

Physician Wellness in the Era of Covid-19 (RANZCP Webinar September 30, 2020)

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Disclosure Slide

- No disclosures
- No conflicts of interest

Summary

1. What do we mean by wellness?
2. In what ways have physicians been impacted by Covid-19?
3. What can we do to maintain our health and professional functioning during this pandemic?
4. What are some of the novel, individual and systemic solutions to thriving in these uncertain times?

But first, a snapshot of the pandemic

- September 21, 2020
 - Close to 1 million deaths worldwide
 - 854 deaths in Australia, mostly Victoria
 - Almost 200,000 deaths in the USA (24,000 in NYC)
 - Recent uptick in daily new cases in the USA – fears of resurgence with cooler weather pushing people indoors and kids returning to school – an arriving flu season may stretch our health care system even more
 - In Israel, with 1200 deaths, a second lockdown imposed last week

What is
wellness?

*"...a state of complete physical, mental,
and social well-being, and not merely
the absence of disease or infirmity."*

*- The World Health
Organization*

National Academy of Medicine

- Even before the COVID-19 outbreak, many clinicians already faced burnout, as well as stress, anxiety, depression, substance abuse, and even suicidality. Now this crisis is presenting clinicians with even greater workplace hardships and moral dilemmas that are very likely to exacerbate existing levels of burnout and related mental health problems.
 - <https://nam.edu/initiatives/clinician-resilience-and-well-being/clinician-well-being-resources-during-covid-19/>

<https://www.psychologytoday.com/us/articles/202004/the-healers-are-hurting>



Are MD burnout rates going up?

- The problem of burnout will not be solved without addressing autonomy, competence, and relatedness
- With the pandemic, despite the uncertainty, a sense of altruism and urgency has unexpectedly catalyzed the restoration of some elements of autonomy, competency, and relatedness
- Will this be sustained?
 - Hartzband P, Groopman J. Physician burnout, interrupted. NEJM 382;26:2485-2487. June 25, 2020

What about anxiety and depression, PTSD?

- Survey of the American Medical Association
- Some early data at Downstate July 2020:
 - 65 % of the respondents are female
 - 32% white, 26% black, 29% Asian, 21% Hispanic
 - 37% nurses, 12% MDs
 - Anhedonia 53%, feeling down 43%, sleep changes 53%, flashbacks 27%, hypervigilance 45%, avoidance 47%
 - Contagion fears very high
 - Some work issues compromise my integrity 30%
 - Increase my sense of purpose 32%

Written by
one of our
nurses

“It was very stressful and depressing to have co-workers die from Covid-19 and also seeing patients in the ER passing away so fast and without their loved ones around and it was very depressing tagging and wrapping bodies in the ER I hope and pray we don't have another outbreak”

Substance
use
disorder?

- No data

What about physician suicide?

- Anecdotally yes, too early for longitudinal research
- Durkheim's social integration theory - people supportive, pulling together - rates may not go up
- We are still learning about Covid-19 and its neurological, psychiatric, cardiovascular and immune system sequelae
- But the psychosocial and economic fallout is huge – racial/ethnic inequities, job loss, recession or depression globally, shelter-in-place, contagion, interpersonal violence, social isolation and more

What about physician suicide?

- The usual risk factors plus covid-19 specific stressors:
 - Moral injury from ethical dilemmas, admitting one patient over another, withdrawal of life support, professional isolation from peers
 - Physicians remain reluctant to use support helplines
- Physician peer groups recommended and a clinical ethics committee
 - Gulati G, Kelly BD. Physician suicide and the Covid-19 pandemic
Occupational Medicine 2020
doi:10.1093/occmed/kqaa104

Language and reflection are key

- Moral dilemmas
 - Moral distress
 - Moral residue
 - Moral injury
-
- Dean W, Talbot SG, Caplan A. Clarifying the language of clinician distress. *JAMA*. 2020;323(10):923-924. doi:10.1001/jama.2019.21576

A salute to a colleague UHB

-the “aged and crumbling” facilities, he said, had made the job of caring for such patients much harder. (Note: UHB is a ‘safety-net’ hospital)
- “Why shouldn’t an African-American have facilities that are at the same level of other patient populations?” he said
 - Dr Robert Foronjy, quoted in “One Rich N.Y. Hospital Got Warren Buffett’s Help. This One Got Duct Tape.” Michael Schwirtz. NY Times. April 26, 2020.

