



HOMEWOOD
Health Centre

“Physician, Heal Thyself”

Dr. Graeme Cunningham,
Director, Addiction Division,
Homewood Health Centre, Guelph.



Objectives for Today.

- To tell a doctor's story.
- To drop some addiction pearls.
- To identify professionals at risk of illness.
- To learn that we get better.
- To look at some simple ways to care for ourselves.
- To have some fun!

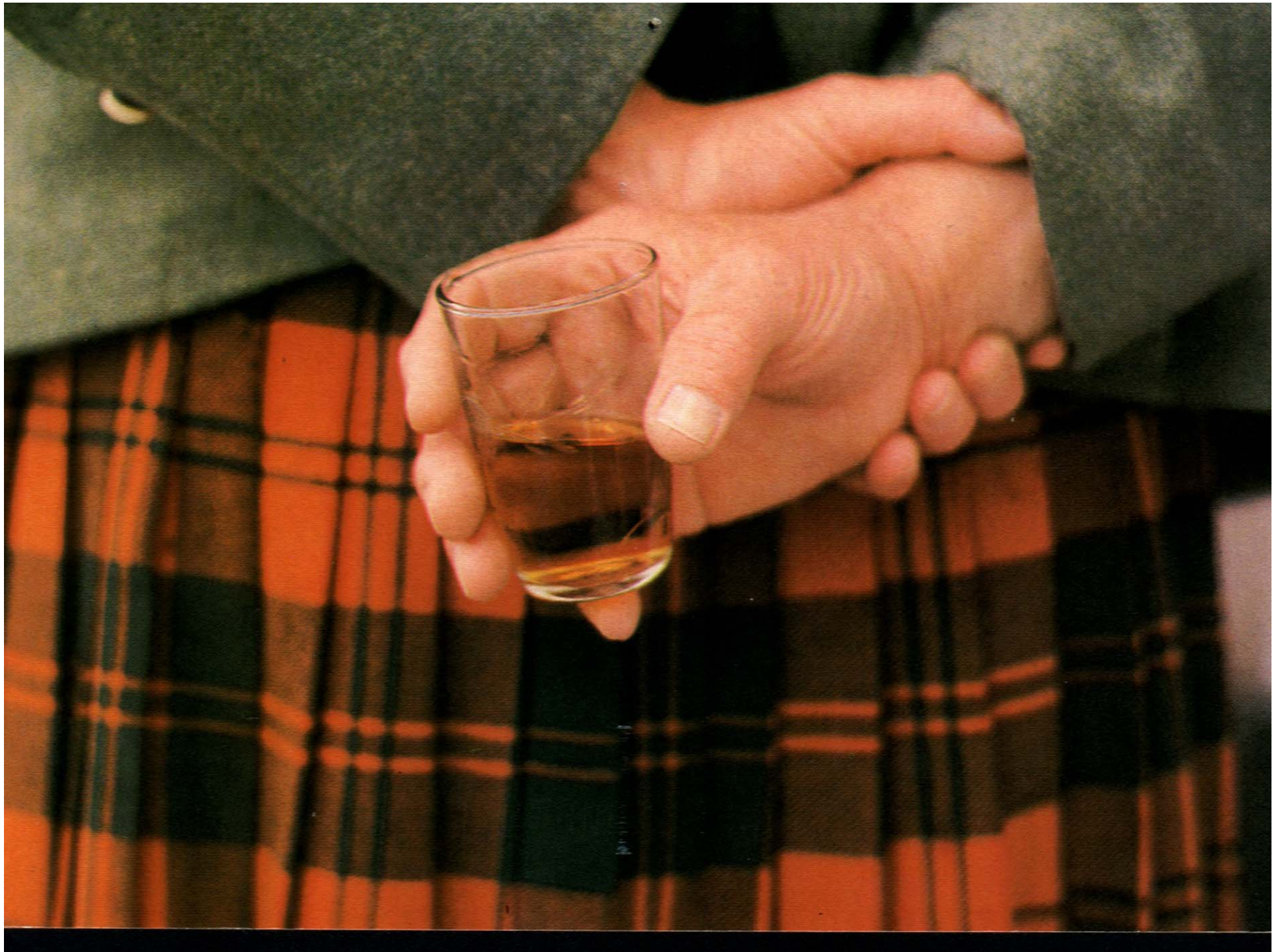
Clinical History

- 22 y.o.intern,called an ambulance at 2am and was found in an intoxicated state when the ambulance arrived.
- 26 y.o.resident using increasing amounts of alcohol and cocaine to cope with job demands.Notices amnestic spells and has several extra-marital affairs.Obtains FRCP and is made chief resident.



