Psychiatric problems in young doctors

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Doctors like other professions are also prone to stress and stress related behaviors. Occupational stress has been found to be the cause of psychosomatic symptoms in workers and what is to stop doctors from suffering the same symptoms?

Doctors start learning to live with stress early in life as they struggle for a place in medical school. But when medical training starts, it becomes another unforgettable jolt to the emotions for it is the beginning of a process that can change the medical student's emotions, beliefs and even character.

The traumatic first visit to the anatomy dissecting room can be as early as the first week of medical studies. Most students may not have seen a corpse before. The sight can be repulsive especially to those who have had it easy coming from upper class families. This is the first instance they have to learn to develop strategies to cope with their emotions.

Then comes clinical training in a hospital, medical students come face-to-face with incurable disease and death in their youth. A student recently described her first experiences in the hospital as "disgusting and dirty". Another student found it "revolting" that some patients are denied needed treatment because there is not enough money or equipment or that there is a long wait list.

How do newly qualified doctors cope with the stress? I notice some distance themselves emotionally from patients by depersonalizing them. Instead of referring to the person needing attention, the staff may say, "there's a broken leg in room 4". This simple stress relieving technique may escape most people but is indicative of early signs of pathology if left unattended.

In medical schools we trained doctors to be scientists but for many the greater part of their work consists of talking to patients. Some young doctors feel unprepared for the emotion of doctor-patient relationships. One thing that we train them to do but perhaps not adequately is breaking bad news. Some have to do it daily for example those working with cancer and terminal patients. More reports are now evident that young doctors working in these areas suffer more mood disorders than their counterparts working in other fields. People in crisis often need to ventilate their anguish, and these young doctors are expected to listen. Dealing with anxious, frightened people can be so tiring that some doctors suffer burnout and fatigue.

How does stress affect doctors? The habit of distancing oneself emotionally from patients can carry over into family relationships and other relationships. Then there are the difficult patients, demanding patients and the know-all patients, now that

information is so freely available on the internet. These are challenges to the young doctors.

As pressures on doctors continue to mount, many of them wonder what the future holds.

As such the stress faced by the young doctors is overwhelming. Unfortunately, it is intrinsic to the job itself, where competing demands and pressures cannot be escaped. The sheer volume of work can also be overwhelming at times. Anyone in this kind of job knows, either from their own direct experience or from observing colleagues, that stress can have very serious consequences. The signs of stress can include sleeplessness, aches and pains and sometimes physical symptoms of anxiety about going to work. What is more, people who are chronically stressed are no fun to work with. They may be irritable, miserable, lacking in energy and commitment, self-absorbed. They may find it hard to concentrate on any one task and cannot be relied on to do their share and of course for our profession, they can be dangerous.

It isn't easy to find a generally acceptable definition of 'stress.' Doctors, engineers, psychologists, management consultants, linguists and lay-person all use the word in their own distinctive ways with their own definition. A useful definition would be that *stress is a demand made upon the adaptive capacities of the mind and body.* If these capacities can handle the demand and enjoy the stimulation involved, then stress is welcome and helpful. If they cannot and find the demand debilitating, then stress is unwelcome and unhelpful. This definition is useful in three ways; (1) stress can be both good and bad, (2) it is not so many events that determine whether we are stressed or not, it is our reactions to them, and (3) the definition tells us that stress is a *demand* made upon the body's *capacities.* If our capacities are good enough, we respond well. If they are not, we give way.

Most doctors surveyed in USA and Canada said they would have liked counseling or other help when they find it difficult to cope with stress, but that hospitals and other health care organizations did not offer much assistance. The survey involved 3,171 doctors in St. Louis, Seattle and Canada who answered mailed or e-mailed questionnaires. The results appeared in the August edition of The Joint Commission Journal on Quality and Patient Safety, published by an affiliate of The Joint Commission, a hospital regulatory group involved in nationwide efforts to reduce medical errors. While the survey's scope was limited, the results echo smaller studies and likely apply to doctors elsewhere.

Of the surveyed doctors, 61 percent said they felt increased anxiety about the potential for future mistakes, 44 percent said they became less confident in their job abilities, 42 percent experienced sleep problems and 42 percent had a loss in job satisfaction.

Only 10 percent said hospitals offered them adequate resources for dealing with stress.

Looking at our own backyard, in 2007-2008, the Medical Review Panel (MRP) of the Malaysian Medical Council (MMC) reviewed 34 cases of young doctors with medical or psychiatric problems that affected their performance. Of these, 20 or 59% were males and 14 females. The majority i.e. 18 or 52.9% had Mood Disorders (mainly Major Depression and a few Bipolar Disorders). Only five or 14.7% had schizophrenia. Three doctors had Anxiety Disorders especially social phobia and two had substance dependence. Four doctors however had Personality Disorders which are very difficult to treat and do not respond to medication generally.

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Generally the MMC receives information regarding a house officer's poor performance due to illness and the MMC will convene a Board to review the doctor's case. The Board is usually the MRP, the members being appointed by the MMC. The current MRP is headed by a psychiatrist and has five other members i.e. a senior consultant psychiatrist, senior consultants Physician, Neurologist, Pediatrician and Surgeon. Decisions made by the MRP are conveyed to the MMC who will make the final decision after deliberation. In general, most impaired doctors are subsequently referred to a senior specialist to treat their condition and their cases are reviewed again by the MRP after 6 to 12 months. At the subsequent MRP interview, the treating specialist would prepare and submit progress reports to the MMC covering any issues and recommendations about the management of the case. The MRP also reviews further documentary evidence from employers and supervisors.

Currently, the Review Board is authorized to advise and make appropriate recommendations to the MMC if a doctor's fitness to practice is found to be impaired and where there is evidence that it is necessary to remove or restrict the doctor's right to practice. This may include a temporary suspension or removal of a doctor from the medical register or placing conditions on the doctor's registration. However, the final decision is with the MMC. In general, the MRP does not decide solely based on diagnosis but also base its recommendations on the doctor's compliance to treatment and follow-up, current impairment, response to treatment, and insight. At the moment there is a group of psychiatrists headed by the chief psychiatrist to the Ministry of Health, Dato Dr Suarn Singh preparing a proposal to the MMC on actions to be taken on impaired doctors. However, an area of concern is the lack of policies surrounding issues in managing medical students with mental ill-health because medical students are currently not within the purview of the MMC but the purview of the Ministry of Higher Education. Even so, the MMC is currently working on a proposal to address this issue and it will be brought to the attention of the relevant ministry.

There is now a systematic process of ensuring these impaired doctors are identified and appropriate actions taken. However, some fine tuning is required to improve the process. What is more important is to prevent those with potential to be impaired from joining the system and this is where future action ought to be targeted.