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Wellbeing in doctors: An international model for medical culture change that addresses mental health, career planning and lifestyle management across the life-cycle

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Abstract

Statement of the Problem: Physician well-being matters to the quality of health care, and therefore the community at large. Doctors have high rates of mental illness compounded by a medical culture that is stigmatising of vulnerability and illness, and has long-been characterised by dysfunctional behaviour such as bullying. In 1875, the New York Times published an article entitled "Pugnacious Physicians." Almost a century and a half later, we know the causes of this are complex as are the medical systems in which they occur, with an explosion of scientific interest and countless publications on related areas of bullying, burnout and stress. Hitherto, most interventions have been educational, didactic or teambuilding-orientated, rather than family and systems theory-orientated.

Methodology & Theoretical Orientation: An intensive, multimodal programme of systemic intervention was developed by an Intensive Care Unit for the unit and the wider health district, run jointly by an Intensive Care Advanced Trainee Welfare Champion, the Senior Medical Director (intensivist) and a Liaison Psychiatrist/Family Therapist. The programme included initial assessment and engagement, followed by ongoing facilitated communication/360-degree feedback at group and individual levels, involving nursing and medical staff. Resources developed included (i) Code of Conduct (incorporating principles of communication and respect for self and others, including recognizing lack of omnipotence and vulnerability to impairment; (ii) Medical Crisis Intervention and Help document; (iii) Anger and conflict management; (iv) International medical graduate support; and (v) Debriefing Model.

Findings: The long acculturated medical system of disrespect and defensive omnipotence is no longer tolerated. A multimodal approach tailored to the system and driven by family and systems theory can initiate a process of meaningful change that has application for use in other medical cultures.

Biography:

Carmelle Peisah is an old age and consultation-liaison psychiatrist; medical welfare and culture lead for a large health district; currently working in an intensive care unit, in Sydney, Australia. She is Conjoint Professor University of NSW;ClinicalAssociateProfessorSydney University; founder and president of human rights charity Capacity Australia. She has had an interest in student and doctor well-being for almost 30 years, providing regular lectures to undergraduate medical students, collaborating with international research groups and physician programmes in the UK, US and Canada (e.g. Professional Renewal Centre, Rush University, Kansas, US; International Alliance for Physician Health; AMA; CMA).

Speaker Publications:

1. Peisah C, Wilhelm K. (2007) Physician don't heal thyself: a descriptive study of impaired older doctors International Psychogeriatric 19(5):974-84.

2. Peisah C Gautam M. Goldstein M. (2009) Medical masters: a pilot study of adaptive ageing in physicians Australasian Journal on Ageing 28(3): 134-138;

3.Peisah C, Latif E, Wilhelm K. Williams B. (2009) Secrets to psychological success: why older doctors might have lower psychological distress and burnout than younger doctors Aging and Mental Health 13(2):300-7.

7th World Congress on Mental Health, Psychiatry and Wellbeing; March 27-28, 2020 Barcelona, Spain | Webinar.

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