Physician, Heal Thyself

DAVID H. ROSEN, M.D., * San Francisco, California
The title of my paper, taken from the Bible, has been interpreted to mean "charity begins at home." In the words of an Athenian doctor, "These are the duties of a physician: First, to heal his mind and to give help to anyone else." The physical health of physicians has received much attention; many preventive and curative programs are in effect. However, the emotional health of physicians has only recently been studied, and the results are not at all comforting.

In a study done at the Mayo Clinic In-Patient Psychiatric Service, 93 physicians were admitted over a seven-year period, representing one physician for each 64 admissions. Dr. John Duffy noted, "This is a highly disproportionate ratio when one considers their representation in the population. Furthermore, this number represents only those sufficiently incapacitated psychiatrically to require hospitalization—far more were seen in the outpatient department." General practitioners represented nearly 50 per cent of the physician patients, with surgeons and internists being the next largest groups. This emphasizes the fact that no person or special group in medicine is immune to mental illness. Forty per cent of these physician patients were victims of drug addiction; those with sociopathic personality disorders comprised 30 per cent; and 19 per cent were alcoholics.

Estimates for the incidence of drug addiction in physicians range from 20 to 100 times the incidence in the population as a whole. Fifteen per cent of known drug addicts are physicians. Dr. Solomon Garb, after studying drug addiction in physicians, reported that 300 physicians become addicted to meperidine (Demerol) each year. This loss is the equivalent of the yearly graduating classes of three good-sized medical schools.

Perhaps the saddest consequence of many emotional illnesses is suicide. The suicide rate among physicians equals 45 per 100,000, four times the suicide rate in the general population, which is 11 per 100,000. This represents 100 physician suicides per year, or the equivalent of the yearly graduating class of one good-sized medical school.

school. It is an alarming fact that 26 per cent of all physicians' deaths occurring between the ages of 24 and 39 are the result of suicide. The lowest rate is found among pediatricians, 10 per 100,000, which is below the suicide rate of the general population. The rate among general practitioners is 34 per 100,000, or three times that of the general population, while the highest suicide rate is found among psychiatrists, 61 per 100,000, or six times the suicide rate in the general population. Suicide is the second most common cause of death among medical students. Also significant are the tragic yet pertinent suicide rates among interns (31 per 100,000) and the faculty of medical schools (47 per 100,000), three and nearly five times, respectively, the rate of suicide in the general population.

When we entered medical school, we looked forward to becoming physicians, to undertaking all of the humanistic responsibilities medicine implied and to enjoying the prestige associated with that. Probably few of us realized then that, by adding two more letters to our names, we would become subject to these startling occupational risks. This raises the question: Why are disciples of Hippocrates, who are trained to preserve human life and suffering, bent upon destroying themselves and hurting their intimates?  

The training of physicians prolongs the stage of adolescence and its problems of insecurity, competitiveness, and interpersonal difficulties. A change of attitudes tends to occur in the clinical years of medical school or during the internship. When confronted with tragedy which he cannot alleviate or with pain that he must tolerate or even inflict, there is a tendency for the physician to become hardened and less humanistic and idealistic. Thus, we must beware of cynicism creeping toward omnipotence and toughness, and be on guard against rigidity and development of a narrow, illiberal spirit.

Physicians are subject to stresses peculiar to the practice of medicine: The pressing needs of their patients (which will most likely increase in the future because of the real possibility of a compulsory national health insurance system), maintenance of professional skills, family responsibilities, social requirements, and civic commitments. Because of the demands on the physician’s time and knowledge, he constantly feels threatened. The resulting condition that he be all things to all people is a potentially propelling force in the direction of emotional decompensation. Sir William Osler aptly said, “It is sad to think that, for some of us, there is in store disappointment, perhaps failure. We cannot hope, of course, to escape from the care and anxieties incident to professional lives.”

What will happen to us depends on how we handle these stresses. Unfortunately, many of us will choose alcohol, drugs, or isolation, and become depressed and despondent in an effort to deal with mounting frustrations, overwork, fatigue, or real or fancied physical complaints.

