened by the concern that they will be locked into a career choice with restricted opportunity to change specialty. In addition, students face the relatively recent prospect of limited practice opportunities or unemployment upon completion of their training.

There have been some efforts to understand and manage the stresses on medical students and residents. Written materials on stress prevention and management have been developed. Many undergraduate and postgraduate accreditation standards address health and well-being issues. Some accreditation standards also mandate the establishment of systems to help students select a medical specialty and apply to residency programs. The CMA recognizes and commends these initiatives. However, accrediting bodies, medical schools, residency training programs, training institutions, medical organizations and others must continue to increase their emphasis on health and well-being issues and make greater efforts to develop policies and programs and to set standards in this area. The CMA, therefore, makes recommendations to the following groups.

Undergraduate and postgraduate accrediting bodies

The CMA recommends the development of specific health and well-being standards, which must be met for full accreditation. These standards should be developed in consultation with medical students and residents and should include:
• early and ongoing compulsory learning activities for medical students, residents, faculty and program directors that deal with stress management and prevention and awareness of high-risk behaviour and the symptoms of impairment
• role modelling and mentorship programs
• personal counselling services, including psychiatric treatment, that are accessible, affordable, confidential and geographically separate and independent from the school of medicine and residency training sites
• medical school and institutional policies and educational programs on intimidation, harassment, discrimination and violence, and a clear, fair process for preventing and dealing with such cases
• policies or strategies that have as their objective the reduction of excess stress and fatigue; these should address appropriate supervision of medical students and residents, maximum hours of work, clinical responsibilities after nights on call, backup
coverage for residents and the handling of disputes
• a communications strategy to make medical
students and residents aware of available
programs, policies and resources.

Medical schools, residency training programs and
training institutions

The CMA recommends that:
• accreditation standards and requirements relating
to physician health and well-being be strictly
adhered to and appropriate strategies, policies and
programs be developed, reviewed and evaluated
on an ongoing basis
• medical schools and training institutions
demonstrate their commitment to physician well-
being by providing effective role modelling and
mentorship programs that value adequate rest,
sleep, exercise, healthy diet, leisure and family life
• the following initiatives be implemented to allow
greater flexibility in career choice:
  • redesign of undergraduate medical program
curricula to facilitate informed career choice
  • communication strategies regarding career
choice, changes and opportunities
  • improved mechanisms to provide flexibility and
opportunity for change in residency training
choice.

Provincial/territorial and national medical
organizations

The CMA recommends that:
• medical students and residents have access to
physician support and assistance programs,
including practice management services, stress
hotlines, confidential counselling, and treatment
and rehabilitation services for personal and family
concerns
• resources and programs relating to health and
well-being be promoted to medical students and
residents
• low-interest loans and financial awards and
bursaries be developed to help relieve the financial
stress faced by many medical students and
residents.

Issues in practice

Physicians who have completed medical school and residency training face a new set of stress
factors. Medical practice has always been stressful;
long hours and the constant exposure to illness,
tragedy and death are as old as the profession
itself. However, recent changes in the health care
system have added to the stress felt by physicians.

Today's patients are better informed and more
likely to want to participate in their own care;
addressing their expectations can pose a challenge
for physicians. The CMA believes that a strong
patient–physician relationship, characterized by
honesty, sensitivity, good communication and
mutual respect, contributes to an effective
therapeutic alliance. The CMA recommends that:
• physicians continue to strengthen their
communication and listening skills to optimize
their relationships with their patients. To
strengthen these skills, physicians must understand
the community in which they function and respond
to the social context in which their patients live.

A menu of practice services, including flexible
work schedules and contracts, mini-sabbaticals and
job sharing, should be available to help physicians
prevent job stress. The CMA also recommends
that:
• the CMA work with its provincial and territorial
divisions and affiliates to develop and promote
physician self-help initiatives
• stress management workshops and seminars be
recognized as a legitimate component of
continuing professional development
• physicians use the resources that are available to
help them deal with time, practice and financial
management problems, for example, the practice
management services offered by CMA/MD
Management and some medical associations.

