

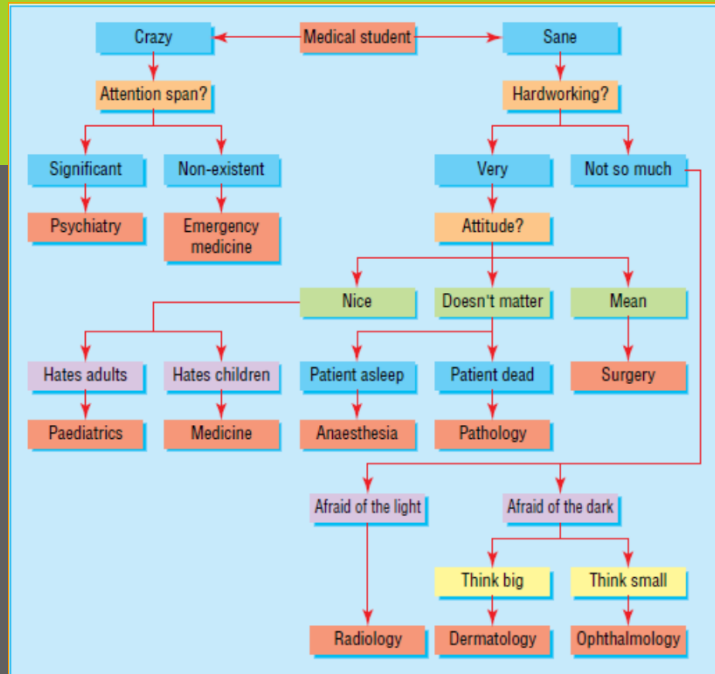
THE FIGHT FOR FLAWLESSNESS

Psychology of a Physician



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WHO ENTERS MEDICINE?



Physician, know thyself
Boris Veysman

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WHO ENTERS MEDICINE?

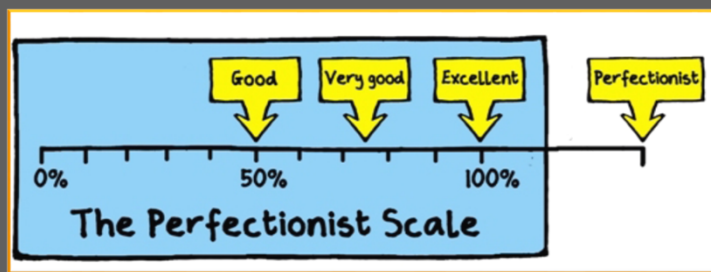
- High intelligence alone did not produce high levels of accomplishment
- Interest patterns
- Drive to achieve
- Social adjustment
- Persistence
- Self-confidence
- Stable and supportive family background
- Intellectual facilitators

Histrionic shY Avoidant
Narcissistic Antisocial
Arrogant

PERFECTIONISM

PERFECTIONISM

- Required** for entry into medical school
- Required** for success in medical school
- Desired** by patients
- Rewarded** within the field



PERFECTIONISM

Beliefs begin in childhood; they are not sufficiently valued or loved by parents.

If flawlessness can be reached, approval that they missed might finally be forthcoming.

Low self esteem is managed by pursuing perfection.

Perfection is complicated because **satisfaction with real achievements is limited:**

- Do you feel a sense of fraudulence when you are recognized with honor or award?
- As though you have deceived those who applaud your performance?
- Are you tormented by an expectation that more will be demanded of you?

Being viewed as “driven” is not linked to a genuine wish for pleasure, but rather, to gain relief from a tormenting conscience.

PERFECTIONISTIC PHYSICIANS

COGNITIVE DISTORTIONS

- “I am only valued if I am perfect.”
- “The better I do, the better I’m expected to do.”

NOT ADAPTIVE

- Personally expensive and a vulnerability factor for depression, burnout, suicide, and anxiety.
- Equal in significance to hopelessness, a factor commonly regarded as the best prospective predictor of suicidal ideation.



