

Disclosure

■ Cite as: *CMAJ* 2019 October 28;191:E1196-7. doi: 10.1503/cmaj.190374

CMAJ Podcasts: audio reading at <https://soundcloud.com/cmajpodcasts/190374-enc>

I am a committed family physician, skilled researcher and respected leader at my university. And I suffer from depression. Why is that so difficult to write?

Apparently, I am not alone. According to the recent *CMA National Physician Health Survey*, 33% of physician respondents screened positive for depression¹ and some are sharing their stories.² Many of the physicians who discuss their mental health journeys, however, do so through the rear-view mirror. Disclosure seems to happen mostly after the fact, when people have successfully navigated a path toward healing. The reasons for this are self-evident: stigma, fear of reprisals from regulators, and the challenge of speaking eloquently when all of one's energy needs to be directed toward just getting through the day. It makes sense. But is this really the best way? I think that earlier disclosure can have benefits, ones I discovered on my own journey.

It was October 2015. My mom's chemotherapy schedule intensified, and I needed more time than I had available to help her navigate the challenging path that is cancer. My academic and administrative roles at the university, when added to the time I spent caring for my practice, already left very little time for family. I knew I had to step away for a bit.

Although I did not yield to the pleas from some at the university to reconsider taking time away, I did stay at work an extra four weeks to make sure the team could manage in my absence. Although it was exhausting to go to appointments with my mom while putting in the extra hours needed to make the handover easier, I believed it had to be done. As I left the university that November, I felt relieved that I could finally hold my mom's hand during chemo appointments with-



out using my other hand to scroll through the endless university emails. It was a good decision.

Except that I waited too long. Fourteen days after I started my leave, my mom died. It was sudden and horrific.

Following my mother's death, things seemed to spiral downward and I was pulled into a vortex of unhealthy patterns and emotions. By the time I went back to work at the university, being too busy seemed like a welcome reprieve from my emotional turmoil. I threw myself ever more deeply into work, leaving little time for exercise or rest. My anxiety did not abate with this fervent pace, and my mood started to slip. I started to avoid social situations because I felt discon-

nected from friends and colleagues. Instead of enjoying stories about others' lives, I started to feel agitated and unable to listen, even to close friends.

But work was always there: someone needed me to sit on a committee, review a paper or take on an extra night of call. While some people may have noticed that I lacked the usual pep in my step, most were simply too busy with their own commitments to see that, for me, the joy for practising medicine was fading. The requests to take on just one more thing kept coming, and I kept on working.

Then I started to feel sad in between clinical visits because I couldn't connect with the patients I had known for years. I was not suicidal, but I started to become

afraid of where this might lead. I read articles about physicians who seemed to be coping just fine — until they stopped coping. They rounded on their patients, finished their paperwork and then efficiently killed themselves. Life no longer held joy for me; was I becoming like those physicians? I knew it was time to ask for help.

By the time I sat across from the psychiatrist, I had started to try to get better. I was going to the gym and making healthy meals! Instead of congratulating me and sending me on my way, he shocked me by saying that he wanted me to start medication. What he said next, however, was truly bewildering: he told me that no matter what medication I took and no matter how many spin classes I attended, I would not be well until I re-evaluated my time commitment at work. This doctor was an academic psychiatrist. He had multiple responsibilities, similar to mine, and I had assumed that his workload would most certainly be comparable. Yet he firmly told me that my pace and workload were not sustainable for anyone. He helped me to see what was previously unseeable to me. I was working too much.

I started the medications, and the fog began to lift. Slowly, I started to cut back on work. I left some committees, took on fewer students and asked others to help lead projects. The one thing I didn't do was disclose. Although I was not fearful of stigma and knew I was on the right path, I had no idea how or even whether I should tell others in my professional life about my depression. It seemed that saying anything would somehow be asking others to cut me slack; I perceived that it was my responsibility to sort out what I could and could not do. Telling my colleagues and superiors that I had been suffering from depression seemed to be a burden: would they then have to weigh and consider each and every request they made of me? This was too much to ask. So I kept things

mostly to myself and I continued to muddle my way through.

Luckily, I did disclose to one friend, who also happened to be a colleague, and that real-time disclosure had a dramatic effect. She was understanding and took time to check in on me after our discussion. But my disclosure allowed her to do something else, something very powerful that could not have happened had I not disclosed: she advocated on my behalf.

I had recently decided to step away from the board of our family health team. At the board meeting after my departure, the executive director, who truly valued my input on the board, asked the members to try to convince me to stay on. Although some agreed, my friend asked, "How often does Carrie say 'no'?" The question was met with silence, so she went on to say that they should respect the request and reflect on the possible context leading up to it.

This comment led the executive director to call me to ask if there were other commitments I wished to put on the backburner for a while. I couldn't believe it! I felt respected and relieved, and it seemed that I was still a part of the team. We talked some more and I shared a bit more about what I had been going through. Surprisingly, she didn't seem to be burdened at all. Others could, and would, step in while I stepped back. And there would always be room for me should I want to step forward again. My disclosure allowed others to support me. It also helped me to feel a part of something bigger, even when I couldn't contribute in the way I had in the past. This feeling was integral to my path back toward joy.

So how do we find the right balance? Is disclosure a burden? How do we know if we will be met with supportive colleagues or people who carry stigma in their hearts and minds? We set up wellness committees to try to support each other, but how

can we better support each other to disclose mental illnesses when we need help in real time? Can we battle the stigma that prevents us from coming forward, setting boundaries, and learning how to support each other through all illness journeys?

I don't really know the answers. I struggled with these questions myself. I'm starting here, now, today, by saying that I have suffered and I may suffer again. I now have joy, but to have that joy requires medications, counselling, meditation and attention to my well-being.

Here's what I have learned: we, as a medical community, must open the wellness discussions to include conversations about mental illness as it happens — in real time — so that those who suffer do not fear the repercussions of disclosure when they already have so much to bear. Disclosure, paired with the support of a caring medical community, can help ensure that everyone can remain a vital part of our team, even through illness, no matter what the source.

Carrie Bernard MD MPH

Department of Family and Community Medicine, University of Toronto, Toronto, Ont.

References

1. *CMA National Physician Health Survey: a national snapshot*. Ottawa: Canadian Medical Association; 2018. Available: www.cma.ca/sites/default/files/2018-11/nph-survey-e.pdf (accessed 2018 Oct. 27).
2. Dev S. UofTMed alum: how therapy revealed the ills of residency. Toronto: University of Toronto Faculty of Medicine [news]; 2017 Apr. 10. Available: <https://medicine.utoronto.ca/news/uoftmed-alum-how-therapy-revealed-ills-residency> (accessed 2018 Oct. 27).

Acknowledgement: This journey and article would not have been possible without the guidance, support and editorial input from Dr. Diego Silva.

This article has been peer reviewed.