

cal prescription of drugs, from which we can learn little or nothing.

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Physicians with depression

We commend Mark Bernstein for his brave yet disturbing description of a neurosurgeon in an advanced state of burnout and depression.¹ Physicians have an increased risk of depression, suicide and substance abuse.² They are especially vulnerable because of the demands of caring for the ill, managing a practice, pursuing lifelong education in a rapidly changing field, and the litigious environment in which they work. Physicians in distress face emotional exhaustion, cynicism, feelings of ineffectiveness and depersonalization.³ Studies have revealed that two-thirds of Canada's physicians consider their workload too heavy, and more than half say that personal and family life has suffered because of their career choice.⁴ In a recent CMA survey of 2251 doctors, 45.7% of the respondents reported an advanced state of burnout.⁵ The profession is aware that mental health problems can begin in medical

school and worsen during residency, when fatigue and emotional exhaustion are often the norm.² Yet the topics of burnout, stress and poor mental health are not easy to discuss openly. The stigma of mental illness and the potential impact on professional status inhibit disclosure. We therefore strongly support the CMA initiative on Physician Health and Well-Being⁶ and the need to change the culture to address the barriers to disclosure.

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[Dr. Bernstein replies:]

I thank Drs. Verma and Flynn, as we all should, for their thoughtful and very appropriate letter. Their message is vitally important: doctors are at high risk for depression, and when it affects us we must confront it and treat it as we would any other illness. After the *CMAJ* article was published,¹ I received a small number (under 10) of private letters from doctors who bravely described their own experience with depression, expressed concern for my well being, and made suggestions about how I could seek help. However, I feel like a bit of a fraud. I have published extensively in the peer-reviewed medical literature, and in the last few years have tried my hand at nonmedical writing, in

the nonfiction genre. The piece in *CMAJ* was but my bravest to date, and apparently was quite effective in painting the picture I set out to paint. But I am not depressed and I am not burned out. Perhaps the development of new pursuits in my life like creative writing is one of the very reasons why I have not suffered burnout. At the risk of stating the obvious, it is terribly important for hard-working doctors to develop diverse outside interests as passionately as possible. Again I thank Drs. Verma and Flynn, and the other doctors who wrote me, and the many others who must have silently worried about me. But please allow me to assure all of you that I am very well and happy, and apparently my creative writing is improving!

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[The senior deputy editor responds:]

Articles published under the Room for a View heading in The Left Atrium, like those penned by "Dr. Ursus" for our back-page column, occupy a liminal territory between fact and fiction. Authors are required to change details to protect confidentiality, and are at liberty to refine, embellish or reinvent reality for narrative effect. Some pieces are inspired by experience, and thus lay claim to authenticity. But a ring of truth can arise from other things, such as empathy, insight and imagination. Mark Twain knew the craft of storytelling. A saying attributed to him (by Rudyard Kipling) goes like this: "Get your facts first, and then you can distort them as much as you please."

Anne Marie Todkill

CMAJ

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