

13 Personal health of the doctor: illness and impairment

Doctors are responsible for ensuring that their own health problems do not interfere with the welfare of their patients. Meeting this requirement is a key element of professionalism. Although doctors generally enjoy good physical health as measured by standardised mortality rates, studies concerning the ‘impaired practitioner’ indicate that up to 10% may become impaired during their professional lives [1-4]. Such impairment may lead to harm to patients. Even without identifiable impairment, doctors who are stressed and burnt out, and those who are sleep deprived, are more prone to error [5]. While doctors may appear well placed to attend to their own health, in practice the reverse often applies as doctors tend to deny the presence of psychological or physical health problems, putting off getting help until too late. Professional colleagues often contribute to this denial [6,7].

The medical profession is now taking a greater interest in the issues surrounding the health of medical students and doctors, as evidenced by several policy statements and guides. These focus especially on doctors’ and students’ health and wellbeing and take a proactive approach to preventing ill health [7-11]. This chapter explores some reasons for this increased interest, examines the extent of the problems, describes the most frequently recognised health problems associated with possible impairment, and outlines ways of identifying and assisting colleagues. We also provide advice that may help prevent such personal health problems for doctors.

13.1 Ethical and legal responsibilities

The principle of non-maleficence is the basis for the requirement that doctors must not permit their own ill health to put their patients at risk. In this regard, the Australian Medical Association code of ethics states: ‘Accept responsibility for your psychological and physical well-being as it may affect your professional ability’ [12]. This ethical duty also extends to medical colleagues and treating doctors who have a responsibility to ensure that an impaired colleague or doctor-patient, who may be putting patients at risk by continuing to practise, is guided towards treatment and if necessary, notified to the Medical Board of Australia. Under the *Health Practitioner Regulation National Law Act 2009* (see Chapter 10), this ethical duty has become a legal requirement in that notification is mandatory where the risk of harm to

patients is deemed to be substantial. This requirement applies to all doctors apart from treating doctors in Western Australia and Queensland. This responsibility is addressed below.

13.2 The importance of doctor wellbeing

Wellbeing encompasses emotional, psychological and physical wellness [13]. As Shanafelt and colleagues observed, 'Wellness goes beyond merely the absence of distress and includes being challenged, thriving, and achieving success in various aspects of personal and professional life' [13]. Before examining doctor ill health in detail, it is important to note the mounting evidence that doctor wellbeing contributes not only to the satisfaction doctors gain from their work, but also to the quality and safety of the care they provide [14]. This emerging evidence shows that fatigue, stress, burnout and mental ill health can have negative effects on the health-care system, contributing to mistakes, medication errors and suboptimal care [15]. Importantly, there is also evidence that interventions that improve physician wellbeing can reduce medication errors and malpractice claims [14].

Ill health can also affect career choices, job satisfaction and absenteeism with a vicious cycle leading to doctors leaving the profession [15]. Doctors with healthy lifestyles are more likely to impart healthy behaviours to their patients [9]. Because ill health has effects beyond just those on the individual doctor, Wallace and colleagues have suggested that hospitals should measure medical staff wellbeing as an additional indicator of quality of care [14], using a standardised questionnaire [16] that covers mental energy, work climate, work tempo, work-related exhaustion, skills development, organisational efficacy and leadership.

13.3 The extent of health problems for doctors

The full scope of psychological and physical health problems of doctors may not be known because of the tendency towards denial, and self-treatment that is not documented. However, the available evidence, particularly studies that used appropriate control groups, discloses a sombre picture. The problems that occurred with greater frequency than in the control groups include stress and 'burnout', drug and alcohol misuse, depression and suicide, delayed diagnosis of physical illness, and marital, social and family difficulties [13]. Schizophrenia and bipolar disorder, however, occurred no more commonly than in the general community.