PROMOTING VOLUNTARY HELP-SEEKING AMONG DOCTORS WITH MENTAL DISORDERS

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Abstract

Objectives: To explore if the Barcelona Integral Care Program for Doctors with mental disorders (PA IMM, in Catalan) has achieved its goal of enhancing earlier and voluntary help-seeking amongst sick doctors. Material and Methods: We conducted a retrospective chart review of 1363 medical records of physicians admitted to the inpatient and outpatient units of the PAIMM from February 1st, 1998 until December 31st, 2011. The sample was divided into 3 time periods: 1998–2004, 2005–2007 and 2008–2011 (477, 497, and 389 cases, respectively). Results: The mean age at admission decreased (F = 77.57, p < 0.001) from the first period (x̄ = 54.18; SD = 10.28 years) to the last period (x̄ = 44.81; SD = 10.65 years), while voluntary referrals increased from 81.3% to 91.5% (Chi2 = 17.85, p < 0.001). Mental disorders other than substance use disorders grew from 71% during the 1998–2003 period, to 87.4% (2004–2007), and 83.9% in the last period (Chi² = 29.01, p < 0.001). Adjustment disorders increased their prevalence, while inpatient treatment progressively represented less of the overall clinical activity. Conclusions: Sick doctors may feel encouraged to seek help in non-punitive programs specially designed for them and where treatment becomes mandatory only when there is risk or evidence of malpractice.

Key words:
Mental disorders, Sick doctors, Physicians’ Health Programs, Mental Health Services

INTRODUCTION

Physicians are reluctant to ask for help when they suffer substance use disorders (SUDs) and/or other mental illnesses [1–4]. This may be due to [5]:
- the doctors’ culture of unrealistic expectations where they see themselves as super-people and showing vulnerability is identified with the risk of losing respect from peers and seniors;
- their tendency to deny the need for self-care, personal vulnerability and/or early signs of illness;
- doctors’ and colleagues’ difficulties in identifying emotional or mental distress and in speaking about their concerns to other people.

Some other factors may increase their inability to develop healthy coping strategies [6,7]: high self-criticism, low self-esteem, poor bonding to relatives, competitive, humiliating and status-conscious work environment, together with burn-out symptoms related to high job demands. Easy access to self-prescription may lead to tolerance and dependence on some licit drugs, while alcohol use may
become a “socially accepted” strategy to deal with stressful situations [8]. Once the addiction has been established, it gets even more difficult for the sick doctor to ask for help. In fact, it is estimated that 10–14% of physicians may develop a SUD at some point in their careers [9]. Other non-addictive disorders such as depression and anxiety disorders are highly prevalent among sick doctors [10].

Delay in help-seeking not only causes greater morbidity-mortality but may also lead to malpractice behaviors [11–15]. Physician’s impairment refers to those situations where physicians are rendered unable to carry forward their professional responsibilities adequately due to a variety of health issues, including a medical disease, psychiatric problems, or substance abuse [15]. The impairment may be episodic or steady, leading to psychosocial deterioration and finally, becoming dangerous both to the physician wellbeing and to their patients’ safety.

The first specific programs for physicians suffering from mental disorders (Physicians’ Health Programs for “sick doctors”) were developed in the USA in the late 1970s, in order to identify and treat unwell doctors involved in misconduct allegations (i.e. impaired physicians) as a consequence of their mental disorders, mainly, substance use disorders (SUDs) [1,16–21]. Similar programs were developed later on in Canada [22–24], Australia [25–30], and the UK [31–33] trying to improve strategies to reach sick doctors and prevent those conditions by promoting healthy lifestyles among physicians and offering counseling if needed. Some programs are mainly devoted to providing mandatory treatment when malpractice issues are involved. This fact may prevent physicians from asking voluntarily for help when suffering from a mental disorder, as they may fear the legal implications of their demand.

In order to promote voluntary help-seeking in this professional group, a new Physicians’ Health Program called the Integral Care Program for Sick Doctors (PAIMM, in Catalan, and PAIME, in Spanish) was created in Barcelona in 1998 [4,34–38]. The PAIMM has been developed in other Colegios de Médicos across Spain. In our country, all provinces have a Colegio de Médicos which acts as both a regulatory body and a medical association where all practicing physicians need to be registered.

The PAIMM can be defined as a non-persecutory, non-punitive program that promotes voluntary outpatient and inpatient clinical treatment as well as enrollment in preventive interventions. Only when there is evidence or risk of malpractice, the treatment becomes mandatory.

The aim of this retrospective study is to see if the Barcelona Physicians’ Health Program (PAIMM) has achieved the goal of promoting help-seeking among sick doctors. Our main hypothesis is that the PAIMM would have reached this objective if, after analyzing the data of physicians treated in the program from 1998 to 2011, admission progressively tended to take place in younger physicians and if there was a significant increase in voluntary referrals during this time period.

We have considered some additional hypotheses related to the main thesis of our work. It is thought that earlier and voluntary admission should be linked to:

1. An increase in the prevalence of mental disorders other than SUDs as these latter conditions are more related to malpractice issues.
2. A growth in the prevalence of non-severe mental disorders (such as adjustment disorders).
3. An increase in the prevalence of patients treated at the outpatient facilities compared with those treated at the inpatient unit.

**MATERIAL AND METHODS**

**Setting**

The Barcelona Integral Care Program for Sick Doctors was created jointly by the Department of Health of the Regional Government of Catalonia (Spain) and the Catalan Medical Association in 1998, and it is currently