HEALTH AND STRESS

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STRESS IN PHYSICIANS, A DEADLY DILEMMA

KEYWORDS: Indispensable syndrome, regional and specialty variation in malpractice premiums, "going bare", "Brownout", "Rustout", female physician suicides, the balanced physician, Sir William Osler, "aequanimitas", Benjamin Franklin

According to Luke 4:2, "Physician, heal thyself!" However, it would unwise to follow this command too literally. As Sir William Osler warned, "A physician who treats himself has a fool for a patient." In addition, American Medical Association guidelines explicitly state that doctors should not treat themselves or even an immediate family member. The real meaning of this biblical advice is that physicians should attend to their own faults before criticizing others. This is especially true when they have the same shortcomings as patients who smoke, drink too much, or are overweight. Some doctors ignore this by adopting a "Do as I say and not as I do" attitude. It's almost as if they feel that having an M.D. after their name somehow provides immediate immunity or protection from physical as well as emotional problems that affect other mere mortals.

This false sense of superiority can occasionally extend beyond medicine, especially for affluent physicians whose patients include celebrities or captains of industry. Such VIP patients often use flattery or provide some perk in order to obtain the preferred treatment they have become accustomed to in their daily lives. Along with other ego inflating aspects of the doctor-patient relationship, this may lead some physicians to act as if they are authorities on everything from the stock market, to what make of car, golf equipment or restaurant is the very best. In some instances, opinions seem to be based solely on the fact that a patient is a successful Wall Street broker, car dealer, or golf professional who has presumably provided some important inside information. And even in the absence of any "hot tip", certain doctors seem to think that hobnobbing with such celebrities automatically provides them with expertise on topics they know little about. Problems start to surface when a specific stock they have touted highly to good friends and colleagues plummets or other advice and predictions fail with similar disastrous consequences. The resultant embarrassment, drop in prestige as well as financial losses, may result in a severe and persistent depression that can be devastating.

It should be emphasized that the majority of physicians do practice what they preach and are good role models. Many are pillars of their communities.
communities because of their active support and involvement in promoting the arts, educational and church activities. Nevertheless, although most doctors enjoy good reputations, as well as an enviable socioeconomic status, they still have higher suicide rates than other professions and the general population. This increased susceptibility to suicide is usually attributed to the increased stresses associated with medical practice that have varied sources. Some of the most common compiled by a recent Texas Medical Association survey include:

<table>
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<tr>
<th>Frequent Physician Stressors</th>
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<tr>
<td>1. Excessively high patient to caregiver ratio</td>
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<td>2. Lack of time outs for a temporary breather</td>
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<td>3. Excessive continuous direct contact with patients</td>
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<td>4. No system for caregivers to &quot;cover&quot; for each other</td>
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<td>5. Limited access to a social-professional support system</td>
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<td>6. Limited time and place to share personal feelings with colleagues</td>
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<td>7. Inadequate training for working with people</td>
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<td>8. Tendency in the work setting to blame people rather than the situation when care or service deteriorates</td>
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<td>9. Repetitive single tasks</td>
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<td>10. Problems without solutions</td>
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<td>11. Time pressures and demands</td>
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<td>12. The &quot;indispensable&quot; syndrome</td>
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Physicians often encounter situations where they have more patients than they can manage as well as other constant time pressures. Work can be repetitive, monotonous and boring or frustrating, particularly when there is no apparent satisfactory solution to a problem. In many instances, busy schedules that mandate continuous, direct contact with patients don't allow for short breaks to take a breather. There is usually no convenient time or place to share stressful problems and feelings with colleagues or access to a resource that provides such support services. Because there has been little training to develop skills for interacting with people, there is a tendency to find someone to blame when things go wrong. This is especially true for those who suffer from the "I am indispensable" syndrome, characterized by:

- A sense of over-inflated self worth
- The "I must make all the decisions" disease
- Too little delegation or delegating responsibility without authority
- Underestimating time and overestimating one’s ability
- Confusing delegation with abdication by adhering to an "I'll do it myself, even if it kills me" attitude, which could turn out to be true

