

The Physician Support Network in Norway

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Medscape 04.03.16. Art Caplan from the Division of Medical Ethics at New York University Langone Medical Center.

- A recent study from the Mayo Clinic showed that in 2011, 45.5% of doctors reported that they felt burned out, and that number has now risen to 54.4% in 2014.^[1]
- This is trouble because a doctor who feels this way can commit more errors. They suffer from compassion fatigue, or just not being able to empathize with others because they have their own emotional issues. They may retire early, thereby reducing the workforce. They may have problems managing their own lives;
- **400 doctors committed suicide last year, which is double the rate of the population average.**^[2]

Evolution of the physician support service in Norway

1. Peer support groups in some counties from 1985
2. 1993 Centrally coordinated structure with one group of combined Support Colleagues and Physicians for Physicians in each county.
3. Dedicated Physicians treating Physicians from 1995
4. + Villa Sana, a Retreat Centre with 8 rooms located at Modum Bad, an old mental hospital, in 1998. Physicians and their spouses may come for one day counseling or for a course lasting a week.

Organization

- The central board of the Norwegian Medical Association, NMA
- The Committee on Physician Health , CPH
- One support group in each of 19 counties, lead by an experienced physician
- Each group consists of 3-5 trusted physicians, appointed by the local branch of the NMA, listed on the NMA site with their private cellphone, accessible 24/7

Organization -2

- The group members are invited to an annual upgrading conference.
- The service is free for every physician and medical student in Norway, regardless of membership in the NMA(close to 100% anyway)
- The support colleagues are payed by the SOP, a branch of NMA, the same fee as for meetings with social services and collaborating organizations.



