

# Burnout and mental illness among Canadian physicians

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When ancient Mayans experienced mental illnesses, such as depression and anxiety, the community united in a sacred ritual called the *limpia* to purify the mind and body.<sup>1</sup> Folk healers combined medicinal practices with public ceremonies to heal the affected individual while strengthening the spiritual fabric of the entire community.<sup>1</sup> The social ritual vindicated sufferers of stigma by emphasizing the interconnectedness of the healing process—physical and mental, individual and collective.

In Canada, burnout and mental illness have become an increasing problem among physicians.<sup>2</sup> The phenomenon of burnout was first documented by American psychologist Herbert Freudenberger in 1974, who described burnout as a state of physical and mental exhaustion in response to chronic stress in the workplace.<sup>3-5</sup> While there remains no consensus on a definition for burnout, three common features of burnout syndrome are: 1) emotional exhaustion; 2) depersonalization and alienation toward work-related activities and people; and 3) reduced workplace performance or sense of accomplishment.<sup>3-5</sup> While concrete data are lacking for Canadian physicians, rates of burnout in the United States approach half of all doctors.<sup>6</sup>

The insidious effects of burnout can slowly develop through years of caregiver stress, psychological trauma, and long working hours.<sup>2</sup> Initial signs of burnout, such as irritability and dissatisfaction, can spiral into interpersonal conflict, inconsistent performance, erratic behaviour, irrational judgment, social isolation, and absenteeism.<sup>7</sup> Coping with the stress of professional duties outside of the workplace may cause strain to adversely impact a physician's personal life. For example, many physicians answer their work email at home, while some get called to work outside of their scheduled practice and on-call hours. Over half of Canadian physicians feel their personal lives have been negatively impacted by their professions.<sup>8</sup> A physician with burnout may experience decreased personal satisfaction at home and impaired capacity to engage in restorative lifestyle behaviours. Conversely, decreased life satisfaction can erode personal and professional relationships at home and work, leading to further exhaustion and alienation.<sup>9</sup>

The consequences of physician burnout impact all levels of health care and society.<sup>3</sup> Over 50% of physicians report that high stress, sleep deprivation, and mental exhaustion negatively affect their patient care.<sup>10</sup> Burnout can impair cognitive functioning and clinical reasoning, leading to medical error.<sup>10-12</sup> For instance, residents who met the criteria for depression made 6.2 times more medication errors than non-depressed peers.<sup>12</sup> The broader economic cost of burnout on early retirement and reduced clinical hours in Canada is estimated at \$185.2 million and \$27.9 million per year, respectively.<sup>13</sup> Yet, the greatest potential economic burdens of burnout and years lived with disability remain under-reported: mental illness, substance use, and suicide.

Burnout and work-related stress precipitate and exacerbate mental

illness and substance use. Roughly two-thirds of Canadian physicians perceive their workload as too demanding.<sup>3</sup> In a comprehensive health study of 3,213 Canadian physicians, one in four reported mental health problems in the past month that made handling their workload difficult.<sup>14</sup> This study measured the prevalence of depression over one year as 20% among male physicians and 29% among female physicians. These statistics may underestimate the actual prevalence, however, due to the stigma associated with self-reporting mental health issues.<sup>15</sup>

One outcome of untreated physician burnout and mental illness is suicide—the most common cause of death for doctors under 35 years of age.<sup>16</sup> Despite having lower overall mortality, in part due to exceptional physical health, Canadian physicians have a significantly higher risk of death by suicide.<sup>9,17,18</sup> Relative to the general population, the risk of suicide among physicians is 1.1 to 3.4 times higher for males, and 2.5 to 5.7 times higher for females.<sup>19</sup> Among physicians who committed suicide, the most common psychiatric illnesses are mood disorders and substance abuse.<sup>20</sup> Given the health-seeking tendencies of Canadian physicians for physical ailments, why are mental illnesses often untreated?