While similar demands and problems exist in other professions and occupations, physicians are subjected to additional stresses that were never anticipated. Most medical school applicants recognize that there may be long, demanding hours and other time pressures, as well as the need to deal with life and death situations and maintain clinical competence that continues after they graduate. However, other unexpected and unique but frequent stressors associated with practice can be even more disturbing and difficult to deal with because they are beyond personal control, as illustrated on the following page:
### Unanticipated Stessors Common to Physicians

1. Government regulations that are increasingly restrictive  
2. Third party intrusions and interference  
3. Increase in malpractice litigation and insurance costs  
4. Pressure to practice defensive medicine  
5. Erosion of the doctor-patient relationship  
6. Diminished public image of physicians  
7. Fear of serious injury from a violent patient or protest group  
8. Inadequate support personnel  
9. Managing the business aspects of medical practice in a climate of decreasing compensation while expenses continue to escalate

Medicine has become more of a business than a profession, as physicians are increasingly forced to concentrate on boosting the bottom line to maintain financial stability. The growing managed health care delivery system has now turned many doctors into employees along with a host of other vendors like pharmacies, laboratories and suppliers of medical equipment. Superimposed on this is the need to practice defensive medicine because of a highly litigious culture that contributes further to a deterioration of doctor-patient relationships, social status and personal prestige. These pressures frequently conflict with idealistic goals to provide the best possible care for their patients. In addition, a declining income that necessitates an increasing workload to meet expenses leaves little time to spend with family and friends or to pursue personal hobbies and interests.

**The Malpractice Crisis And Mayhem In Miami**

As a direct result of the negligent acts of the defendant, plaintiff suffered permanent personal injuries, incurred and will continue to incur profound physical pain and suffering and permanent physical disabilities, some of which may not yet be diagnosed.

Most physicians agree that receiving something like the above typical malpractice complaint is by far the worst professional problem that they have ever encountered. Events like an unexpected complication or injury to a patient that led to this have already caused considerable concern and stress, especially when the likelihood of litigation is looming. However, to be accused of negligence and actually sued for malpractice is an experience doctors often describe as devastating. Damage to one's reputation, loss of patients, time taken away from practice to consult with attorneys, depositions and court appearances as well as financial expenses can take a severe toll, regardless of the outcome. An extensive study of the impact of malpractice litigation revealed that 96 percent of physicians suffered at least a temporary emotional disruption, even when the verdict was favorable. Some of the most common immediate responses included:

- "A blow, personally and professionally."
- "I felt stunned, shocked, and frightened."
- "I had a 'Maybe you're a bad doctor' feeling."
- "I felt embarrassed."
- "I got angry when it finally settled in. Why are they doing this to me?"
Chronic emotional disturbances were manifested by some combination of the following:

- Depression
- Anger
- Denial
- Frustration
- Guilt
- Shame
- Isolation
- Loss of Self-Esteem
- Feelings of Betrayal
- Onset of Physical Illness

About a third of physicians involved in malpractice suits suffered from significant depression manifested by one or more of the following symptoms:

- Sadness or a "flat" affect
- Frustration
- Inner tension
- Difficulty concentrating
- Insomnia
- Family and social withdrawal
- Irritability
- Loss of interest
- Fatigue
- Decreased sex drive
- GI symptoms
- Suicidal ideation

The most traumatic moment during the process of extensive litigation is apt to be when the plaintiff’s expert witness gives a deposition criticizing the physician’s treatment or actions that implies some serious character defect. More than one in four defendants acknowledged anger and related symptoms directed not only to the patient, legal and health care systems but also everything else, including self and family members. Being sued has an isolating effect that is intensified by strict warnings from claims adjusters and attorneys against talking to colleagues, family, friends and especially patients about any details of the case. The resultant loss of substantial social support, which is a powerful stress buster, can significantly reduce resistance to disease, so it is not surprising that 16 percent reported the onset or exacerbation of physical illness.