17.07.2017

Side 6

Reasons for seeking help

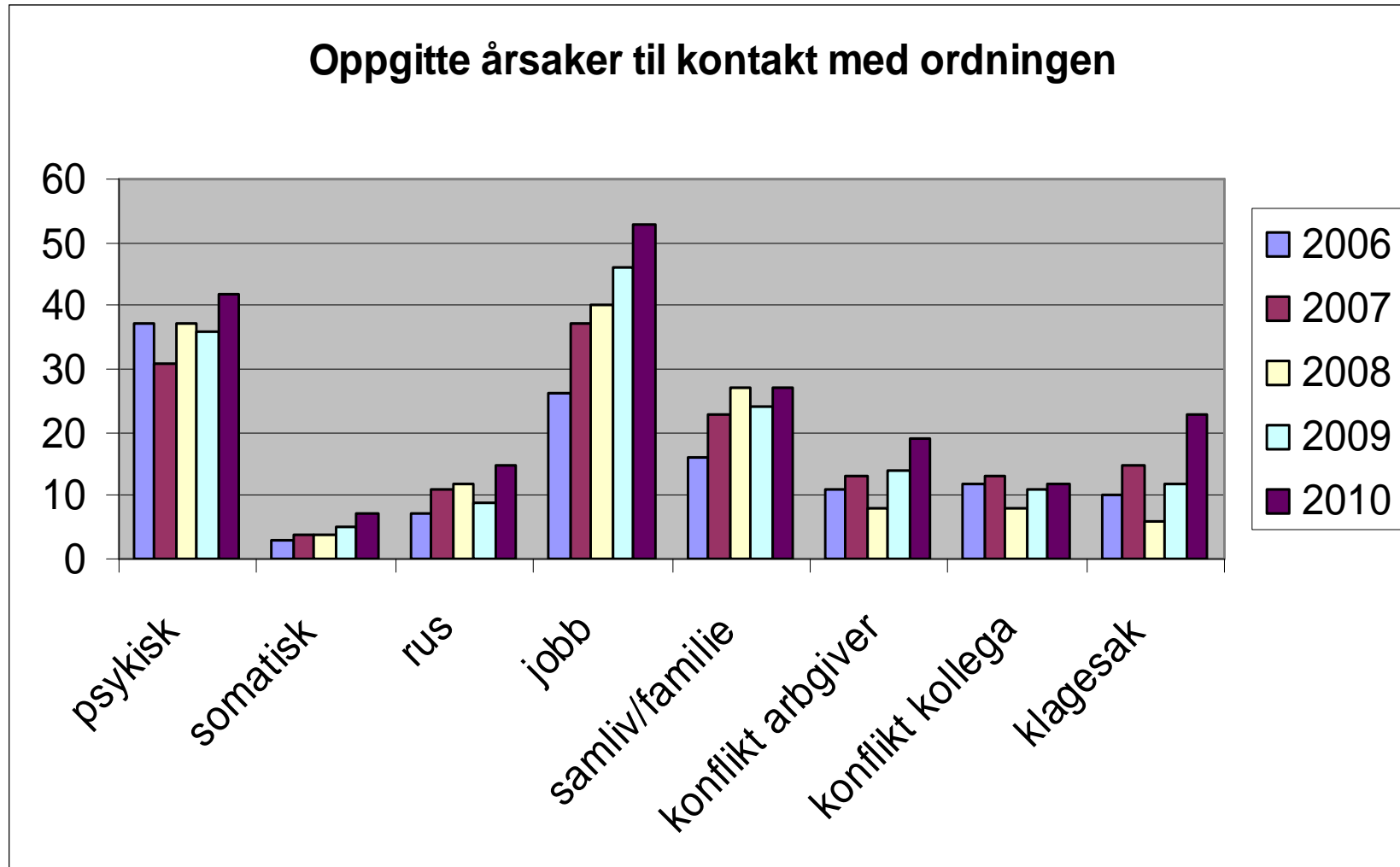


Table of problems % - Each colleague may have given several reasons for contact

	2016
Mental	18
Somatic	8
Addiction	5
Professional	26
Relations	16
Confl.employer	10
Confl.colleague	8
Reprimand	9

Some usual narratives / quotes

- *«Everybody tell me I'm a good physician, but I feel I'm a lousy father»*
 - 32 year old male registrar
- *« I seldom get any feedback from my superiors, but I fear that any day now, my shortcomings will be revealed»*
 - 28 year old female house officer
- *«I shall never be able to master the job as good as my colleagues!»*
 - 24 year old female medical student

Some usual quotes - 2

- *« I find myself swamped with paper work, doing ever less psychotherapy. My practice has changed from evidence based to **eminence** based – the eminences being bureaucrats. This is not the job I was training for, 30 years ago! »*
 - *59 year old senior consultant psychiatrist*
- *«I feel I leave the hospital too early and come home too late!»*
 - *33 year old female registrar in psychiatry, mother of 3*
- *«If I make a mistake, both my patients and my colleagues will loathe me!»*
 - *32 year old male registrar in internal medicine*

