



Features

Chroniques

Steven Wharry is senior editor, *CMA News*.

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MDs who need psychiatric help afraid to seek it, conference told

Steven Wharry

Isolation within the medical profession is becoming so severe that an Ottawa psychiatrist has launched a "Neighbourhood Watch" program as an early-warning system to identify physicians who need help because of depression or stress.

Ottawa psychiatrist Mamta Gautam, whose practice is limited to the treatment of physicians, said isolation is one of the major problems facing physicians because they often feel unable turn to colleagues for help. That is why she developed the medical Neighbourhood Watch program. Like its crime-fighting counterpart, it encourages physicians and other hospital staff to be on the lookout for colleagues in trouble.

"If you were out shovelling your driveway one day and saw your neighbour fall and clutch his chest, you would go to help him," said Gautam. "Why is it then that we feel we can turn a blind eye to someone who may need our help in other ways?"

"I'm really trying to change the culture in medicine that says because of our training we must be caregivers but not care receivers."

Gautam made the comments during the recent conference on physician health sponsored by the CMA and American Medical Association. The late April conference, held in Victoria, took a sobering look at the impact high stress levels are having on physicians on both sides of the border. Unfortunately, many feel they cannot reach out for help because of the stigma attached to mental illness among health professionals. "I was talking to a friend once who mentioned that doctors had to get a noble disease before they earned the empathy of their colleagues," said Gautam. "I couldn't help but think how true that was for patients seeking psychiatric treatment."

Her views are shared by Vancouver psychiatrist Michael Myers. "My depressed patients [who are psychiatrists] seem more burdened with humiliation at being diagnosed as [being] clinically depressed. I get physicians who tell me they feel like a fraud because they are treating people with antidepressants while they themselves are on them."

Myers said the stigma surrounding mental illness likely leads many physicians to avoid seeking help — they prefer to try and treat their condition by prescribing drugs to themselves, or they simply refuse to seek any kind of help. He said fear of being "found out" drives physicians to hide, deny and rationalize their behaviour more than other patients. "I get all sorts of questions about my record keeping and the security of my files," said Myers, who treats only physicians, medical trainees and their families. Common questions include: "Do you have to take notes? Are your files locked up? Who is going to see this?"

Myers said psychiatrists who treat physicians can be tempted to refrain from hospitalizing depressed doctors in a misguided attempt to protect them from the perceived dishonour associated with mental illness. "When a doctor is admitted to hospital [everyone usually knows] by noon what he or she is in for. However, [failing to hospitalize] physicians just because they are on staff at the only hospital in the area is just too dangerous."

Myers suspects that suicide has claimed some physicians who did not receive the level of care they needed. Other doctors share this opinion, but no studies have been done to confirm it.

A major hurdle in providing care for mentally ill physicians is that few training programs are available that show how to do it. Myers urged all physicians who treat medical students, residents and practising doctors to complete CME updates in medical student and physician health that are offered by the American Psychiatric Association. He said the Canadian Psychiatric Association expects to have a similar training program in place by 1999. ?



Dr. Mamta Gautam: early-warning system