Physicians are subject to a variety of workplace
hazards, including exposure to infectious diseases
and occasionally abuse and harassment by patients.
These threats can increase job stress. The CMA
recommends that:
• measures to improve the safety of physicians in
high-risk situations be developed and
implemented, for example, guidelines, procedures
and workshops for physicians in private practice.
stress. If a physician in practice wants to change disciplines or geographic location, there are often limited opportunities to do so. The CMA recommends that:
• stakeholder groups work to create options for career change, including residency re-entry positions for physicians in practice.

Also of concern are the additional stress factors frequently affecting female physicians, physicians practising in rural, remote and underserviced areas, and physicians from visible and nonvisible minority groups.

Female physicians

Half of today's medical students are women, and it is estimated that by the year 2025 women will represent over 45% of Canadian physicians. In spite of their increasing numbers, women in medicine still report learning, practice and political environments that may be well-meaning but are patriarchal in nature and may not encourage their input and representation. Women in training and practice also report a higher rate of incidents of intimidation, sexual harassment and abuse than their male colleagues.

Many female physicians continue to assume primary responsibility for home and family commitments in addition to their practice workload, thus compounding their stress levels. Female physicians are more likely to work flexible hours; flexibility in work schedules has been the method by which female physicians strive to balance their professional and personal lives. To help ameliorate the significant demands placed upon female physicians and to promote their physical and mental health and well-being, the CMA recommends that:
• full accreditation of training programs require opportunities for increasing the awareness of gender sensitivity among medical faculty and trainees
• full accreditation of training programs require policies on intimidation, harassment (including sexual harassment), discrimination and violence and a clear, fair process for dealing with such cases
• collective agreements for residents regarding parental leave be respected and strictly adhered to
• fair and equitable parental leave be made available to practising physicians, including relief from duties in clinical service, education and research; arrangements should be made with sensitivity to individual circumstances
• replacements be provided for residents and physicians on parental leave
• residency programs, regional authorities, health care facilities and medical faculties provide residents and other physicians, when requested, with flexible work arrangements (e.g., part-time and flexible hours)
• female medical students, residents and practising physicians be consulted and involved in issues related to their training and practice
• flexible arrangements be made to recruit female physicians and ensure their representation on committees and in administrative and governing processes
• mentorship programs, physician support and assistance programs, leadership development programs and networking opportunities be developed for female physicians
• professional and public information materials reflect and be sensitive to the increasing number of women in the profession.

Physicians in rural, remote and underserviced areas

Some of the issues facing physicians practising in rural, remote and underserviced areas are unique. Although this type of practice offers many benefits, including quality of community life and the opportunity to practise in a stimulating professional environment, it frequently presents distinct challenges to physicians. Lack of professional backup, support and locum tenens relief places significant demands on physicians' time, often leaving little opportunity for family and leisure activities. In addition, inadequate facilities, limited access to specialist services and continuing medical education, isolation from extended family and friends, and the social difficulties that frequently arise from living and practising in a small community can threaten the retention of physicians in rural, remote and underserviced areas. To help recruit and retain physicians in these areas, the CMA recommends:
• the development and implementation of guidelines on workload and cross-coverage
• the provision of adequate rural locum tenens services
• improved access to clinical and educational support, such as telemedicine
• access to special skills training for family physicians and general practitioners, for example, training in psychiatry, obstetrics and anesthesia
• access to physician support and assistance services that have been adapted to the special needs of rural physicians and their families, including practice and financial management services and support systems for physicians and their families during times of stress.

Physicians from visible and nonvisible minorities

The makeup of the physician population in Canada reflects cultural, ethnic, religious and other differences (e.g., sexual orientation) found in the Canadian population as a whole. Many Canadian physicians are members of visible and nonvisible minority groups and this diversity can contribute to and enhance the provision of medical service in Canada. Conversely, these physicians sometimes experience additional stress factors, for example, ostracism or hatred. To promote and enhance the health and well-being of these physicians, the CMA recommends that:
• medical students, residents and practising physicians be protected from discrimination on the basis of age, gender, marital status, national or ethnic origin, race, religion or sexual orientation
• clear antidiscrimination policies be developed and implemented in education, training and practice environments.