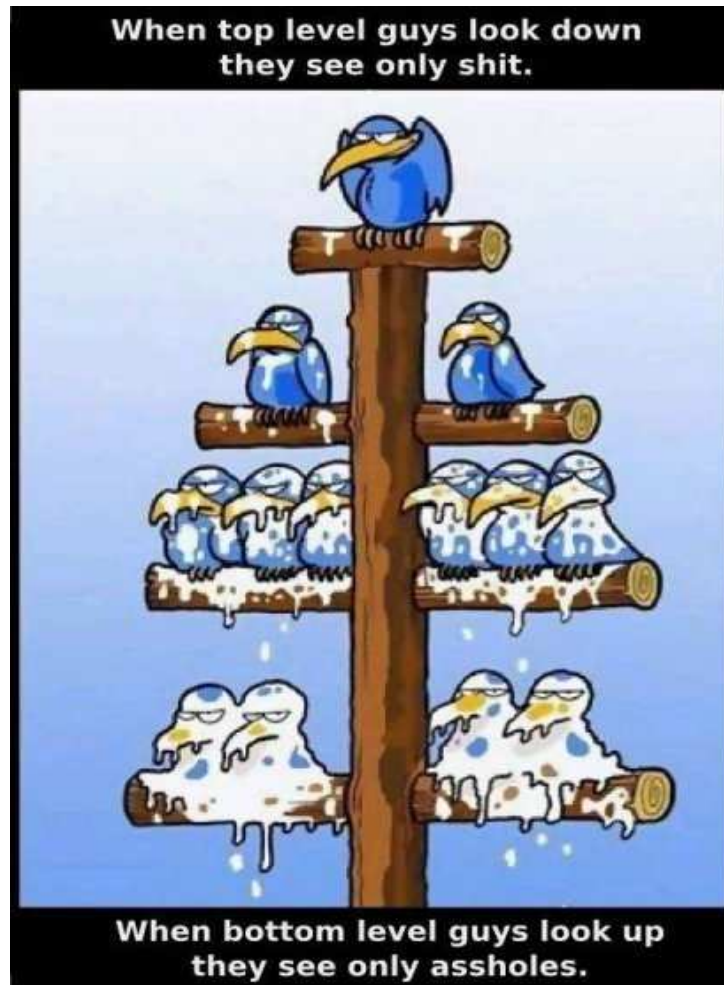
Some usual quotes – 3

- «The field is so vast. I shall never be able to cover it all! Could anybody, please, tell me: How good is good enough.»
 - 29 year old female registrar in gynaecology
- «Most days consist of slow, tedious, meticulous investigations, but then, suddenly, an artery bursts and then it's extremely urgent! I'm not able to sleep during calls anymore»
 - 38 year old male registrar in neurology
- «I know it sounds ridiculous, but I seem to get the same symptoms as my patients and I would rather die than ask any of my colleagues to examine me!»
 - 23 year old male medical student

Possible explanations?

- Increasing bureaucracy/ **New Public Management** forcing physicians to register and report items that might be important (and comprehensible!) to economists, but of little interest to physicians
- Economists replace physicians as heads of departments
- Constant rearranging and restructuring of hospitals departments, routines a.s.o.

Organization map from anonymous Norwegian hospital



Øystein M.Christiansen, Leder av Utvalg for legehelse,, DNLF

Possible explanations -2

- Increasing subspecialization makes it difficult to grasp the general view.
- Physicians are also challenged to be familiar with alternative treatment.
- Patients are ever more turning into consumers, complaining and engaging lawyers. “*Destiny*” has become an obsolete word.

The 3 most important commandments in medicine

1970 :

- **A** Airways
- **B** Breathing
- **C** Circulation

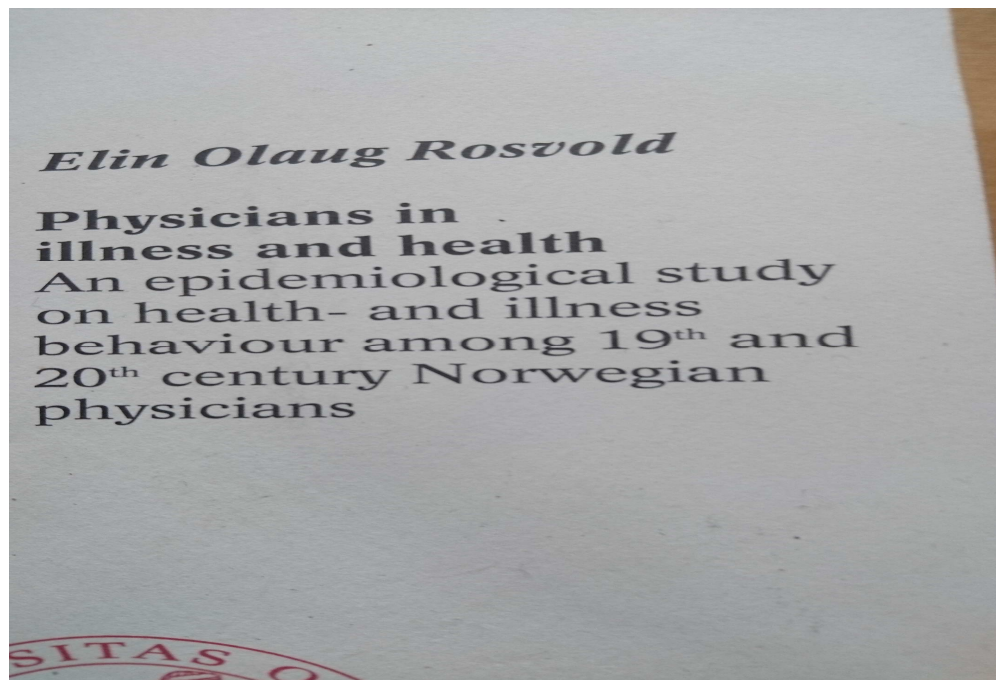
2017:

- **C**
 - **Y**
 - **A**
- Cover
Your
Ass !**

Possible explanations - 3

- 40 years ago, 3 out of 4 physicians in Norway were male – now it is 50/50. Maybe female physicians have higher expectations both to their parenting and professional functions?
- Some 30% of female physicians who cohabit, do so with a colleague, so two persons have to share a demanding profession, including rotas and vocational training
- I sometimes wonder whether physicians have a higher proportion of **compulsive personalities**: High demand on your own responsibilities, self denial , low self confidence, strong feeling of guilt

Ph.D. thesis, Oslo 2002



Regular PAP smears every 3rd year as indicator for good health behaviour

- Female physicians 35-49 yrs: 49,6 %
- Other university educated women 35-49 YRS : 70,7 %

The ideals in family medicine vs the physicians' personal health behaviour

- 3P : primary, preventive and patient-centered
- 3C: continuing, comprehensive in the community
- 3D: delusion, denial and delay
- 4S approach: self-investigation, self-diagnosis, self-treatment and self-referral





Base 802430 (AC-958) 2-96

Education, vocational training and work

The mean age for getting a permanent post as a physician in Norway is 42 years.

That means changing jobs several times during education and training.

In a scarcely populated country this presents three options:

- moving house , often with kids.

- long distance commuting

- or, even splitting up

Possible explanations - 4

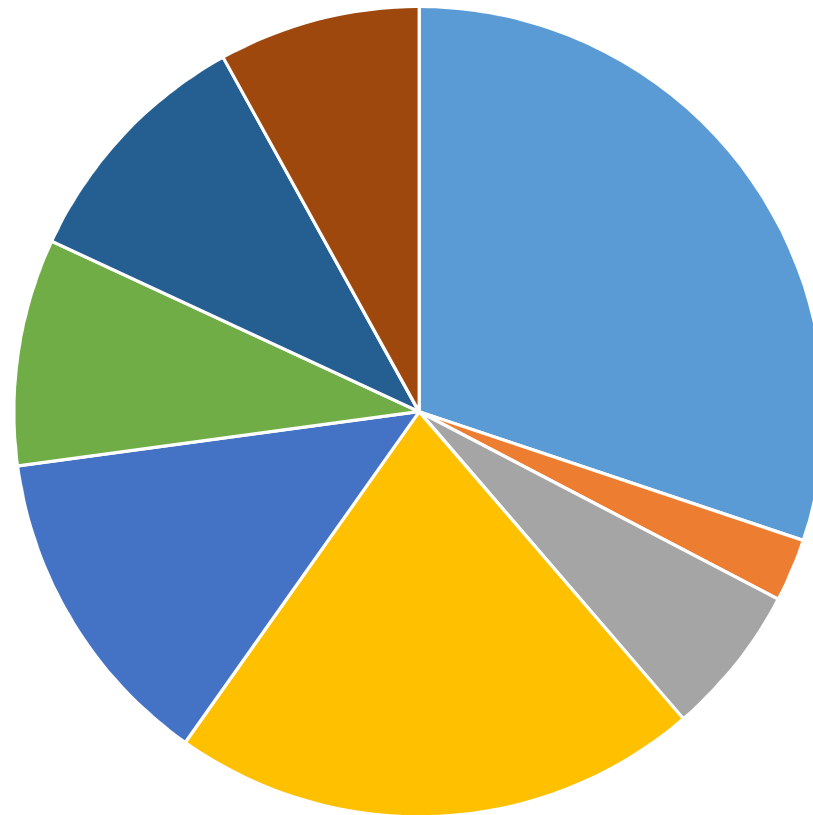
- Thomas Holmes and Richard Rahe and listed 43 strain factors, affecting both physical and mental health: **Life Change Units**.
- Many of these were related to
 1. Change in marital status/ cohabitation
 2. Job change/ children's change of school
 3. Professional success/ misfortune, or – even worse – litigation
 4. Moving house, mortgage of loan

