



Building more resilient doctors

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In these times of rapid and not always well thought out change in health care, Canadian family physicians find themselves bearing the ancient Chinese curse of living in interesting times.

Even in the best of times, being a family physician is a challenging proposition. Keeping up to date across the range of practice and maintaining some balance between the demands of professional, family, and personal life is difficult enough. But across the country family physicians are in short supply, thousands of our fellow citizens find themselves without access to family doctors, and provincial governments are implementing primary care reforms aimed at least improving access to family physicians, if not addressing the shortage of them. These challenges grow as our patients age and develop more chronic medical problems. As we see in our day-to-day practices, there is an epidemic of obesity and type 2 diabetes mellitus.

Over the years *Canadian Family Physician* has highlighted and documented that family physicians are at high risk for occupational stress, "burnout," and depression. In 2001 Harvey Thommasen and his colleagues published a study on burnout and depression among physicians in rural British Columbia that I found shocking at the time.¹ Among their findings were the following: about a third of the physicians self-reported being depressed; 31% met the criteria for mild to severe depression using the Beck Depression Inventory; 13% of the physicians reported taking antidepressant medication within the previous 5 years; and using the Maslach Burnout Inventory, 80% of the physicians suffered from moderate to severe emotional exhaustion.¹

Fast forward to 2008 and a study by Joseph Lee and colleagues at the University of Western Ontario.² This study revealed that the problem of family physician burnout is not restricted to busy rural doctors nor has it improved much in the last decade. Using the same Maslach Burnout Inventory, almost half of a sample of urban family doctors in the Kitchener-Waterloo area of southern Ontario had high levels of emotional exhaustion (47.9%) and depersonalization (46.3%). Lee et al concluded that "Classic burnout is related to stress brought on by factors such as too much paperwork, long waits for specialists and tests, feeling undervalued,

feeling unsupported, and having to abide by rules and regulations."²

These stresses are not going away any time soon. So how do family physicians develop and maintain the strength and flexibility to manage change and to enjoy the richness of family medicine for the duration of their careers?

This month's issue of *Canadian Family Physician* includes 2 important and very different articles that touch upon the topic of resilience in family physicians in difficult times. In "A change of place and pace. Family physicians as hospitalists in Canada," (page 669) Dr Jean Maskey describes her transition from 2 decades of full-spectrum practice in the Okanagan Valley to becoming a hospitalist in Victoria, BC, and makes a compelling case that hospitalist practice can and should be rooted in the principles of family medicine.

In a well-done qualitative study of family physicians in Hamilton, Ont, entitled "Building physician resilience," Dr Phyllis Jensen and colleagues (page 722) present us with a veritable "how-to" guide to developing resilience.

It is clear from Dr Maskey's experiences and the research of both Lee et al and Jensen et al that self-awareness, having core values that include altruism, acceptance of one's self, the ability to forgive one's self as well as others, and making a difference in one's profession are important elements of resilience. In reflecting on this issue of *Canadian Family Physician* I am also reminded of the archetype of the wounded healer that extends across many cultures and throughout history. It is embodied in John Sassall, the protagonist of my favorite book about being a general practitioner, *A Fortunate Man*, by John Berger.³ Gene Feder has called it the most important book about general practice ever written and I agree. As Feder writes, John Sassall's story "reminds us all that part of what we have to give to our patients is a reflection of our own weaknesses and failings."⁴ Let us embrace our stresses and vulnerabilities, but not succumb to them. Let us be aware of them and allow them to make us stronger. 🌿

References

1. Thommasen HV, Lavanchy M, Connelly I, Berkowitz J, Grzybowski S. Mental health, job satisfaction, and intention to relocate. Opinions of physicians in rural British Columbia. *Can Fam Physician* 2001;47:737-44.
2. Lee FJ, Stewart M, Brown JB. Stress, burnout, and strategies for reducing them. What's the situation among Canadian family physicians? *Can Fam Physician* 2008;54:234-5, e1-5.
3. Berger J. *A fortunate man: the story of a country doctor*. London, Eng: Royal College of General Practitioners; 2005.
4. Feder G. A fortunate man: still the most important book about general practice ever written. *Br J Gen Pract* 2005;55(512):246-7.

Cet article se trouve aussi en français à la page 667.