"Dude—Me, Too!": The Importance of Wellness Mentorship From Day One

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Being a physician is rewarding, but it is also hard. Long hours, difficult encounters with patients, endless paperwork, system demands, and bad outcomes are some of the issues that doctors regularly face. How we deal with all the stress and still manage to remain fresh, engaged, and thoughtful for each new patient is tough. Unfortunately, studies since the 1960s have revealed that physicians have higher rates of depression and suicide than the general public. More recently, burnout has garnered attention, as it affects about half our workforce and is on the rise.

Many organizations are now taking a closer look at the issue of physician wellness and resilience. Studies reveal that large-scale interventions and system overhauls are likely a big part of the answer; but there are grassroots, local actions that institutions can take while waiting for these more expensive and logistically laborious changes to happen.

So why does this matter to us in psychiatry? Psychiatrists actually fare better than their physician peers when it comes to burnout, but at an average rate of nearly 50%, it is still an unsettling statistic.[1] In terms of depression and suicide, psychiatrists have long fared worse than our medical peers, although large-scale recent studies of United States−based psychiatrists are lacking[2,3]

There are obvious altruistic reasons to care about the stressors endured by physicians and trainees, but what about additional motivators? Medical errors, unprofessional conduct, and a lack of empathy have all been identified as consequences of physician burnout. In addition, the medical students, trainees, and physicians leaving the field because of burnout or mental health issues are a lost investment to the institutions that trained them.

So, if we struggle, why not simply get the same help for ourselves that we would prescribe for our patients? Unfortunately, very few of us do, and concerns about lack of confidentiality, stigma, and fear of licensure repercussions are often the stated reasons. In a large study of medical students with burnout, those trainees who did get care had increased exposure to peers who disclosed emotional or mental health problems to others.[4]

Based on my experience in medical school, this finding makes sense. During my second year, the suicide of a beloved anatomy professor and an attempt by a fellow classmate prompted me to stand up in front of each class and explain that I had struggled with depression after the suicide of my older sister a few years prior. I wrote my home address on the chalkboard and began monthly confidential dinner meetings for medical students with mental health issues. For the next 3 years, more than 40 students came to my home for support, friendship, and the opportunity to vent about the demands of medical school. It meant so much to me to know that I was not alone and that friends I admired had similar problems—it made me feel empowered rather than ashamed to take care of myself.

We called ourselves the Redfield Group, after Dr. Kay Redfield Jamison, the clinician with bipolar disorder who authored *An Unquiet Mind: A Memoir of Moods and Madness* (1996).[5] This book inspired me to believe I could go on to live a successful and love-filled life despite my history of depression. Although I knew peers with mental health issues, I did not know any attendings, senior residents, or deans in the medical school who were stating publicly that getting treatment for mental health issues was okay, that they had done it, too, and excelled nonetheless.

In the second episode of "The House," a *New England Journal of Medicine* podcast about resident depression and burnout, Dr. Lia Logio, training director in Internal Medicine at Weill Cornell Medical College, summed up the importance of having such role models:

> In some of the best practices I have heard since having this dialogue around the country with people, it is having a revered faculty member during orientation stand up and say, 'Yes, I had depression, and I got help and don't think any less of me because … I was smart enough to get help and get treatment and I am good to go,' and that's really eye-opening for new interns who have their own biases that society has labeled to some of these problems.[6]

De-stigmatization of depression through the "coming out" of these wellness ambassadors would be a welcome change, but there are obstacles to accessing care and admitting these experiences publicly that need to be addressed. Overly intrusive questions on medical board licensure applications and hospital credentialing forms must be removed for this problem to end. More appropriate questions that inquire about current impairment rather than past treatment or diagnoses would accomplish the task of protecting the public from impaired physicians without deterring clinicians from proactively getting care, and without violating the Americans With Disabilities Act. As more specialty organizations publicly support

An interview with the author is available by podcast at www.jaacap.org or by scanning the QR code to the right.

this change, perhaps the licensing boards will uniformly follow suit.

One training director's approach to this issue is particularly laudable. Dr. Norman Fost, from the University of Wisconsin School of Medicine, explained his response to inquiries about the mental health histories of his graduates:

> All of our residents and faculty have emotional problems. Some are sensible enough to seek professional help. If I believed Dr. X's problems interfered with his/her ability to perform the duties of the position he/she is applying for, I would tell you.[7]

Even before treatment or intervention becomes necessary, other subtle shifts in the culture of medicine could help. Research shows that making medical errors or even the perception of having made a mistake precedes physician suicide more often than a personal problem.[8] If the tension between our own high expectations of the care we provide and the inevitability of human error were more openly discussed, perhaps this would allow for a more realistic self-perception.

In the spring of 2014, in separate incidents, two young medical residents killed themselves in New York City. In response, an intern at Yale Medical Center, Pranay Sinha, wrote a powerful op-ed in the *New York Times*, titled "Why Do Doctors Commit Suicide?" He speaks to the self-doubt and superhuman expectations that plague some physicians with an experience of his own:

> It was over a dinner of Thai food that I finally opened up. One of my most accomplished colleagues in residency had complimented me on my clinical knowledge a couple of times during the meal. Sick of feeling like a charlatan, I told him about the trouble I was having with collecting clinical data and presenting it in an organized way on rounds. I confessed that I did not think I belonged in the program. He listened thoughtfully, and then uttered the three most beautiful words I had ever heard: "Dude—me, too!"[9]

So, could this be part of the answer? Could it help to realize we are not alone, that other people struggle too, and feel less than perfect? Could that lead to feeling more comfortable getting help and asking for help?

Every physician has some story of how they personally struggled—be it with sleep during night float, with self-doubt after making a medical error, or in maintaining personal relationships during long surgery rotations. Some may even have attention-deficit/hyperactivity disorder, anxiety, or depression, and be comfortable discussing it; but everyone has something. It is a fine line knowing when and how to self-disclose appropriately and in a way that models wellness and self-care while preserving professional boundaries. But the culture of silence that currently exists has well-documented risks as well, and perpetuates the stigma that trainees and physicians name as reasons why they do not seek care.

Make the first day of training at your institution "Dude—Me, Too!" Day. Have every attending who is willing wear a "Dude—Me, Too!" lapel pin or whatever slogan fits your culture. Each identified wellness ambassador could begin rounds or lecture with their 3-minute story of personal growth, how they learned from it, and how it made them a better doctor. Make the implicit teachings of the hidden curriculum include lessons of self-care by example, changing medical culture for the better, one narrative at a time. Let future doctors start their paths knowing that if they struggle, they are not alone, and that it is okay to get help.

RELEVANT RESOURCES

- AMA Steps Forward
  https://www.stepsforward.org/modules
- American Foundation for Suicide Prevention
  https://afsp.org/our-work/education/ &

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