PERFECTIONISTIC PHYSICIANS

- Often accompanied by other compulsive traits:
 - **Compulsive Triad**
 - Self-doubt
 - Guilt feelings
 - Exaggerated sense of responsibility
 - Rigidity, Stubbornness
 - Inability to delegate, control (illness is lack of control)
 - Excessive devotion to work, creating neglect to relationships and leisure
 - Insecurity - approval through more work, achievements, triumph over disease
 - Excelling is not good enough.



PERFECTIONISTIC PHYSICIANS

- Many physicians are prone to attribute any difficulties they have to the stress of the practice of medicine, however, is the work stress in itself a factor of underlying vulnerability in physicians?

PROBABLY BOTH



THE CULTURE OF MEDICINE

- Like athletes and soldiers, **physicians pride themselves on working through injury, pain, fatigue, and assorted conditions that might sideline other professionals**. For decades, doctors have sacrificed their own health and comfort for the sake of their patients, an ideal that has been reinforced by various media.



THE CULTURE OF MEDICINE

- One of the last things to go when physicians are burning out is their attention to their patients.* The baseline physician is walking around fairly burned out due to:
 - Who is selected to be a doctor (very competitive and perfectionistic types)
 - Health-care system organization
 - Physician compensation
 - The way doctors are trained**
 - SCHOOLED IN SELF DENIAL**

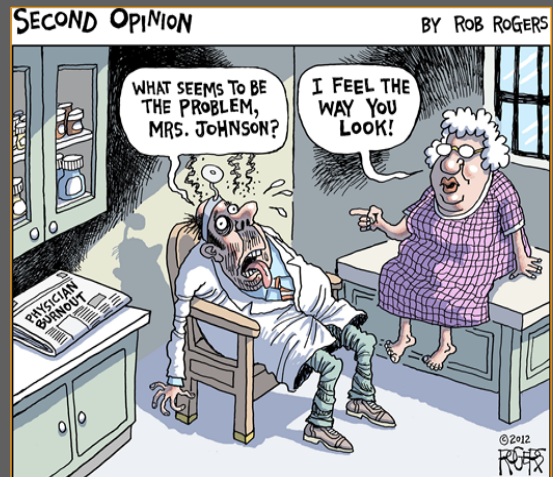


THE CULTURE OF MEDICINE

- Self-denying is necessary at times. But it can become a dominant way of being in the world, and then it is destructive.
- Physicians frequently don't go to doctors, working through illness and injury, diagnosing/ treating themselves.

Many doctors don't have physicians
And avoid routine screening tests.

- A large majority of doctors in residency training say that they would keep working if they had vomited all night, saw blood in their urine, or experienced extreme anxiety.

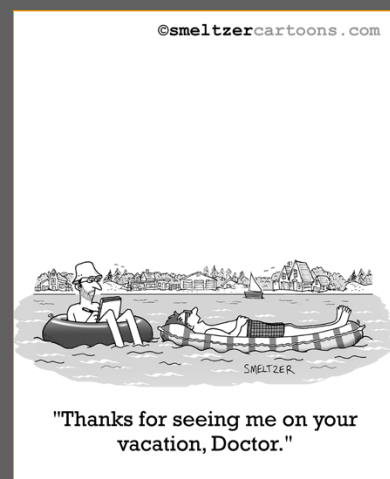


THE CULTURE OF MEDICINE

Of 100 physicians:

- 16 reported watching TV for pleasure or attending theater or concerts
- 10 regularly took time off to relax
- 11 took vacations exclusively for vacation's sake

Time devoted to oneself/ pleasurable pursuits
regarded as selfish and neglectful



UNTIL SOMETHING CHANGES...