Other docs
in the news
ABC News
Monday
April 6, 2020

- "Code 99 (request for urgent medical attention) is typically a rare event," Dr. Robert Gore "We're having 10 code 99s every 12 hours at least."
- "With COVID, the pneumonia is not just one lung but both lungs, leaving the patient with no good lungs," Dr. Lorenzo Paladino said.
- "I think it's emotionally hard to prepare for this level of suffering and morbidity and morality in such a short period of time," Dr. Cynthia Benson said. "I don't think any of us are well for it."

“After weeks of dire hospital conditions, doctors and nurses face their own mental health crisis” (Crain’s NY Business 5.7.20202)

- Dr Bonny Baron, EM, KCHC on losing longtime colleagues to the virus
- Dr Mafuzur Rahman, Vice Chair, IM “Our very best isn’t necessarily reflected in the patient outcomes, and that’s something we’re not used to...it’s devastating.”
- Jacqueline Witter, director of nursing education, on separation of patients and their families
- Dr Ayman Fanous, Chair Psychiatry, on virtual initiatives

Saturday
March 28,
2020

- **STATEMENT ON UNIVERSITY HOSPITAL OF BROOKLYN DESIGNATED BY GOVERNOR CUOMO AS A COVID-19 ONLY FACILITY**
- That weekend Dr Fanous and Ms Lauren Gabelman responded with two initiatives to help Downstate's front line health professionals

Downstate resources

- Weekly support groups for hospitalists
- Weekly support groups for emergency physicians
- Daily support groups for residents
- Groups for medical students
- A single group 5.7.2020 for critical care/pulmonary doctors
- Two groups for nurses
- EAP (718) 270-1489 Dr Magda Alliancin

Updox (one
on one
counseling)

- Covid-stress@downstate.edu
- **Stress Hotline: 718.270.1318**
- **SMS: text message to (718) 550-6722**

Themes from Downstate groups

- Early, transmission and contagion fear to family/friends
- Social isolation from family
- Dehumanized interactions with patients, loss of intimacy
- Fears of robotic like behavior in conveying bad news = erosion of humanity
- Patients dying alone = heart-wrenching for MDs
- Lack of control, sense of futility
- Prognostic uncertainty
 - Viswanathan R, Myers MF, Fanous A. Support groups and individual mental health care via videoconferencing for frontline clinicians during the Covid-19 pandemic. Psychosomatics 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7308785/>

Other themes

- Impact of deaths of University Hospital Brooklyn health care professionals (including RN Maria Guia Cabillon 4.26.2020 and Dr James Mahoney 4.27.2020) has threatened the resilience of many – these tragedies have brought the threat closer to home
- The sad death of Dr Lorna Breen 4.26.2020 by suicide has been frightening and rattling
- Emergence of symptoms: insomnia, anxiety and worry, vivid nightmares, traumatic memories, etc
- Grieving secondary to aggregate loss of so many patients

Two quotes from our groups

- “My heart aches, my chest is so heavy, and it gets heavier as the day goes on. I can’t wait to get all my equipment off and just weep.”
- “The last two days I think I’ve lost a pound, all tears, just crying, so sad for people who were my patients for such a short time. And their families.”

RIP
COP
You were my hero
my friend, my confidant
and everything possible
love you w/ smart
thank you staff.

(RIP brave medical soldiers)
Azeizoo R.

MAY YOU REST IN PEACE
THANK YOU FOR ALL YOU DO!!!
MAY THE ANGELS WHO TAKE GOOD
CARE OF YOU - AMY

Wonderful man you are
a pleasure to have known you
love

MISS (Grandmother)
INTERNAL (Nurse)

♡ "OUR EVERYDAY HERO" ♡
Cory RN3

I admitted you to
Downstate &
you were great
FROM NS 71/73 NEURO STROKE
ALPAC

You are so loved by
many many many
add great your
external Rest
RIP.