Malpractice lawsuits have been increasing and so are the awards that are granted when they are successful. Both of these factors have caused a hike in premiums that have forced some specialists to drastically change or leave their practice. One study found that almost half of physicians had to dip into savings and a third took out commercial loans to pay for their malpractice insurance premiums. Surgeons, neurosurgeons, orthopedists and ob-gyn specialists tend to pay the highest rates, especially those who practice in urban areas and certain states like Florida. In Miami, the average general surgeon paid $170,000 in 2005, with some shelling out up to $270,000. **If you add in the cost of running their practices, surgeons at the high end would have to generate $500,000 in income/year just to break even.** As a result, many Florida physicians now have no malpractice coverage from an insurance company.

This is particularly true for obstetricians because of yearly premiums that average more than $195,000. In Miami-Dade County, about 1,000 doctors, including almost all ob/gyn’s, have no liability insurance. As one who practices with a very large group explained, "When I came to Miami in 1996, there were no other viable options." Only three carriers offered malpractice
insurance and going without this had been the rule since the mid 80’s, when annual premiums for high-risk specialists jumped to $125,000 for $250,000 of coverage. That’s obviously not a very good investment unless you expect to be sued every year. Seven states do require single incident/aggregate malpractice insurance as a license requirement with the minimum amount ranging from $100,000/$300,000 in Massachusetts to $1 million/$3 million in Pennsylvania and Wisconsin. Florida does not mandate this type of insurance coverage because of high premiums and state law allows practicing physicians to select one of the following options:

1. They can carry liability insurance of at least $250,000 per claim and $750,000 in the aggregate ($100,000/$300,000) if they don't have hospital staff privileges.
2. They can obtain an irrevocable $250,000/$750,000 letter of credit.
3. They can establish an escrow account in the amount of $250,000/$750,000.
4. If they do not choose any of the above, they must agree in writing to be financially responsible for up to $250,000 of a judgment.

Those who decide to "go bare" by agreeing to be financially responsible for up to $250,000/judgment must post a prominent red notice in their office waiting rooms notifying patients that they are uninsured and provide them with a written statement indicating this. Some HMO's also routinely supply this information to their members. Although more and more physicians have been forced to take this route, it can be a costly decision. Not only does it mean that a malpractice judgment is paid out of a personal bank account but failure to pay can result in your license being revoked, as has happened to at least seven doctors during the past decade. Many self-insured doctors also open themselves to other areas of exposure when they drop malpractice policies that include coverage for legal expenses associated with government audits. In order to prevent this, it is essential to protect assets well in advance of receiving a letter of intent to sue or to avoid accusations of fraudulent transfer of property or funds to a spouse or relative in anticipation of an unfavorable judgment. One prominent health care attorney warned, "Many doctors can't afford more than $250,000 worth of coverage, which may not pay even a fraction of the award reaped in an emotionally laden case. Even family practitioners have been hit with $5 million judgments." As one ob/gyn practitioner, who put an asset protection plan in place just before "going bare" pointed out, "It no longer matters if doctors are insured or not. There was just an $80 million verdict in New York for a baby born prematurely. With those kinds of judgments, what difference does it make if you have a $1 million policy or a $3 million one?"

