

Investing in Physicians Is Investing in Patients: Enhancing Patient Safety Through Physician Health and Well-being Research

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Abstract: Keeping medical practitioners healthy is an important consideration for workforce satisfaction and retention, as well as public safety. However, there is limited evidence demonstrating how to best care for this group. The absence of data is related to the lack of available funding in this area of research. Supporting investigations that examine physician health often “fall through the cracks” of traditional funding opportunities, landing somewhere between patient safety and workforce development priorities. To address this, funders must extend the scope of current grant opportunities by broadening the scope of patient safety and its relationship to physician health. Other considerations are allocating a portion of doctors' licensing fees to support physician health research and encourage researchers to collaborate with interested stakeholders who can underwrite the costs of studies. Ultimately, funding studies of physician health benefits not only the community of doctors but also the millions of patients receiving care each year.

Key Words: medical workforce, medical errors, physician impairment, physician well being, physician illness, public health

The need to keep medical practitioners healthy has been a concern for over more than 40 years. In the 1973 report, *The Sick Physician*, the American Medical Association (AMA) brought awareness to problems associated with physician illness and challenged the medical community to create “appropriate avenues” for the treatment and monitoring of doctors.¹ Since then, the examination of physician health concerns has gained considerable interest, with multiple entities (e.g., physician health programs, medical malpractice carriers, state medical boards, the AMA, treatment providers, and patient safety groups) striving to understand the multidimensional aspects of doctors' well-being. A more recent AMA stance, *Opinion 9.0305*, declared that physicians were obligated to maintain their health and wellness to provide “safe and effective care,”² underscoring the relationship between healthy doctors and quality treatment.

Although there is ample literature documenting high rates of burnout, addiction, depression, and other clinical indicators of distress among physicians,³⁻⁵ there is limited scientific evidence demonstrating *how programs could effectively care for this group*. For example, should we routinely evaluate older physicians for cognitive impairment, and if so, how? How does monitoring affect doctors' professional practice? What barriers prevent physicians from seeking assistance for mental/behavioral health concerns? However, the data are important on a global scale, because physician health has a direct impact on public health. Evidence-based research and program evaluations remain underused in assessing the success of existing resources for physician health. As an

exception, findings from 2 studies suggest that such programs help doctors effectively address a variety of clinical conditions and may lower the risk of medical malpractice claims.^{6,7}

Previous research shows that impaired judgement, fatigue, stress, and poor communication are determinants in many medical errors.⁸⁻¹⁰ Other possible factors, such as physicians' psychosocial and personal health problems, are less understood. Similarly, it remains unclear how best to make the medical practice more meaningful to physicians and to encourage continued work in this era of increased burnout and work dissatisfaction. Given that the Centers for Disease Control and Prevention estimated that there were 1 billion visits to physicians' offices in 2010,¹¹ the vast impact that physicians' personal well-being has on public health cannot be overestimated.¹²

A decade ago, the Federation of State Physician Health Programs discussed the perceived best practices for peer assistance-based program enhancement and to identify minimum standards and policies. The result was a well-informed set of guidelines,¹³ outlining administrative recommendations, such as suggestions for appropriate quality assurance markers. However, although the federation conceptualized the guidelines as “evolutionary in nature” and “intending to be modified based on future research,” this effort has been limited by the lack of published data assessing important issues in physician health and wellness.

In addition, missing from the evidence-based research are prevention-focused studies aimed at *understanding and building a more resilient workforce*. Practicing medicine requires efficient cognitive functioning in a fast-paced, frequently changing environment. The workload and stress can be overwhelming, and consequently, large numbers of physicians report burnout. In turn, physicians may be more susceptible to psychological distress,¹⁴ behave in a disruptive manner,⁵ and cause patients to be less satisfied.¹⁵ Because we cannot completely eliminate the stressors facing doctors, we need more data to understand how to best support physicians who work within these demands.

As researchers, administrators, and practitioners, our years of combined experience suggest that the dearth of studies exist more from the lack of funding opportunities than a lack of interest. Of course, we acknowledge that financial support for any study is extremely difficult. Foundation dollars are limited and competition is high. However, we find that funding for studies to examine physician illness “falls through the cracks” of traditional grant options, landing somewhere outside of patient safety priorities and workforce development. For example, funding announcements from some of the larger funders of patient safety research typically target risk in terms of reducing medical errors. This narrow scope precludes examining factors that keep doctors healthy, despite evidence suggesting that physicians' personal health habits impact patient safety and quality of care.^{16,17} Similarly, workforce grants, which are sponsored from a variety of funders, generally target medical training, retention, and rural care. Herein, determining the best practices for evaluating, treating, and monitoring ill physicians would not apply. Other common grant opportunities targeting “special populations” are typically geared toward disadvantaged or

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The author discloses no conflict of interest.

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underserved groups. Although most physicians are financially able to obtain care, many factors preclude them from doing so, such as confidentiality, potential practice restrictions, increased cost of medical malpractice and disability insurance, busy schedules, or fear of appearing weak or incompetent as a physician.¹⁸⁻²¹ Consequently, even timely, scientifically rigorous proposals are excluded from consideration. To simply put, without available funding options, the potential for understanding and improving physician health and well-being remains elusive.

Thus, assuming that the issue of physician health and wellness is sufficiently important to warrant further examination, how do we go about funding this research domain? We believe that the single most important need is to extend the scope of current grant opportunities by broadening how we think about patient safety and how patient safety relates to physician health concerns and the programs that address them. As noted, funding is presently too restrictive for current needs, yet the potential to impact the health of the larger population is tremendous. A second option is to allocate a portion of physicians' medical licensing fees to support physician health research. A third recommendation is to encourage researchers to collaborate with interested stakeholders who could underwrite the costs of studies (e.g., malpractice carriers, health maintenance organizations, hospitals, groups engaged in patient safety promotion).

Ultimately, funding the study of physician health benefits not only the medical community but also all who receive medical care. It is in the interest of the larger sector, including systems and regulators charged with protecting public safety, to understand factors associated with the promotion and maintenance of physician well-being. With more than 40 years of public pleas for study and the potential to significantly impact on patient safety and public health, the time to prioritize our understanding of physician health and wellness is now.

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