Clinical History

- M.D with multiple E.R.visits:
 - # ribs
 - Headache and BP 240/140
 - Seizures
 - Cardiac Arrythmia,PVC's and atrial fib.
 - Suicidal ideation with a plan
- Cardiac Arrest,Jan.3rd.,1986!!





improving life

Classical training teaches us to practice medicine, but it doesn't teach how to live life as a physician.

STIGMA

- Any attribute, trait or disorder that marks an individual as being different from the “normal” people with whom he/she routinely interacts.
- A mark of disgrace or infamy; a stain on one’s reputation; a sign of defect, degeneration or disease.
- A 6 letter word for anguish or loss of prestige.



STIGMA

- Stigma reinforces denial.
- Stigma delays getting help.
- Stigma affects treatment adherence.
- Stigma in family members enhances symptoms and isolation in professionals
- Stigma contributes to divorce.



STIGMA and MORTALITY

- Increasing melancholia, guilt, shame, cognitive distortion, and suicidality occur in deeply depressed professionals whose marriages are spent or who are divorced.
- Some depressed or bipolar therapists comorbid with cocaine or opioid dependence may die of unintentional overdoses.



Attitudes to getting help

- Fear of “bad news”, exposure.
- Knowing that mistakes occur in medicine.
- Fear of medicalization by psychiatrist-therapist vs. arrogance toward and put-downs of therapists in non-medical fields.

Physicians at Risk

- Specialties of E.R and Psychiatry seem to be over-represented in treatment.
- Anaesthetists most severe.
- Anyone with egomania and an inferiority complex.
- Doctors who still smoke.
- Those with a positive family history.
- Those with the name Cunningham!!



Signs to Watch for

- Drinking daily, alone, with tranqs. or opiates.
- Increasing spousal concern/anger/despair.
- Amnestic spells.
- Severe hangovers.
- Sexual impropriety.
- Increasing feelings of shame, guilt and fear.
- Insomnia.



Stressors in Practice

- Overhead.
- Loss of autonomy(real and imagined).
- Powerlessness.
- Billing audits.
- Increasing charting standards.
- Being on call.
- Being all things to all people.
- I don't really want to be a doctor.



Stressors in Family

- Overhead.
- Spousal expectations.
- Childrens' expectations.
- Family CEO for women professionals.
- Infidelity.
- Unexpected pregnancy.
- The “Pedestal Effect”.
- Dysfunctional family legacies.



improving life

Psychological Characteristics of Caring professionals.

Medical School is a Wonderful Screening Instrument!

- Dedication/Focus
- Delayed Gratification
- Workaholics
- Guilt Prone
- Exaggerated Responsibility
- Limited Emotional Expressiveness
- Regularly Suppress Anger

(con't)



improving life

Psychological Characteristics of Caring Professionals.

- Obsessive/Compulsive Traits
 - Perfectionist
 - Demanding
 - Impatient
 - Hyperconscientious
- Difficulty with Fun
 - (it's OK if we make work of it!)
- I am my Work



Female MD's

- Just as compulsive, but value relationships more than male MD's
- 75 - 80% do own housework
- Frequently feel guilty
- Try to be 'Superwoman'



Clues to Recognition 1

- A change of personality
- A loss of efficiency and reliability
- Increased sick days
- Complaints from patients, particularly about a changed attitude
- Development of indecision
- Professional and social isolation
- Physical changes
- Heavy “wastage” of drugs
- MD giving analgesics
- Unpredictable work habits



Clues to Recognition 2

- Memory loss, blackouts after parties
- Inappropriate prescribing
 - large doses
 - long-term narcotics
- Offering to waste patient's supply
- Unusual changes in routine
- Sloppy charts and writing (worse than usual)
- Desire to work alone
- Long sleeves in hot weather
- Frequent bathroom breaks
- In when should be off duty



Overt Behaviours of Burn-out.

- Lateness.
- Ignoring phone calls.
- Changing appointment times.
- Drowsiness.
- Falling asleep.
- Not holding patient to his/her therapeutic contract.



Covert behaviours of Burn-out.

- Capricious or unexpected attitudes.
- Preoccupation with thoughts, dreams and/or fantasies.
- Feeling stuck.
- Wishing the patient would cancel the appointment.
- Wanting to miss a session.



