DOCTORS' MENTAL HEALTH: A MEDICAL EMERGENCY

INTRODUCTION

In recent years, the reality of poor mental health in doctors and medical students has come to the forefront of public discussion. Doctor suicide has been labelled as "the medical profession's grubby secret" (The Guardian, 2016). A recent study found that the incidence of suicide in Australian female doctors was 6.4 per 100,000 person years, compared to 2.8 per 100,000 person years in the general female population (Milner et al., 2016). To put this into context, the most recent figures on fatal car crashes in Australia place the incidence at 5.47 per 100,000 person years (BITRE, 2017), so a female doctor is more likely to take their own life than die in a car crash. The number suicides in male doctors is even higher at 14.8 per 100,000 person years, however this is much more comparable with the general population of men. These figures are confronting to say the least and certainly indicative of the wider problem of poor mental health in our doctors.

WHAT HAS CHANGED?

It is likely that poor mental health has always been an issue within the medical profession, but was more thoroughly concealed in the past due to higher levels of stigma and the presumption that doctors suffering from mental illness were unfit to treat patients (these factors are still present, but less so than in years passed). However, there are a number of recently emerging factors that are also likely to contribute to the increased prevalence of mental illness within the profession. For example, doctors are now more likely than ever before to be have a legal case made against them. Jena et al. (2011) found that 7.4% of medical practitioners face a malpractice law suit each year, ranging from 19.1% of neurosurgeons to 2.6% of psychiatrists. Although legal accountability is pertinent for ensuring patients receive optimal care, the flow-on effect of these law suits is an ever-increasing amount of paperwork, and therefore less time allocated to seeing and managing patients.

In the Guardian article mentioned above, the anonymous author writes: "there is something uniquely traumatic about being responsible for patients' lives, while being crushed under a workload so punitive it gives neither the time nor space for safe assessment of those patients." This feeling of helplessness is not conducive with providing good care, or maintaining a healthy mindset. The job satisfaction that comes with knowing you have done your best for a patient is lacking. Additionally, Beyond Blue's survey on doctors' mental health found that doctors who had

less face-to-face contact with patients had higher rates of depression than those who frequently interacted with patients (Beyond Blue, 2013).

WHY DOES IT MATTER?

Most commonly, the matter of doctors' mental health is discussed in relation to its effect on patients' wellbeing. Numerous studies have demonstrated a relationship between doctors affected by depression and burnout, and poorer quality of care including prescribing errors, discharging patients early and unprofessional behaviour (Konopasek & Slavin, 2015). In addition, doctors who screen positive to depression tend to be more cynical, exhausted and stressed (Slavin & Chibnall, 2016). All these factors accumulate to reduce the level of care received by patients, as well as contributing to an unhealthy working environment.

Although the repercussions for the patients of doctors suffering from poor mental health is cause for change in itself, it is equally, if not more important to remember those who suffer directly at the hands of this crisis. Whenever a distinct group of people is identified as being at significantly increased risk of a condition, this should always be an indicator that intervention at a public health level is required. The fact that such a staggering number of doctors are suffering and dying is highly suggestive of a systemic problem and requires urgent action. The third, and often overlooked, group of people implicated in this crisis is the families of medical practitioners, who are likely to provide the majority of support as well as suffer the greatest loss when a doctor takes their life.

WHAT CAN WE DO?

There are multiple levels at which change needs to be initiated in order to combat the doctors' mental health crisis effectively. Firstly, within medicine, an acknowledgement of the stigma that persists, and active steps to reduce it, are essential. Studies have found that doctors stigmatise mental illness more than the general public, including self-stigma, which can have detrimental effects such as lowering self-esteem and preventing help-seeking (Hankir, Northall & Zaman, 2014). One method of reducing this stigma is by encouraging autobiographical accounts from doctors suffering from mental illness. An excellent example of this was Dr Clare Polkinghorn's essay "Doctors Go Mad Too" which was the winner of the 2012 Morris Markowe award, and discusses Polkinghorn's own experience with depression. If more doctors were able to be open about their own struggles with mental illness, this would certainly make a start in easing the burden of others who are battling similar symptoms. Notably, autobiographical accounts have shown that doctors who survive mental illness can go on to be high achievers in their chosen field (Hankir, Northall & Zaman, 2014). This is an important point to communicate as it can invoke a

sense of hope in those suffering as well as dispel the notion that those who are struggling to cope have chosen the wrong profession or need to "toughen up".

Although a change within the medical peer group is pertinent to increasing help-seeking and reducing self-stigma, this does little to combat the underlying causes of mental illness in doctors. A shift in attitude must also be made at an organisational and societal level if this crisis is truly to be resolved. At the organisational level this may involve reconsidering what is considered reasonable work hours for a doctor. A recent Cochrane review reported that shorter work hours and more frequent breaks was the most effective organisational intervention to decrease occupational stress (Ruotsalainen et al., 2015). Additionally, is it the responsibility of the organisation to ensure that their administrative processes are such as to minimise the workload of the staff and maximise the opportunity to provide good patient care.

A word that often comes up in the discussion of doctors' mental health is "resilience". It is regularly suggested that doctors, in particular junior doctors, simply need to become more resilient to the reality of their work, in order to solve the problem. While there is some merit in the notion that adequate coping strategies are useful in managing difficult scenarios and preventing the problems of others from becoming your own, the idea that these staggering rates of suicide and depression are simply due to poor resilience is not only untrue, but actually causes further damage and makes it more difficult for those struggling to seek help. In his book *Man's Search for Meaning*, Viktor Frankl, an Austrian neurologist, psychiatrist and Holocaust survivor, refutes the wide-spread view that suffering is necessary to find meaning in life. Instead, he suggests that meaning can be found in spite of suffering, as long as the suffering is unavoidable, for "unnecessary suffering is masochistic rather than heroic" (Frankl, 1946). This statement can be applied to "resilience" in medicine. There are always going to be unpleasant elements to medicine, such as incurable illness and death; however, these are the unavoidable hardships that are expected when entering into a career in medicine. Avoidable stressors such as long hours, excessive paperwork, and an ultimately stressful workplace are unnecessary and simply contribute to the problem.

Conclusion

There is a lot of work to be done in order to rectify the problem as it is, at its heart, a systemic issue. Stigma in particular is difficult to combat since it is often formed of ingrained stereotypes that are not easily changed. However, just because a job is difficult does not mean it should not be done, and in this situation, with lives at stake, it certainly needs to be done. Despite the difficulty involved, if active steps are made to reduce stigma, encourage openness, monitor work hours, streamline administrative procedures, and combat the notion of the "resilient doctor", there is certainly hope of significant improvement. Ultimately, doctors' mental health is the next big

challenge in modern medicine, and must be tackled head-on as a doctor would tackle any other challenge.

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