Rest and peace
anxiety
cardiology
Simone

May your gentle soul
RIP. Faye - factory

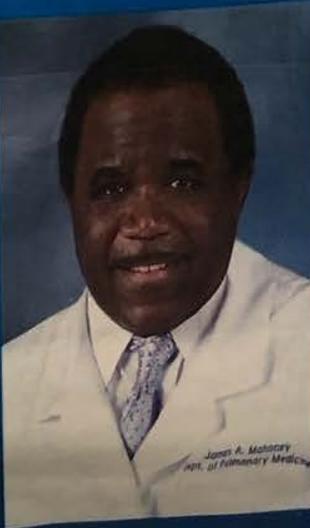
RIP Dr. Mahoney

So sorry. Thank you
for being a great
nurse advocate - my
deepest sympathies
Alexander and
NS-71/73

You were my hero
R.I.P. Elizabeth

RIP Dr. Mahoney
you will not be
forgotten!!
OFFICE HOLIDAY

Thank you for
giving so much of yourself
to us. RIP.
L. Timoteo for NS55



In Memoriam

James Mahoney, M.D. (COM '86)
Clinical Assistant Professor / Hospitalist
Division of Pulmonary/Critical Care Medicine

SUNY Downstate Health Sciences
University has lost one of our own. Dr.
James Mahoney, who provided direct
care to our most vulnerable patients.
We thank Dr. Mahoney for his service
and commitment to saving lives and we
mourn his loss.

9/19/2020

Dr. James Mahoney of Freeport, Pulmonologist who sprung into action when the pandemic hit

NEWS/HEALTH/CORONAVIRUS/OBITUARIES
Dr. James Mahoney of Freeport: Pulmonologist who sprung into action when the pandemic hit

SUNY DOWNSTATE HEALTH SCIENCES UNIVERSITY
LIVE WEBINAR

NATIONAL PHYSICIAN SUICIDE AWARENESS DAY

HARNESSING SUICIDE GRIEF INTO ACTION

How the Family of Dr. Lorna Breen is Saving Doctors' Lives



Dr. Lorna Breen



Corey Feist



Jennifer Breen Feist

SEPTEMBER 17, 2020
3PM - 4PM



REGISTER IN ADVANCE
FOR THIS WEBINAR
<https://bit.ly/32U1L8k>
TO BE HELD VIA ZOOM

A panel discussion and Q & A with the family of Dr. Lorna Breen
Sponsored by GME and the Departments of Emergency Medicine and Psychiatry
Moderated by Dr. Michael Myers and Dr. Teresa Smith

Advocacy in
spades!

Eloquent words ..

- “We navigate these uncharted waters together, my colleagues, patients, and I, yet we are unable to truly see each other. It has been a surreal trip into a parallel dimension in which we may be together, but too often feel utterly alone.”
 - Bond A. Socially distanced medicine. JAMA June 16, 2020; 323(23):2383

More about loss.....

- Deaths in large numbers and successive waves
- Families unable to say goodbye to dying loved ones
- Widespread economic loss, unemployment, strained social safety net
- Loss of access to important peer relationships and personal freedom
- Pervasive sense of helplessness

More about loss....

- Virtual or socially distant masked relationships as a substitute for authentic human closeness
 - Interrupted education of our children
 - Thwarted access to funerals, graduations, weddings
 - Uncertainty about previously solid future plans
-
- Plakun E. Covid-19 and psychotherapy: addressing blocked mourning.
<https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2020.7b11>

The next
eight to 24
months...

- Soon the nation and the world will begin to return to some sense of economic and social normalcy
 - There will be new treatments, improved testing capacity, a vaccine but...
 - We will see a vast amount of grief and emotional trauma blossom throughout the nation
-
- Sean Joe, PhD, MSW. No Time to Say Goodbye: Pending waves of complicated grief following the Covid-19 pandemic. Psychology Today August 30, 2020

But we have
also seen..

- Solidarity and camaraderie
- Open expressions of caring and concern for each other
- Much emotional language and unbridled disclosure of feelings
- Less medical jargon and the formal persona of doctors
- Fluidity in medical hierarchy of attending physicians and trainees
 - Myers MF. CrazySocks4Docs, COVID-19, and Hope. Blog. Psych Congress. May 28, 2020

What about
guilt in those
side-lined by
illness or
quarantine?