Reservations

- The support colleagues are easy to reach and quick to respond, but , even though their fees depend on their filing a report , they often omit this.
- The numbers are small.
- The support colleagues are requested to tick 1 (or more) of 9 boxes to categorize the reason for contact. Thus, some job problems might be labelled mental or v.v. However, the groups have been fairly stable, so this should not affect the results.
- As with other professions, physicians are less likely to mention alcohol and drug problems than other problems.

Presenting problems 2006

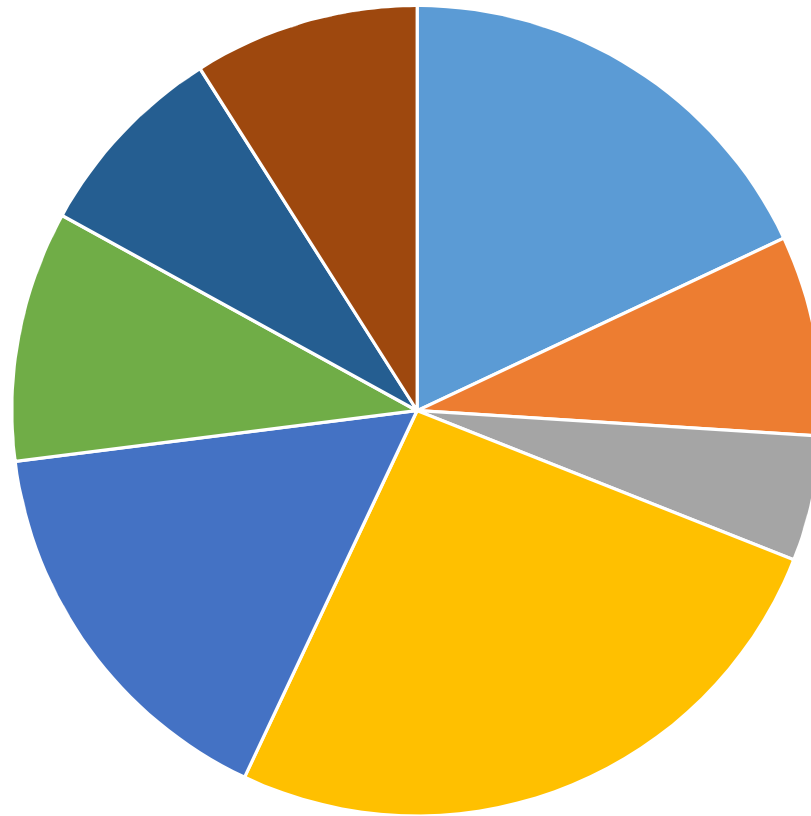
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■ Mental ■ somatica ■ addiction ■ profession ■ relations ■ confl.empl ■ confl.coll ■ reprimand

Presenting problems 2016

%



■ mental ■ somatic ■ addiction ■ profession ■ relations ■ confl.employer ■ confl.colleague ■ reprimand

Reasons for contact (several symptoms may be listed for each contact)

	2006	2007	2008	2009	2010
Mental problems	37	31	37	36	37
Somatic problems	3	4	4	5	7
addiction	7	11	12	9	14
Job/profession	26	37	40	46	49
relations/family	16	23	27	24	24
conflict w employer	11	13	8	14	18
Conflict w colleague	12	13	8	11	12
reprimand	10	15	6	12	22
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