Another major problem with being self-insured is that hospitals and managed care organizations seldom permit it. This created a crisis in Miami since many doctors stopped delivering babies; there was a severe shortage of emergency room specialists; and some physicians were forced to ask certain patients to waive their right to sue or to exclude them from treatment. Others left the city in droves for more favorable locations since the 2005 premium for $1 million averaged $275,478, compared to $141,271 in Tampa and $69,550 in Atlanta for the identical coverage. Six hospitals in the state closed their obstetrical units because of excessive insurance costs and in the Florida Keys, many physicians decided not to perform vaginal deliveries. If an expectant mother wanted to avoid a Caesarean section, she had to move elsewhere. As a result, hospitals and HMO’s in Miami-Dade County have increasingly relaxed their insurance coverage requirements to allow physicians to participate if they do not have malpractice insurance coverage. Southernmost Florida appears to be the only section of the country where health plans now permit physicians to be self-insured. The same plan denies this as soon as you go north to nearby Palm Beach County or beyond.
To illustrate how complex, convoluted, costly and lengthy malpractice litigation can be, a Tampa jury recently awarded $217 million to a stroke victim and his family because seven years previously, emergency room personnel had mistakenly attributed his symptoms to a sinus infection. The defendants were the ER physician and two physicians' groups who had contracted to provide ER services. The physicians who lost the case filed for bankruptcy the night before the verdict came down. They are now suing their own attorneys for malpractice claiming that they had turned down several settlement offers ranging from $1.5 million to $3 million and were negligent in their handling of requests for information from the plaintiff's attorney. In addition, previously published reports indicated that the attorneys retained by the insurance company to defend the physicians had offered a maximum of $300 to settle the case, although it was obvious that this was insultingly if not ludicrous. The insurance company is now claiming in a counter lawsuit that their contract with the ER physician had been voided and they had no responsibility to defend him, since he did not examine the patient thoroughly and had primarily relied on the findings of an unlicensed physician's assistant. Payment of $117 million in compensatory damages and another $100 million in punitive damages is also being appealed. Florida put a $500,000 cap on pain and suffering in 2003 because of skyrocketing awards but this case is likely to continue for years before it is adjudicated even though the injury occurred in 2000.

Physicians can reduce the stress of malpractice litigation by recognizing that some degree of associated grief is unavoidable. The best way to minimize this is to gain some sense of control by concentrating on a problem-solving attitude rather than responding emotionally to every bump or glitch that occurs along the way. It is important to acknowledge from the very beginning that litigation is apt to be a lengthy process that can take years, especially when decisions are appealed, and to learn as much as possible about the legal system in your state. Avoid isolation. Even if forbidden to discuss your case with anyone you can still share your feelings with friends and family members that you trust. If you do experience significant symptoms of litigation stress such as depression or anger, accept the fact that you may not be able to think clearly and postpone undertaking complex tasks or making important decisions whenever possible. Don't bury yourself in work or excessive exercise in an attempt to alleviate emotional distress. It is equally essential to refrain from other avenues of escape such as alcohol and self-medication with sedatives, sleeping pills or antidepressants. Don't hesitate to seek professional help or advice for any litigation-related complaints and take time out to spend with your family, since they are also likely to be affected by what you are going through. Take care of your health by getting adequate sleep, rest and relaxation and engaging in leisure activities you enjoy. It is crucial not to perceive litigation as a personal attack and to distance yourself as much as possible from the suit to lessen feelings of anger, depression, guilt and denial. It is necessary to restore emotional equilibrium as much as possible in order to assure patients they will continue to receive competent and compassionate care.

Some malpractice insurers now require a 15-20 minute online personality test before issuing a policy. Such quizzes are designed to evaluate "interpersonal communication skills," "attention to detail" and "propensity for risk-taking behavior." Some typical questions include:

"I am willing to risk looking foolish to push for something I think should be done."
"I am not usually influenced by what others think of me or my behavior."
"When I become angry or upset, I calm down quickly."
"I have been successful at everything I have ever attempted."
"It is a waste of time to worry about what others think of you."
"Most people see me as a rather restrained and quiet person."
"I would not be accurately described as a risk taker."
"I miss opportunities because I cannot make up my mind."
Responses can vary from agree and somewhat agree, to somewhat disagree and disagree. Doctors who do not score well are required to complete a coaching session on how to improve communication skills to obtain coverage. This instruction, which is a free service, is also available to all physicians insured by the company. APAC, the Michigan-based American Physicians Assurance Corp., has used a similar evaluation since 2003 in three of the seven states it covers (Illinois, Kentucky and Ohio) because of a higher number of liability claims and awards. APAC additionally requires a three-page written test in order to receive a new policy. A company spokesman explained that no applicant is denied coverage based solely on a personality test since it is only one factor in the underwriting process, along with specialty and past history of malpractice claims. An internal survey of 1,200 physicians has confirmed that those who do "well" on the test tend to have fewer claims filed against them. Other companies offer a discount for what are considered to be excellent personality profiles.