- Many physicians desire flawlessness for approval (patients, peers, revenue etc)
- The culture of medicine emphasizes perfectionistic thoughts, beliefs, behaviors
- Because perfectionism is

Required
Desired
Reinforced



Negative
Inaccurate
Dysfunctional
Unhealthy
Risky

REFERENCES

- Available upon request

BARRIERS TO CARE

"The Fight To Not Become A Patient"



Stacy M. Chronister, D.O.
Clinical Assistant Professor
Department of Internal Medicine

#NOTPOSSIBLE

WHY DON'T WE SEEK CARE?

▪ Denial

I don't have a real problem. I can handle it myself.

▪ Rationalization

I don't have time. I'm caring for everyone else. I deserve this.

▪ Minimalization

It's not that bad for me to write myself a script. Just this one time.

FAILED ATTEMPTS TO SELF-TREAT?

▪ 7-12% of physicians are "impaired"

▪ 75% of those are due to chemical dependency

- Stimulants
- Anxiolytics
- Sleep Aids
- Alcohol
- Opiates
- Energy Drinks
- Illegal substances
- The sample closet

BEING A PATIENT MEANS...

Potential Loss of Control

- Foreign territory for physicians
- Worry that this will be demeaning
- Loss of “being perfect”

Potential Loss of Privacy

- Not just your doctor that now knows your business...
- Might have to seek care within own health system/network



They Take Out
The Trash

DRs—
They're
Just Like
US!



They Eat Sandwiches



They Go To The

DOCTOR!!!!

TAKING CARE OF THE PHYSICIAN-PATIENT

Treat him or her with the same high standards that you provide every other patient

VIP MEDICINE IS BAD MEDICINE

"THE VIP SYNDROME": A CLINICAL STUDY IN HOSPITAL PSYCHIATRY

WALTER WEINTRAUB, M.D.¹

INTRODUCTION

The medical management of a prominent person often presents unusual difficulties. When a famous and powerful individual requires treatment for a severe psychiatric illness, complications of such magnitude may arise as to make the task of the responsible physicians impossible. The well-known cases of such historical figures as King George III of England and King Ludwig II of Bavaria clearly demonstrate that the treatment of an influential man can be extremely hazardous for both patient and doctor (2, 6). As a

perhaps most significant in this area and will be considered in detail below.

The writer began to concern himself with the problem of the VIP patient several years ago. As clinical director of a small university psychiatric hospital, he noticed that the admission of an influential person was often followed by considerable turmoil within the institution. This in itself was not too surprising. What gave more cause for concern, however, was the gradual realization that few of these VIPs were responding favorably to treatment. A number of them left the hos-

"The treatment of an influential man can be extremely dangerous for both patient and doctor."

--Dr. Walter Weintraub

WHEN SEEING A PHYSICIAN-PATIENT:

- No need for undue self-expectations

"You're seeing both the patient and the public"

- Don't change your workflow.

This is how things get missed!

WHEN SEEING A PHYSICIAN-PATIENT:

- Trust your skills

They are coming to see you for a reason!

(Pssst....Because you're awesome!)

- You don't have to acquiesce to special requests

Disregarding guidelines can put the patient at increased risk.

WHEN SEEING A PHYSICIAN-PATIENT:

- Set Boundaries

Be transparent about those boundaries.

You may even be a role model for their clinics.

- Use Medical Jargon When Appropriate

WHEN SEEING A PHYSICIAN-PATIENT:

- Recognize the barriers the physician had to overcome to see you!

Physicians are likely to be in a great deal of distress by the time they are seeing you.

- Always do a thorough depression and suicide screen!

*Male physicians have a **70%** higher risk of suicide than other professionals*

*Women physicians have a **250-400%** higher risk than other professionals!!!!!!!!!!!!!!*

WHEN SEEING A PHYSICIAN-PATIENT:

- Don't skip personal health questions

Alcohol use, sexual orientation, extramarital affairs, sleep habits, diet, exercise.