Polonius to Laertes.

- **Give every man thy ear, but few thy voice;**
- **Take each man's censure, but reserve thy judgement.**
- **Costly thy habit as thy purse can buy,**
- **But not express'd in fancy; rich, not gaudy;**
- **For the apparel oft proclaims the man,**
- **And they in France of the best rank and station**
- **Are of a most select and generous chief in that.**
- **Neither a borrower nor a lender be;**
- **For loan oft loses both itself and friend,**
- **And borrowing dulls the edge of husbandry.**
- **This above all: to thine ownself be true,**
- **And it must follow, as the night the day,**
- **Thou canst not then be false to any man.**



“To thine own self be true”

- Excellent advice
- There’s a great tendency to try and be somebody else--to be the best, when by definition most of us can’t be
- To be ashamed of some of your characteristics
- Try and be somebody you are not and you’ll go crazy
- Don’t try and be infallible
- My greatest learning moment in my whole career: “You don’t have to pretend you know everything”



Where then does this leave us?

- We never stop learning-“when the pupil is ready a teacher will appear”!
- We must recognise our own “stuff” in the clinical encounter.

Boundaries.

Transference/counter-transference.

Self-disclosure.



Boundary Crossings

- These happen to all therapists and patients cross boundaries too, sometimes by mistake and sometimes deliberately. Therapists need to know when they are happening, so they can protect both themselves and their patients. The nature of the therapeutic relationship is such that the therapists must take responsibility for maintaining boundaries.



Examples of possible crossings

- Attend, frequent the same places.
- Sharing mutual friends or people in common.
- Self-disclosure.
- Establishing dual relationships.
- Hugs/touching.
- N.B. remember the power differential.

Examples of Violations

- Exchanging gifts.
- Ignoring established conventions, (not billing, treating outside office hours, using alcohol or drugs during treatment.)
- Inappropriate touching.
- Dating a patient.
- N.B. remember the power differential.



Re-Entry to Practice 1

- Properly treated physicians in recovery are no more, and probably less of, a risk to patients than the general physician population

Pelton C, Lang DA, Nye GS et al. Physician Diversion Program: Experience with Successful Graduates.