The Burden Of Burnout
"Burnout" is a term coined in 1980 by a Silicon Valley psychiatrist, who defined it as a debilitating psychological condition brought about by unrelieved job stress, that resulted in:

- Depleted energy and emotional exhaustion
- Lowered resistance to illness
- Increased depersonalization in interpersonal relationships
- Increased dissatisfaction and pessimism
- Increased absenteeism and work inefficiency

The key word in this definition is "unrelieved" rather than "stress", since burnout was viewed as the end result of a sequence of events. Since then, other definitions have been proposed in which burnout is viewed as a process, "a progressive loss of idealism, energy, and purpose experienced by people in the helping professions as a result of the conditions of their work". Another definition is "a work-related syndrome that stems from an individual’s perception of a significant discrepancy between effort (input) and reward (output), this perception being influenced by individual, organizational, and social factors". Variations have also surfaced such as "Brownout" (a less severe or partial form of burnout) and "Rustout" (similar symptoms due to inactivity or boring, repetitive tasks). The original definition blamed burnout as being entirely due to excessive chronic work demands. This is in contrast to subsequent versions that acknowledged the important role of the individual's motivation, goals and personality characteristics. This approach is much more pertinent to problems in physicians and some of these factors that are associated with increased risk for burnout include:

<table>
<thead>
<tr>
<th>Traits That Increase Burnout Risk In Physicians</th>
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<tbody>
<tr>
<td>1. Perfectionism and compulsiveness</td>
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<tr>
<td>2. Need for control</td>
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<tr>
<td>3. Exaggerated sense of responsibility</td>
</tr>
<tr>
<td>4. Difficulty asking for help</td>
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<tr>
<td>5. Excessive and/or unrealistic guilt</td>
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<tr>
<td>6. Suppression of feelings</td>
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<tr>
<td>7. Difficulty taking vacations and enjoying leisure time</td>
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Like lawyers and accountants, doctors are often stereotyped in the media, and not always favorably. However, as in all professions and occupations, they are a heterogeneous group. Some exhibit Type A traits of time urgency, competitiveness and hostility while others are
soft-spoken, mild mannered introverts. Doctors do tend to have more of certain characteristics stemming from why they chose to become physicians, the rigid demands of medical school and post graduate training, as well as their subsequent experience as practitioners and caregivers. Physicians are generally more apt to be perfectionists with a strong need to be in control. They are likely to exhibit a compulsive, rigid and skeptical attitude when pursuing their goals, especially when challenged, and to deny any weaknesses or personal problems. The desire to help others that prompts many to enter medicine may lead to burnout when there is a realization that this idealistic goal is often difficult to achieve, as well as a lack of appreciation when they are successful. There are unanticipated limits on how effective you can be in meeting high public expectation that are beyond your control because of regulations, red tape, filling out forms, other required paperwork and administrative duties. Medicine changes much more rapidly than other professions and there is always some new medication or advance you need to know about. This often makes it necessary to take journals and other reading material home that intrudes on time with family and friends.

This combination of work overload, lack of control, insufficient reward and conflicts in values promotes burnout. Paradoxically, some traits that are considered to be hallmarks of a good doctor actually increase burnout. Physicians who sincerely care about their patients are at greater risk than others who entered medicine because of reasons such as parental pressure, financial reward or to reach a high social status. A compulsive desire to achieve drives some to seriously overwork to compensate for guilt feelings about not doing enough. There is a tendency to deny personal problems or weaknesses and a reluctance to seek professional help because of the possible associated stigma. Even when the symptoms and signs of burnout are quite apparent, the general rule is "you just don't talk about it". Although patients also suffer, nothing is likely to be done until the physician is incapacitated, which is often due to severe depression.

