

**Do You Know
a Resident...**
who needs
our help?



Physician Health and
Rehabilitation Program



You may know a resident who needs our help.

Yes ... residents, on occasion, need help, too. After all, they're only human. Their physiological and psychological functions are the same as those of their patients they see every day.

Yet, residents continuously push their physical and mental capacities beyond their limits. Residents work in a state of sustained stress. During their medical training, they are prone to "occupational hazards" of physical and emotional stress, long hours, irregular sleeping schedules, and ongoing fatigue. As a result, they often develop alcohol or drug addiction or other conditions that may result in illnesses or impairments in their ability to practice competent and caring medicine.

Continued stress increases their chances to develop impairment that may significantly decrease the number of years they will be able to practice productive medicine.

What causes physician impairment?

Genetics. The causes of physician impairment are varied. First, there is a genetic link to alcoholism and mental illness that affects all populations, including physicians.

Temperament/Personality. Studies of physicians who have become impaired suggest that another potential source of impairment may be the individual's personality. Although obsessive-compulsive traits can be a professional asset, many individuals with these attributes also demonstrate basic insecurity, dependency, depressive features, and vulnerability to stress. Physicians often may have difficulty switching from a professional role to that of a spouse, parent, or patient.

Stress. The physician's internally or externally imposed performance demands, combined with the expectations of his or her professional role, may also prove stressful. In addition, if the physician is unable to meet his or her needs for nurturing and intimacy, a framework for impairment may be established.

Availability. Many aspects of medical training and practice contribute to stress, including long hours with accompanying fatigue and the frustration of caring for chronically ill patients.

Many physicians are never taught how to keep an appropriate emotional distance between themselves and their patients. Physicians who continually give of themselves emotionally may, over a period of time, experience burnout. Physicians at risk may then turn to alcohol, other drugs, or other compulsive behaviors for relief of distress. The interplay of stress, personality, and genetic factors may trigger a chemical dependency or underlying psychiatric disorder.

When do residents need help?

If you can answer "yes" to any one of the situations below, you may know a resident who needs our help.

- If the resident is experiencing problems coping with patients or with the typical stress of a busy residency;
- If the resident becomes easily depressed or annoyed;
- If the resident drinks more than a moderate amount;
- If the resident self-prescribes mood-altering drugs; or
- If the resident is slowing down, overly tired, or constantly placing work ahead of personal needs, family, or recreation.

How can you help?

As a resident's spouse, colleague, or friend, you are in a position to see problems as they develop and recognize them before they become an impairment to the resident's ability to practice. You can identify the need for help even when the resident is unable to do so.

You may be able to identify a resident who has a significant chance of becoming impaired. You are a critical link in the prevention of this tragedy. A call to the TMA Committee on Physician Health and Rehabilitation can mean the difference between success and failure.

How a resident's medical colleagues can help

The Committee on Physician Health and Rehabilitation, established by the Texas Medical Association in 1976, comprises physicians who are concerned about the health and well-being of themselves and their colleagues.

Through these physicians, the committee seeks to provide assistance. The committee member who responds to your call will be objective and keep contacts with others strictly confidential. The committee member is available to help the physician find sources of evaluation and/or treatment so that he or she can continue to practice medicine safely and with a sense of confidence and self-direction. The committee member will serve as an advocate.

The PHR committee's goal is to help physicians recognize that a problem exists and facilitate their recovery process. Multiple studies have been conducted which indicate that with long-term monitoring, physicians have better treatment outcomes than the general population.

Many physicians have received help through their county medical society and/or state PHR programs. Some physicians received help because of referrals from spouses, friends, and colleagues who cared enough to make a call.

It's up to you ...

If you believe that a resident needs the help of the committee, please call the number listed below. You will receive a confidential telephone call by a caring individual who has a sincere interest in helping. You can also call the county medical society PHR committee or district coordinator for assistance.

Keep this brochure on file, and call us anytime.

24-hour HOTLINE
(800) 880-1640 or (512) 370-1640

Confidential Program/Advocate for Physician

TMA Committee on
Physician Health and Rehabilitation



Physicians Caring for Texans

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