- “You’re not alone if you feel that way.”
- One solution is practicing medicine from home virtually
- Advocacy work – ask elected officials to adopt scientific measures to help mitigate the spread of Covid-19
 - Abbasi J. Prioritizing physician mental health as Covid-19 marches on. Interview with Eileen Barrett, MD. JAMA June 9,2020. 323(22):2235-2236

What's next

- Pay attention to your self first – a lot of the stress related symptoms we're all feeling these days are completely normal and to be expected
- But talk to someone if it seems excessive to you
- Pay attention to each other and don't hesitate to reach out to a colleague whom you're worried about
- Shake off those reservations that you're intruding, that it's none of your business, you may save a life

Recommendations for HCPs (Morganstein J, Chair APA Committee on Psychiatric Dimensions of Disasters)

1. Meet basic needs. Eat, hydrate, and sleep regularly to optimize your ability to provide care for yourself and others.
2. Take breaks. Rest and relaxing activities can provide a helpful distraction.
3. Stay connected. Giving and receiving support from family, friends, and colleagues can reduce feelings of isolation.
4. Stay updated. Rely on trusted sources of information. Participate in work meetings where relevant information is provided.
5. Self check-ins. Monitor yourself for signs of increased stress. Talk to a family member, friend, peer or supervisor if needed.
6. Honor service. Remind yourself (and others) of the important work you are doing. Recognize colleagues for their service whenever possible.

A life-saving initiative for physicians in distress

- Physician Support Line
- Psychiatrists helping our US physician colleagues and medical students navigate the many intersections of our personal and professional lives
- Myers MF.
<https://www.psychcongress.com/article/giving-physicians-private-place-turn>

Something to think about...

- “Take a break from this bracing, terrifying, deeply unsettling moment of change and challenge to think like a historian. Which “eyes” from this clearly consequential time will scholars seek; whose perspective -- will be most instructive for history’s record? A safe bet: doctors and nurses treating Covid-19.”
 - Doctors Are Covid’s First Historians. NY Times. June 12, 2020.
<https://www.nytimes.com/interactive/2020/06/12/opinion/coronavirus-doctors.html?searchResultPosition=1>

“I can’t
breathe...”

- “Medical skill has allowed us to respond rapidly to a novel virus to save lives; we must also use our expertise to address racism and injustice and to protect vulnerable people from harm.”
 - Evans MK, Rosenbaum L, Malina D, Morrissey S, Rubin EJ. Diagnosing and Treating Systemic Racism. NEJM Editorial June 11, 2020.

A salute to two of your own (Drs Anne Malatt and Jane Barker)

- **The roots of medicine are true, steeped in ancient traditions where medicine was not just an art, craft, or science, but was a way of life, a way that was lived by its practitioners, who inspired others to live that way too. For us to return to being true practitioners of medicine, we need to restore that living way, starting with ourselves. And that means connecting with our hearts, and reigniting our love for ourselves, for each other, and for medicine.**
 - www.tomedicinewithlove.com

And three
more:

- Dr Geoff Toogood – Melbourne cardiologist - founder of “Crazysocks4docs” and 2019 AMA President’s Award recipient
- Dr Kieran Allen – senior psychiatry registrar Monash University – Hand-in-Hand peer support network
- Dr Helen Schultz – Melbourne psychiatrist – the “doctors” doctor



Chloë Bass's
Outdoor Art Show
"Wayfinding" St
Nicholas Park in
Harlem



Chloë Bass's
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Nicholas Park in
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Nicholas Park
Harlem

End note on Keeping Well: A salute to Lucy Kalanithi, MD (widow of Paul Kalanithi, MD “*When Breath Becomes Air*”)

- “Living fully means accepting suffering.....When we approach suffering together, when we choose not to hide from it, our lives don’t diminish, they expand.”
 - Excerpt from her Ted Talk “What Makes Life Worth Living in the Face of Death”
https://www.ted.com/talks/lucy_kalanithi_what_makes_life_worth_living_in_the_face_of_death#t-918383

Thank you!!



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