

The wounded healer

Can this idea be of use to family physicians?

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Last October, I had the privilege of giving the keynote address at Quebec's first conference on the subject of physicians' health. Although I did not deal directly with suicide among physicians in my talk, I was very aware, as I wrote it, of the statistics on physician suicide that Dr Anne Magnan, Director of the Quebec Physicians' Health Program, had provided to me. According to data compiled by psychiatrist and coroner Dr Pierre Gagné, 22 of the 154 physicians under the age of 60 who died between 1992 and 2000 committed suicide; this represented 14.3% of physician deaths. The corresponding percentage for the general population in Quebec¹ is 10.3% for those 25 to 60 years old. During this period, suicide was relatively more frequent among family physicians than among specialists. Even though these 2 groups are roughly equal in numbers, 14 family physicians committed suicide compared with 8 specialists.

Is suicide among physicians well documented?

Our initial reaction to these grim statistics might be that this is just one more distinguishing feature of medical practice in Quebec. And yet the literature tells us that, although not well publicized, this phenomenon is far from rare. Physicians might be in better health and live longer than average people,² but we now know that the rate of suicide among physicians is higher than the corresponding rate in the general population.³ Suicide appears to be more prevalent among female physicians. And when we control for marital status (being married creates a protective effect), we find that the rate of suicide among physicians is 2.45 times higher than it is in the general working-age population.⁴

Physician suicide, which occurs during medical training as well, is not necessarily related to working conditions, as arduous as these conditions might be. Rather, it is attributable to an increased prevalence of psychiatric disorders.⁵ It is also clear that, of the more common psychiatric disorders affecting physicians, severe depression, which can lead to suicide, affects them most often.^{6,7}

Is there a connection between patients' suffering and physicians' suffering?

Data on suicide among physicians need to be related to the findings of a 2-part study conducted in Montreal

between 1999 and 2005. The first part of the study, which looked at patients, found that in spite of the health care system's mission to relieve suffering, patients in the advanced stages of cancer, and probably those with other serious illnesses, reported that their interactions with the system caused them as much suffering as did their illnesses.⁸ Swedish researchers studying a group of women with breast cancer came to the same conclusion.⁹

The second part of the study, which looked at caregivers, revealed that this group, including most physicians, was very aware of the suffering of their patients and was able to describe in minute detail care settings in which a merciless battle was waged against illness and death. These caregivers reported that they, too, suffered.

Possible reasons for the suffering of caregivers

The suffering of caregivers starts with overwork and the exhaustion it causes. This, in turn, results in feelings of helplessness and frustration, followed by strong feelings of guilt for not having done everything that could possibly be done. Caregivers also suffer because they feel trapped. The needs of their patients are often complex and sometimes contradictory. Grasping this complexity is difficult and takes time—time that physicians sorely lack. As the goal of caring well for patients becomes unreachable and has to be abandoned, physicians retreat into the technicalities of the medical act. Their initial aspirations, hopes, and dreams for medicine are denied and repressed. In the process, physicians' work becomes devoid of meaning, and with this loss of meaning comes suffering that, if not recognized and left untreated, can deteriorate into mental disorders that can lead to suicide.

Is there a way out of suffering?

Does the idea of the wounded healer offer a way out of the suffering seen among health professionals? The notion of the wounded healer dates back to antiquity. Plato, the father of Western philosophy, stated that the most skilful physicians, rather than being models of good health, are those who have suffered from all sorts of illnesses.¹⁰ Such physicians become eloquent examples of "the wounded healer."

The Greek myth of Chiron, the centaur from whose name *chirurgie* is derived in French and *surgery* is derived in English, can help us to understand. The Greek gods

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Apollo and Artemis taught medicine to Chiron. Chiron was wounded by an arrow from Heracles' bow. He did not die (because gods are immortal); instead, he suffered excruciating pain for the rest of his eternal days. It was because of his grievous wound that Chiron became known as a legendary healer in ancient Greece. Chiron later took an orphaned child, Esculapius, into his care. The son of Apollo and a mortal, Coronis, Esculapius had been spared certain death when Apollo snatched him from his dead mother's breast just as she was about to burst into flames. The orphan was entrusted to Chiron, who taught him everything he knew about the healing arts. It was thus that Esculapius became one of the two founding fathers of Western medicine.

In 1951, Jung first used the term *wounded healer*.¹¹ Jung believed that disease of the soul could be the best possible form of training for a healer. In a book published days before his death,¹² Jung wrote that only a wounded physician could heal effectively. In so doing, Jung drew upon the myth of Chiron, making it one of the most fundamental archetypes of human history and modern medicine.

In recent years, the work of Guggenbühl-Craig has shed new light on this question.¹³ Guggenbühl-Craig writes that, in the therapeutic encounter, there is the healer-physician and the wounded patient. In order to promote healing, the physician tries to activate the patient's own healing powers, for example, the patient's desire to make good lifestyle decisions or to follow the physician's advice. And yet, the healer-physician has wounds, too; this is the physician's own health story. The physician's experience of being wounded is what makes him a brother of the patient, rather than his master. This triggers a fundamental change in perspective. The suffering patient can be cared for by the physician and be instrumental in the physician's own healing. Each encounter between physician and patient can be transforming and creative for both people.

There is no reason for physicians to be ashamed of their suffering. Viktor Frankl,¹⁴ a psychiatrist who managed to survive the Nazi concentration camps, teaches us that, just like destiny or death, suffering is a fundamental human experience. For Frankl, if life has meaning, suffering must necessarily have meaning too. The way in which a person accepts his destiny and suffering provides his life with a profound sense of meaning. The new focus on physicians, their health, and their suffering, speaks in a profound and fundamental way of Western medicine in 2008. It offers the possibility that physicians' health is a function of the creative potential of medicine. This creative energy or force is based, in turn, on a humble acknowledgment of physicians' personal wounds and vulnerability. Eric Cassell wrote in the preface to *Souffrance et médecine* that this acknowledgment of suffering is a notion that dates back to antiquity; throughout the world and regardless of the form it takes, medicine exists because of a universal recognition of

the terrible suffering caused by disease.¹⁵ The act of acknowledging—owning—that as physicians we are wounded healers could be a turning point for our profession. This primitive understanding of medicine would no doubt lead us to a new sense of solidarity with our patients, who stand beside us, struggling themselves to create a better world. This better world is not some Utopia in which everyone is always kind and constantly in perfect health, but the imperfect world in which we all find ourselves and which, as a result of our constant search for meaning, is evolving toward greater cohesion and solidarity. This process might bring us joy and will most certainly bring us greater peace of mind. ✨

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Competing interests

None declared

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