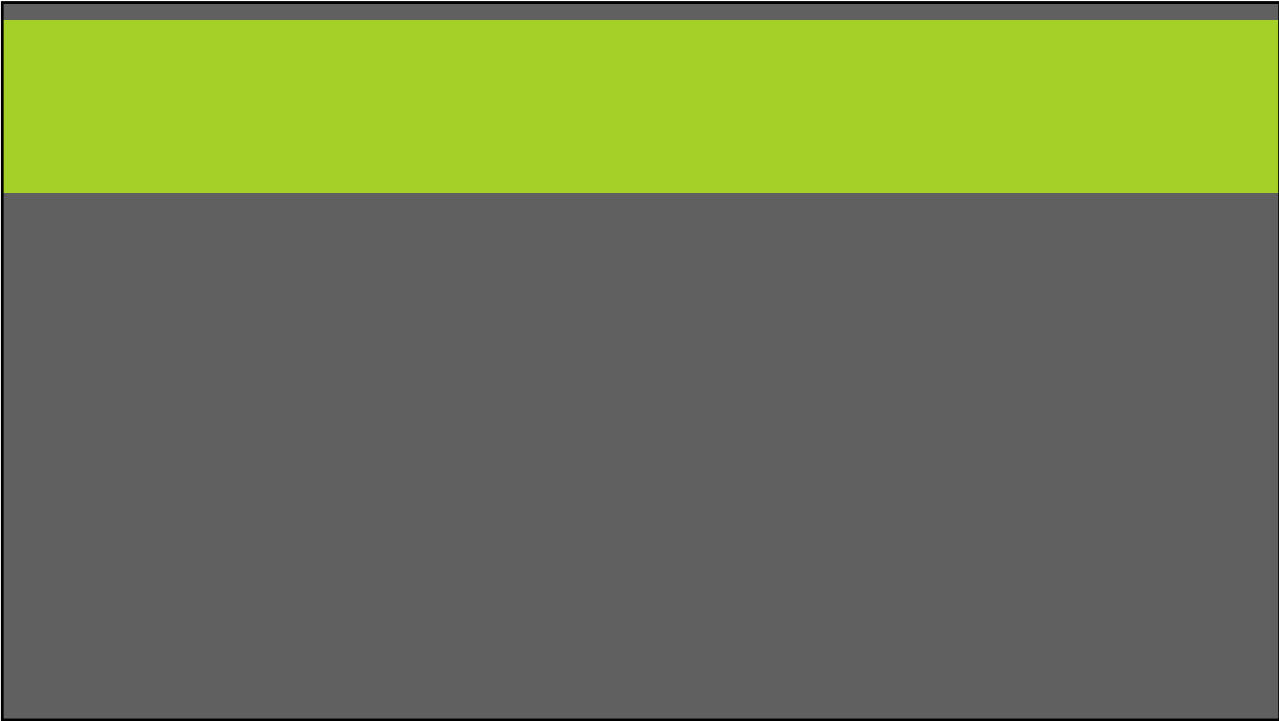


FREE ADVICE (NO, REALLY, I'M NOT GETTING PAID FOR THIS)

- A little knowledge is a dangerous thing!
- Get a primary care physician
- Do As I Say...AND Do As I Do

REFERENCES

- Available upon request



PERFECTIONISTIC PHYSICIANS

- **Defense Mechanisms:**
 - Denial – “I’m fine” (is personal health really an indicator of medical competence?)
 - Rationalization – “It’s just b/c I haven’t had a vacation”
 - Minimization – “I’m only a little irritable”
 - Reaction Formation - give to others as a way of denying their own neediness and anger



A PHYSICIAN-PATIENT CAN SURVIVE BEING A PHYSICIAN-PATIENT

- **Being a patient may make you a better doctor**
 - Empathy
 - Humility
 - Equality – no more “us” vs “them”
- Physical illness causes suffering
 - Emotional suffering can be much harder to deal with