Personal values, professional obligations, and societal standards deter physicians from recognizing or addressing mental health problems.<sup>29</sup> A physician's health may be considered an indicator of medical competence among patients and colleagues, especially when health concerns affect work performance.<sup>21</sup> Effective clinical reasoning, medical competence, and safe patient care require sufficient physical and mental functioning.<sup>9</sup> If physicians experience mental health problems, their colleagues, patients, and society may begin to doubt the physician's ability to provide a high standard of care. Pressure to perform can lead physicians to avoid their medical problems altogether—a sentiment easily rationalized by the prevailing ethical obligation to “put patients first”.<sup>2</sup>

Physicians may also fear that disclosing mental illness will affect their professional standing. Frequently, licensing bodies ask about history of mental health problems in the process of applying for or renewing medical licenses.<sup>22</sup> Moreover, medical boards of hospitals and clinics often inquire about previous mental health treatment among applicants.<sup>9</sup> Whether or not these inquiries directly influence medical licensing or employment decisions is unclear, but the actual or perceived discrimination toward mental illness creates a culture of secrecy around mental health.

Stigma and discrimination against mental health issues prevent many Canadians from seeking treatment.<sup>23</sup> One in five Canadians live with mental illness, yet more than 60% of people with mental health problems do not seek help due to barriers such as stigma.<sup>24</sup> Among doctors, stigma surrounding mental illness is particularly apparent. The culture of medicine reinforces the myth that doctors are invincible, high-achieving martyrs who should never show signs of weakness or sickness.<sup>21,25,26</sup> The majority of physicians living with mental illness never seek professional help—even if they know they need it.<sup>2</sup> Only 2% of Canadian physicians with depression seek treatment for their illness.<sup>27</sup>

In response to rising physician stress, medical organizations have

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started to prioritize physician health in their policies and advocacy efforts. In 2010, the Canadian Medical Association (CMA) released a mental health strategy outlining a comprehensive approach to combat rising stress and health issues among physicians.<sup>27</sup> Most recently, the Royal College of Physicians and Surgeons of Canada (RCPS) declared physician health and well-being a core professional competency in the 2015 CanMEDS Framework.<sup>28</sup> This framework emphasizes a shared responsibility to promote a culture that is inclusive and supportive toward physicians in need.

Several programs and initiatives aimed at helping physicians have been introduced in recent years. The CMA's provincial divisions offer physician health programs in each of the ten provinces to provide assistance to physicians and their families.<sup>29</sup> In British Columbia, the Physician Health Program operates a free 24-hour hotline that provides confidential health services, counselling, and education for physicians experiencing personal or professional problems.<sup>30</sup> As a follow-up to the CanMEDS Framework, the RCPS published a physician health handbook in 2009 that provides physicians with practical information and health resources.<sup>31</sup> These efforts reflect the contemporary shift in attitude that has brought issues of physician health to the forefront of discussions in medicine.<sup>2</sup>

Emerging research suggests several strategies that doctors can use to manage stress. A 2014 Cochrane Review of stress reduction interventions for healthcare workers reported that Cognitive Behavioural Therapy, meditation, and mindfulness practices are all helpful approaches to reducing burnout.<sup>6, 32, 33</sup> In addition, having control over work hours and schedule can alleviate stress and increase career satisfaction.<sup>6, 32, 34, 35</sup> Other lifestyle interventions, such as exercise, adequate sleep, and proper nutrition, can positively benefit physician health.<sup>2</sup> Further research is needed to identify effective interventions for physician health programs and preventative care.

Despite recent research and efforts to reverse the trend of physician burnout and mental illness, many future challenges exist. Many of the stressors physicians face in their training and practice are inherent to the demanding medical profession.<sup>27</sup> Within this competitive field, physicians are hesitant to talk about mental health issues, making research and grassroots advocacy difficult. Physicians entering the workforce in the next decade must learn to cope with additional stress from new advances in technology and the complex health issues of an aging Canadian population. The health care system must adapt to meet these challenges while addressing the critical issues of physician burnout, mental illness, and suicide.

The communal Mayan *limpia* treated mental illness by healing the individual while enlightening the community. In Canada, a growing number of physicians struggle with burnout and mental illness—alone and without treatment. Fear of stigma and discrimination deters many physicians from seeking help, which has devastating consequences for the health of doctors, patients, and society. Confronting systemic issues of physician health in medicine will require a collective effort from all areas of health care and governance. It takes a village to raise a doctor—and it takes a village to treat them as well.

*If you are a physician experiencing excessive stress or burnout in your workplace or personal life, and would like support or assistance from a trained confidential physician or counsellor, consider calling the BC Physician Health Program Hotline toll-free at 1-800-663-6729. For the full list of provincial contacts, visit the CMA website at: <https://www.cma.ca/En/Pages/provincial-physician-health-programs.aspx>*

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