J Psychoactive Drugs 1993;25(2):159-6

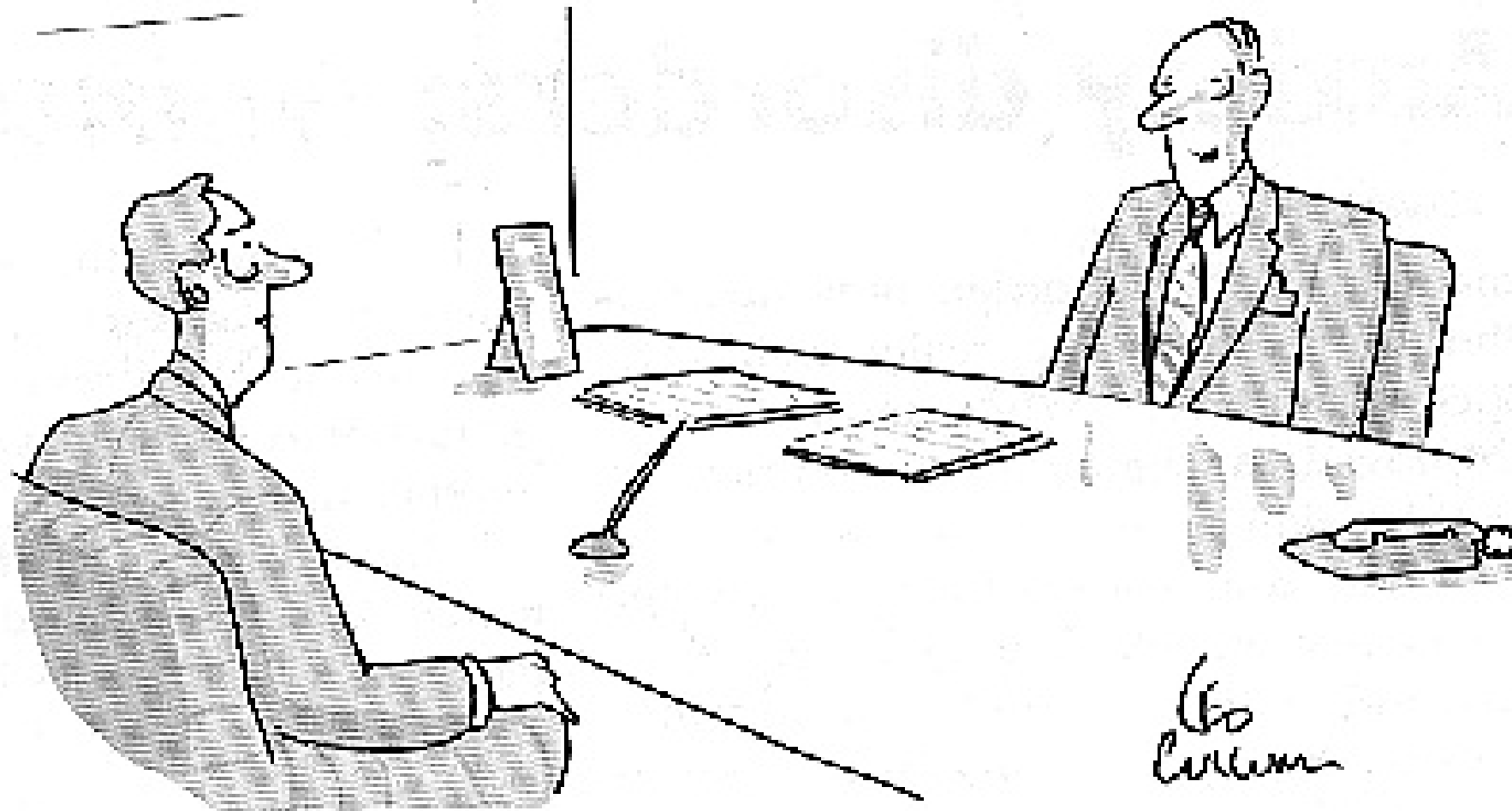


Re-Entry to Practice 2

The Homewood Experience

“I thought I’d be good to myself and take three days off before I go back.” - all too typical MD

- Average return to work is three months
- Emergency, night, and weekend work avoided wherever possible for the first six months
- Phase in with part-time
- Clean office - no mood altering drugs
- Avoid drug reps
- Tell those who ‘need to know’



Go
Cullen

*"It's come to my attention that you have
a life outside the hospital."*



Doctors are Healthier

- 3.7% smoke cigarettes currently c/f 25% of the general public.
- 96.3% wear seatbelts vs.85.5%.
- Physicians consistently score better on mean fruit and vegetable scores as well as dietary fat intake.

Arch.Intern.Med.,1998,158:342-348.



improving life

Epitaph of an Athenian physician

“These are the duties of a physician. First to heal his own mind and to give help to himself before giving help to anyone else.”

200 BC



A Generic Approach

- Don't let self-care wait.
- Take breaks to socialize briefly during your workday.
- Diversify to maintain your stamina.
- Develop rituals that help you to catch yourself doing things right.
- Remind yourself why you're doing this.
- Take advice from your peers.
- Have a “guilt-free” NO card.



Some Simple Principles

- How to catch a monkey and learn to let go.
- Don't take things personally.
- Don't let people, places or things live rent-free in your head.
- A finger pointed in blame has three pointing back at the blamer.
- You're granny did know best.
- Have some crazy dreams.

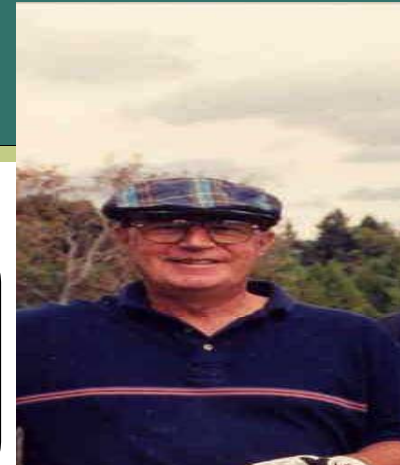


e

D



life



**Hey! Wait for
Me - I'm Coming**



It's My Turn!



HOMEWOOD
Health Centre



improving life

**The world breaks everyone. Some
mend stronger in the broken places.**

Hemmingway.



improving life

A Serenity Prayer for Physicians

- “God grant me the serenity to accept the people I cannot change, the courage to change the person I can, and the wisdom to know that that’s me.”

Cunningham, 2003.



improving life

IN CLOSING

- Wisdom is the perfect blending of intelligence and love.

“Sermon on the Mount”

Emmet Fox.

