

# Editor's Notes

## Physicians, Heal Thine Selves: Wellness Becomes a National Agenda

By *Stephen Jackson, M.D.*



My interest in stress and its potential for adverse effects on physicians' personal and professional lives extends back many years, even predating my two-part treatise on stress published in successive President's Pages in 1989 and 1990. Consider that our own lives can be characterized as a chain of reactions or responses to a continuum of destabilizing demands. These stresses can originate extrinsically from our family, friends, colleagues, patients, work and other environments; or intrinsically from self-derived pressures that we consciously or unconsciously place on ourselves. A situation becomes stressful when we feel unable to cope with demands to which we feel compelled to respond.

Stresses emerging from the demands of our professional practices, if not dissipated by effective coping strategies, or counterbalanced by equanimity derived from how we live and manage our personal lives, have the propensity to make us more vulnerable to maladaptive behaviors, including, in the extreme, emotional disequilibria, burnout, chemical dependence, and even suicide. Historically, CSA and ASA have focused on drug and alcohol abuse and their more morbid sequelae. Although affecting only a small number of our colleagues, there certainly is justification for attention to these afflicted individuals, a significant proportion of whom are less than a decade out of medical school. Indeed, it has been estimated that our specialty loses over 3,500 life years from the combined mortality attributable to drug abuse and suicide! From a manpower perspective, this represents a huge loss of practice years for our specialty, but from a purely human point of view, this is a tragedy of staggering proportions, eroding the very minds and hearts of family and friends.

In 2007, our then-president, Dr. Mark Singleton, submitted a resolution to the CSA House of Delegates that highlighted the *much more widespread* situation in which individual anesthesiologists may experience intense emotional distress sufficient to impair both their own well-being *and* their ability to attend safely to the care of their patients. Indeed, most of us would admit to having come to work, at one time or another, with our minds cluttered and distracted by major worries unrelated to those of the anticipated clinical challenges of the day: an extremely ill child or grandchild; a dying parent; an intense

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disagreement with a spouse; a serious behavioral concern with a teenager; a recent bad outcome or complication or even a “near miss;” a malpractice suit; physical fatigue or sleep deprivation from the previous day’s work; financial challenges; personal illness; or workplace conflicts (scheduled to work with a mean, abusive, and disruptive surgeon, or your least favorite nurse or resident). Such personal distresses and distractions can and often, to some degree, do impair one’s professional performance. Do we have an ethical duty, even a fiduciary responsibility, to our patients to maintain our own wellness in order to better serve them? Are we “whole” when we are caring for our patients? When do we cross the threshold? And, are we really present and “whole” when we are interacting with our family and friends?

The CSA and ASA both have expressed concern about occupational health issues and have prompted reflection on the personal, patient safety, economic and societal costs of the loss of wellness, of maladaptive behavior, and sub-optimal professional performance. Yet, despite a general recognition of the critical nature of this issue, there exists no systemic structure within organized anesthesiology dedicated to the development and implementation of programs for achieving and maintaining wellness for *all* anesthesiologists. It indeed was heartening that our visionary and courageous ASA President-Elect, Dr. Roger Moore, in his address to this year’s CSA House of Delegates, indicated that a major focus and objective for his presidency shall be the establishment of a wellness program that he has entitled “The Wellness Initiative.” Dr. Moore deserves our specialty’s full praise and support.

How do the ASA and CSA hope to accomplish their goals of achieving a satisfactory level of wellness for *all* of its members? A leading approach will be to develop a broad-based educational network to promote wellness and health enhancement (the basic elements of the Wellness Initiative) through the vehicles of multimodal venues at the ASA and CSA Annual Meetings, articles in the *ASA Newsletter* and *CSA Bulletin*, and resource links on the ASA and CSA Web Sites. Needless to say, as ASA and CSA are founded upon science and professionalism, we need to promote and fund research on aspects of wellness, especially as they relate to the practice of anesthesiology.

Yet another piece of this puzzle is to note that the California Medical Association has a long history of maintaining a confidential physician “Hot-Line” that is available to listen to and to advise physicians (and/or family) in distress. The CSA has utilized—and will continue to utilize—this invaluable, life-saving service, and the ASA now is considering the possibility of establishing its own such “Hot Line.”

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Whatever vehicle(s) fulfills this educational mission of achieving wellness for *all* of us, success ultimately will hinge on the behavior of departments and groups—not only individuals—actively embracing and engaging as “communities” seeking to achieve wellness for *all*. Clearly, wellness depends on an intentional and caring social interaction among colleagues whose education and training already may have selected out and fostered the likely development of unbalanced lifestyles, psychological inhibitions, and emotional unresponsiveness. Our professional development occurs in an environment that is likely to lack an effective support system, while concomitantly leading to acceptance of personal anxieties, self-doubts, feelings of inadequacy, abusive treatment and emotional duress, and without expressing or sharing our feelings and concerns. Emotional suppression and isolation are rampant, and an inability and unwillingness to explore personal feelings and develop a connectedness with peers and contemporaries often is carried forward into later life. The consequences of repressing the affective part of ourselves can, and often do, lead to neglect of personal growth and further maladaptive lifestyles. Moreover, our specialty is characterized by isolation in the workplace.

It may be of interest that wellness has become a major issue for workers across the country. The National Committee for Quality Assurance has released for public comment proposed standards for employer-based wellness programs that aim to get workers to improve their health—and thereby reduce companies' healthcare costs—while increasing their productivity. I was pleased to learn that a majority of large employers already offer wellness programs, such as weight management, smoking cessation, and health coaching. Coincidentally, perhaps the most famous public personality among our peers, Dr. Michael Roizen (of Oprah and the national best-selling book charts), now has transitioned from Chair of the Institute of Anesthesia at the Cleveland Clinic to the position of its Chief Wellness Officer and Chair of its Institute of Wellness.

In future issues of this *Bulletin* we shall begin to educate ourselves in life enhancement. We welcome articles from our readers on wellness, hoping to draw on the experience and wisdom of those forward-thinking groups and departments that already have begun to delve into this vitally important determinant of the future health of our specialty and, of even greater importance, the well-being of its practitioners. *Physicians, heal thine selves.*

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