When problems with health and well-being arise

As a population, physicians are in relatively good health. For example, the prevalence of smoking and the incidences of cardiovascular disease and cancer are lower among physicians than in the general population. However, physicians are subject to the same physical and mental illnesses as their patients; in addition, research has identified areas of vulnerability, such as alcohol use and self-prescription of benzodiazepines and opiates, that may be exacerbated by stress. Although the incidence of suicide among physicians is unknown, clusters of suicides among medical students, residents and practising physicians exist and are an acknowledged concern.

The CMA Code of Ethics (2004, section 53) requires physicians to seek help from colleagues and appropriately qualified professionals for personal problems that adversely affect their service to patients, society or the profession. However, physicians tend to wait longer than their patients to seek treatment when they do have health problems and may be especially reluctant to ask for help with psychosocial or psychiatric problems. Some explanations offered for this behaviour include an inability to recognize their symptoms as illness; feelings of not wanting to bother anyone; an entrenched belief that seeking help is acknowledging weakness; fear of negative consequences, for example, being denied disability insurance or discriminated against in licensure because of psychiatric treatment; fear of patients finding out; fear of rejection by employers and hospital committees recommending appointments or reappointments; fear of breaches of confidentiality; and scepticism or antagonism toward psychiatrists and other mental health professionals.

Physician support and assistance programs have proven effective in addressing the needs of physicians with personal problems or impairment and in promoting their recovery. The CMA commends its provincial and territorial divisions and other organizations that have initiated physician support and assistance programs and recommends that physicians use existing programs. In addition, the CMA recommends that:
• physicians not treat their own illnesses or self-prescribe
• mechanisms be developed for the early identification, assistance and follow-up of medical students, residents and practising physicians at high risk for substance use and dependence or psychiatric illness
• physician support and assistance programs be easily accessible and strictly confidential
• medical schools and provincial and territorial
medical associations be encouraged to maintain a range of support programs for medical students, residents and practising physicians and their families in need, for example, stress "help lines," counselling services, referral to alcohol or drug rehabilitation programs and follow-up remediation and retraining counselling, as required
• mental health professionals who treat medical students, residents, practising physicians and their families be encouraged to complete continuing medical education updates in medical student and physician health as offered by the American Psychiatric Association and, by 1999, the Canadian Psychiatric Association
• specific support groups be developed for physicians with special needs such as those facing malpractice litigation or disciplinary hearings, or those with prolonged or permanent disability; in addition, practical support should be available for physicians undergoing treatment related to stress or impairment (e.g., loan programs, temporary waiving of membership fees, roster of locum support to help maintain practice on a temporary basis during treatment)
• impaired physicians be restored to limited or full privileges, without delay, as soon as rehabilitative measures have been judged successful; there should be ongoing support and monitoring of these physicians to ensure their continued recovery and to safeguard against relapse
• the profession accept a collective responsibility to participate in the rehabilitation of colleagues
• no physician be denied disability insurance or be given restrictive insurance coverage for having sought psychiatric help
• additional research into the area of physician impairment be carried out, including the collection of prevalence statistics, the examination of external factors exerting the greatest influence on impairment and the identification of the factors that contribute to successful recovery and to successful physician support and assistance programs; this information should be shared and communicated among these programs to foster improvements.

Physicians should acknowledge a responsibility for helping one another stay healthy and should be aware of the early signs in their colleagues of poor coping mechanisms so that they can respond with early interventions. Physicians are to be guided by the CMA Code of Ethics (2004, section 48), which requires them to report to the appropriate authority any unprofessional conduct by colleagues.

Commitment and action by individual medical students, residents, practising physicians and all the various stakeholder groups identified above are needed to ensure the continued health and well-being of Canada's physicians.