**Preventing Depression And Suicide**

Although accurate statistics are difficult to obtain, since many suicides are never reported, it is estimated that three times as many physicians take their own lives compared to the population at large. Up to 130 commit suicide each year, which is about the size of the Harvard Medical School graduating class. Suicide rates for male physicians are 70 percent higher than for males in the general population and between 250 and 450 percent higher for female physicians compared to other women. This seems excessive, since suicides are usually around four times more frequent in males than females. Members of the "weaker" sex also report attempting suicide during their life about three times as often than men. These gender disparities are attributed to the fact that depression is much more common in women and more than half of female physicians have experienced depression or some other psychiatric disorder. Other risk factors for suicide include alcoholism and substance abuse, although these occur more frequently in men. Psychiatrists are the most suicidal but surgeons and other specialists in frequent contact with suffering or dying patients also have high rates, whereas radiologists and pediatricians are at the low end of the scale. Problems are most apt to surface after having been in practice for 15 or more years although suicide rates are also higher in medical students, interns and residents compared to controls the same age. Some of the other factors that increase risk are summarized below:

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<tr>
<th>INCREASED RISK OF SUICIDE PROFILE</th>
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<tr>
<td><strong>Age &amp; Gender:</strong></td>
</tr>
<tr>
<td>Female - 45 years or older</td>
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<tr>
<td>Male - 50 years or older</td>
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<tr>
<td><strong>Race:</strong></td>
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<tr>
<td>White</td>
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<tr>
<td>Marital Status:</td>
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<td>Risk Factors:</td>
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<td>Professional:</td>
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<td>Access to means:</td>
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All of these factors are additive and reducing the problem requires identifying those at greatest risk as soon as possible. Certain persistent personality traits may be the earliest indicators based on a study of 1,700 physicians who were evaluated during their first year of medical school, upon graduation, and after they had been in practice for five or six years. Questionnaires to evaluate Approach To Work, Workplace Climate, Burnout and General Health were administered on each occasion. Researchers reported that physicians who said they were stressed out and overworked by the demands due to practice pressures had the very same complaints when they were medical students. Stress levels were increased in those who found it difficult to organize their time effectively or felt that they did not receive enough support from colleagues. They usually struggled during medical school because of an inability to understand what was being taught and were more likely to be neurotic and have other personality disorders. Those who were most affected were also apt to have the highest burnout rating scores. The authors believe that recognizing such early warning signs while in medical school could help prevent future problems by appropriate intervention. Another authority not involved in the study agreed, noting "Perhaps some profiling of students at interview stage would help future doctors understand their different learning styles and develop mechanisms that would reduce the risk of burn out."

Physicians were observed to be more prone to commit suicide than the general population 150 years ago in *A Manual of Psychological Medicine* by Buknil and Tukes. However, the causes were likely quite different and it was probably not as prevalent, especially since there were few if any females. It has been suggested that physician suicides might soar in the future for this reason. In 1970, women were 7.6 percent of all physicians in the United States but by 2002, this had risen to 25.2 percent and females now represent 50 percent of medical school students. As noted previously, women are more prone to depression, but female physicians are also at increased risk because they are more likely to have been motivated to enter medicine by a strong desire to help others. As a result, they are more apt to become depressed and frustrated at being unable to achieve this goal because of our growing "high tech-low touch" health care system. Another problem is that over a third of physicians have no regular source of health care and are particularly unlikely to seek help for emotional complaints or to take preventive measures to protect their physical as well as mental health. In addition, these and many other physicians try to conceal their conditions to protect their careers. For example, hospital policies designed to protect patients by identifying impaired doctors often emphasize past
psychiatric diagnoses rather than current capabilities. As one psychiatrist familiar with this problem noted, "Physicians don’t go for treatment because they’re afraid of all kinds of consequences, even if they’re aware that they’re depressed."