We close off normal channels for recuperation from overwork and fatigue such as satisfactory relations with wife, children, and friends; participation in community activities, medical society; church; and avocational and recreational pursuits. You are reading this and thinking this could never happen to you. In order to impress upon you that it could happen to you, consider this statement made by the wife of a physician after her husband committed suicide:

He had invested in a business deal and encouraged his close friends to do so. They, having confidence in him, invested also ... Someone was crooked and he lost $100,000 including his friends' investments. He mortgaged all his medical equipment and family car to recover to the other men but could in no way meet his honest obligations ... Due to his financial worry, he worked more and harder; and as he did so, his heart fibrillated more. He feared he might have a coronary at any time and leave his family with nothing. He really sacrificed his life for us. At least in his depressed state, he thought that was what he was doing. The last two months, he lost his appetite, became very thin, and his hands had the feel of a very ill person. He grieved over the loss of our son and somewhat felt that he had been forsaken by his creator. On several occasions he said he had an overwhelming urge to take his life, that a black feeling came over him and he was frightened. At this point I pleaded with him to see a psychiatrist and asked if he didn’t think it would help. He was one of the finest men who ever lived, a good doctor, friendly, well respected, a leader, very religious, ambitious, hardworking (never complaining); had a good sense of humor, did everything he did well, he was a wonderful father, loved his children and they in turn loved him. . . .

This naturally brings me to the question: What can we do about this problem? In the words of Duffy of the Mayo Clinic, "It is imperative that the physician
attempt to understand and accept his emotional needs early in his training. No physician is immune to mental illness, a truth that should humble all of us to search for understanding and meaning in life." He goes on to describe a pattern which develops in the physician who is mentally ill: overwork with long hours, no outside interests, no time for family life or vacation, use of denial and rationalization (particularly in drug addiction and alcoholism), inordinate need for prestige and power, and poorly controlled aggressive and hostile drives which all lead to professional and emotional ruin.

The great physician, Sir William Osler, warned against overwork.\(^{11}\) He suggested adequate food, sleep, and exercise coupled with a cheerful disposition, the ability not to worry, the philosophy of "take no thought for the morrow," and the capability to "mix the waters of science with the oil of faith." Osler was a firm believer that the M.D. degree entitled one to a life-long education in two spheres—the special and the inner. He spoke of the necessity of attaining a due proportion of each: (1) Special education equals a knowledge of disease and its cure, and (2) inner education equals a knowledge of yourself. We must strive to know and understand ourselves if we are to refute George Bernard Shaw's claim, "They save others; themselves they cannot save." We have no choice but to act now in order to prevent the fate Job suffered in being a "burden to himself."

Over 100 years ago Johann Heimroth\(^{13}\) stated that a proper and thorough knowledge of oneself will enable one to prevent and even cure mild beginning forms of mental illness.

To begin with, we must be honest with ourselves, then be honest with our patients, families, colleagues, and society. Let us look at ourselves in the mirror—naked, not hiding behind white coat and stethoscope—and ask: Who am I? Where am I going? What are my emotional needs? What are my assets and liabilities? So we would begin to know and to understand ourselves.

However, as Oliver Cope\(^{14}\) stated, "It is almost impossible, no matter how well meaning we are, to examine our own processes of thought without the help of others. We must seek out others. There are understanding people around, ready to talk. We must listen to others." He also suggested that, "We should pay attention to our dreams, for dreams are the most direct line to what is going on in our minds just under the cover of our conscious thoughts. We ought to read widely, for there is no reason to be bored with all of the good poetry, novels, and biographies which are available to provide the views of sensitive people."\(^{10}\)

Are we becoming dehumanized and developing narrow and illiberal spirits? Are we becoming cynical? If so we ought to change, for to change is to mature. As Osler said, "Everywhere the old order changeth, and happy are those who can change with it."\(^{11}\) In the next 10 years the whole medical care system will change drastically within a changing America. In this coming era of change it will be necessary to have an open mind, to be flexible, to be optimistic, and to continue learning, growth, and maturation processes. We must protect ourselves from apathy and stagnation, and fight for our ideals and aspirations.

The spirit of humanism should be rekindled with self-knowledge, humor, breadth of view, and friendly relationships. We should have a vision of continued growth based upon Saint Paul's three great and permanent goods, love, faith, and hope. For, as Hippocrates maintained over 2000 years ago, "Where there is love of man, there is also love of the art of Medicine." Faith and hope are measures of our maturity, a process of going forward humbly and selflessly.

Duffy\(^{2,6}\) has emphasized that we "need to exercise enlightened compassion with regard to mental illness in our fellow physicians. It is the moral obligation of the profession to regard the physician who falters because of human frailty with (kindness) not scorn. His rehabilitation must be our concern." Personal interest, concern, and action may save a colleague's life.

To recall the words of that esteemed seventeenth century physician, Sir Thomas Browne:\(^{14}\) "But how shall we expect charity towards others, when we are uncharitable to ourselves? Charity begins at home, is the Voice of the World; yet is every man his greatest enemy, and, as it were, his own Executioner."\(^{\uparrow}\)

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