The Physician Support Network in Norway

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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 paid by the SOP, a branch of NMA, the same fee as for meetings with social services and collaborating organizations.
Reasons for seeking help

Oppgitte årsaker til kontakt med ordningen

- Psykisk
- Somatisk
- Rus
- Jobb
- Samliv/familie
- Konflikt arbejder
- Konflikt kollega
- Klagesak

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>2016</th>
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<tbody>
<tr>
<td>Mental</td>
<td>18</td>
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<td>Somatic</td>
<td>8</td>
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<tr>
<td>Addiction</td>
<td>5</td>
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<tr>
<td>Professional</td>
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<tr>
<td>Relations</td>
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<td>Confl.colleague</td>
<td>8</td>
</tr>
<tr>
<td>Reprimand</td>
<td>9</td>
</tr>
</tbody>
</table>
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 then 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

When top level guys look down
they see only shit.

When bottom level guys look up
they see only assholes.

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 Cover
• Y Your
• A 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 cohabitate, 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
Elin Olaug Rosvold

Physicians in illness and health
An epidemiological study on health- and illness behaviour among 19th and 20th century Norwegian physicians
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
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

- Mental
- Somatic
- Addiction
- Profession
- Relations
- Conflicts (empl)
- Conflicts (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)

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