This requires a cultural change so that doctors do not feel ashamed to ask for help. The situation is not likely to improve unless effective support systems are readily available so that physicians suffering from severe stress or who are impaired for other reasons can obtain prompt assistance. Some progress is being made through programs and help for stressed out physicians by organizations such as The National Mental Health Association, The National Institute of Mental Health, The American Psychiatric Association, The American Foundation for Suicide Prevention and The American Association of Suicidology. The California Medical Association urges doctors to call their hot line for counseling and provides weekend workshops for physicians and their spouses on how to cope with stress and certain States provide similar services. The University of Virginia School of Medicine offers a stress reduction class to help faculty and physicians avoid burnout and other medical schools, as well as some hospitals, also have support resources. The Center For Professional Well Being, founded in 1979, has developed treatment and counseling for almost every conceivable stress related problem encountered by physicians and other health professionals. However, as Benjamin Franklin wrote, "An ounce of prevention is worth a pound of cure." As he explained in Poor Richard's Almanac, "For want of a nail the shoe was lost; for want of the shoe the horse was lost; and for want of a horse the rider was lost."

While prevention is the most effective way to reduce physician stress, burnout and suicide, medical schools rarely address this because of their focus on developing clinical competence. Tight schedules leave no time to teach the self management and interpersonal skills necessary to deal with demanding patients, frustration with administrative tasks and paper work, never feeling "caught up" despite working long hours and sacrificing too much personal time for professional success. This emphasis on clinical skills often leads to an imbalanced physician. Programs like www.balancedphysician.com now focus on prevention by teaching physicians how to achieve equilibrium between their professional and personal responsibilities as illustrated below.

![Image of An Unbalanced Physician and The Balanced Physician](image)

Earlier this year, a survey of over 1,200 executive physicians reported that six out of ten had considered leaving medicine because they were discouraged by the current health care system and where it was heading. Sir William Osler also noted that many physicians were not happy with their chosen profession in his famous essay, *Aequanimitas*. First delivered in 1889 to the graduating class of the University of Pennsylvania School of Medicine, he warned the new doctors that,
To each one of you the practice of medicine will be very much as you make it – to one a worry, a care, a perpetual annoyance; to another, a daily joy and a life of as much happiness and usefulness as can well fall to the lot of man.

He urged them to develop two qualities or virtues. First was the "bodily" virtue of imperturbability, which he described as "a judicious measure of obtuseness." This meant that they should maintain the outward expression of calmness and coolness, even under difficult circumstances. The complementary "mental" virtue was "aequanimitas", which is the personal quality of calmly accepting whatever comes in life. As an analogy, he quoted the Roman emperor Marcus Aurelius, who wrote,

Thou must be like a promontory of the sea, against which, though the waves beat continually, yet it both itself stands, and about it are those swelling waves stilled and quieted.

Marcus Aurelius, Meditations, Book IV

On the other hand, it was important that this stoic appearance did not lead to any "hardness" when dealing with patients, since it was equally essential to develop the other gentlemanly virtues of courage, patience, and honor. "Aequanimitas" also implied exhibiting an attitude of acceptance and empathy, which Osler believed were crucial components of good medical practice along with the other qualities noted above.

However, the practice of medicine was much more collegial than competitive 100 years ago and almost everyone observed the Hippocratic Oath to provide professional courtesy and services at no charge for doctors and their families. Although it seems unlikely that we will ever return to those days, Osler's recommendations remain good advice to prevent stress for physicians and others involved in the delivery of health care. They are reminiscent of the baker's dozen list of virtues to live by that were proposed by Benjamin Franklin in Poor Richard's Almanac: temperance, silence, order, resolution, frugality, industry, sincerity, justice, moderation, cleanliness, tranquility, chastity, and humility. While Franklin did not always practice what he preached, his guidelines are also helpful not only for physicians but anyone who wants to lead a productive, fulfilling life that recognizes the importance of demonstrating care and consideration for others.