



# WMA Statement on Physicians Well-Being

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*Adopted by the 66<sup>th</sup> WMA General Assembly, Moscow, Russia, October 2015*

## **PREAMBLE**

Physician well-being refers to the optimization of all factors affecting biological, psychological and social health and preventing or treating acute or chronic diseases experienced by physicians including mental illness, disabilities and injuries resulting from work hazards, occupational stress and burnout.

Physician's well-being could have positive impact on patient care, but more research is needed. The profession should therefore encourage and support on-going research on physician's health. Evidence that already exists should be implemented in policy and practice. While physicians tend to have healthy habits, it is essential to enhance their health as a way to improve health for the whole population.

Physicians and medical students at all career stages are exposed to both positive experiences as well as a variety of stressors and work injuries. The medical profession should seek to identify and revise policies and practices that contribute to these stressors and collaborate with NMA's in order to develop policies and practices that have protective effects. Like all human beings, physicians experience illness, and they also have family obligations and other commitments outside their professional lives that should be taken into account.

One reason physicians delay seeking help is their concern about confidentiality and feeling ill at ease in the patient role. They experience feelings of responsibility towards their patients and are sensitive to external expectations on their health. Therefore, physicians must be assured of the same right of confidentiality as any other patient when seeking and undergoing treatment. The health care system may need to provide special arrangements for the care of physician-patients in order to uphold its duty to provide privacy and confidentiality. Prevention, early assistance and intervention should be available separately from any disciplinary process.

# THREATS, BARRIERS AND OPPORTUNITIES FOR PHYSICIAN WELL-BEING

## Professional Roles and Expectations

The medical profession often attracts highly driven individuals with a strong sense of duty. Successfully completing the long and intense educational requirements often confers upon physicians a high degree of respect and responsibility in their communities.

With these high levels of respect and responsibility, physicians are subject to high expectations from patients and the public. These expectations can contribute to prioritizing the care of others over care of self and feelings of guilt and selfishness for managing their own well-being.

There is a direct relationship between physicians' and patients' preventive health practices. This relationship should encourage healthcare systems to better support and evaluate the effects on patients of improving physician and medical student health.

## Work Environment

Working conditions, including workload and working hours, affect physicians' motivation, job satisfaction, personal life and psychological health during their careers.

Physicians are often perceived as being immune to injury and diseases as they care for their patients, and workplace health and safety programs may be overlooked. Physician who are employed by small organizations or who are self-employed may be at even a higher risk for occupational diseases and may not have access to health and safety programs provided by large health care establishments.

As a consequence of their professional duties, physicians and physicians in postgraduate education often confront emotionally challenging and traumatic situations including patients' suffering, injury and death. Physicians may also be exposed to physical hazards like radiation, noise, poor ergonomics, and biological hazards like HIV, TB and hepatitis.

Some healthcare systems may exacerbate stress because of the hierarchies and competition inherent in them. Physicians in postgraduate education and medical students can be victims of harassment and discrimination during their medical

education. Due to their position within the medical hierarchy, they may feel powerless to confront these behaviours.

Physician autonomy is one of the strongest predictors of physician satisfaction. Increasing external regulatory pressures such as undue emphasis on cost efficiencies and concerns about consequences of reporting medical errors may unduly influence medical decision-making and diminish a physician's autonomy.

## **Illness**

Even though medical professionals recognize that it is preferable to identify and treat illness early, physicians are often adept at hiding their own illnesses and may continue to function without seeking help until they become incapable of carrying out their duties. There are many potential obstacles to an ill physician seeking care including: denial, confidentiality issues, aversion to the patient role, practice coverage, fear of disciplinary action, potential loss of practice privileges, loss of performance based payment and the efficiencies of self-care. Because of these obstacles doctors are often reluctant to refer themselves or their colleagues for treatment.

Illnesses can include mental and behavioural health problems, burnout, communication and interpersonal issues, physical and cognitive problems and substance use disorders. These illnesses and problems can overlap and can occur throughout the professional life cycle from basic medical education to retirement. It is important to acknowledge the continuum of physician well-being, ranging from optimal health, to minor illness, to debilitating illness.

Substance abuse may disrupt a physician's personal life and may also significantly affect his or her ability to care for patients. Easy access to medications may contribute to physicians' risk for abuse of recreational drugs and prescription medications. Assistance prior to impairment in the workplace is protective for physicians, their professional credentials and their patients.

Improved wellness promotion, prevention strategies and earlier intervention can help mitigate the severity of mental and physical illnesses and help reduce incidence of suicide in physicians, physicians in postgraduate education and medical students.

## **RECOMMENDATIONS**

The World Medical Association recommends that National Medical Associations (NMAs) recognize and, where possible, actively address the following:

1. In partnership with medical schools and workplaces, NMAs recognize their obligation to provide education at all levels about physician well-being. NMAs should collaboratively promote research to establish best practices that promote physician health and to determine the impact of physician well-being on patient care.
2. Physician well-being should be supported and provided within and outside the workplace. Support may include but is not limited to referral to medical treatment, counselling, support networks, recognized physician health programs, occupational rehabilitation and primary prevention programs including resiliency training, healthy lifestyles and case management.
3. NMA's should recognize the strong and consistent link between physicians' and patients' personal health practices, providing yet another critically important reason for health systems to promote physician health.
4. Physician health programs can help all physicians to proactively help themselves via prevention strategies and can assist physicians who are ill via assessment, referral to treatment and follow-up. Programs and resources to help promote positive psychological health should be available to all physicians. Early identification, intervention and special arrangements for the care of physician-patients should be available to protect the health of physicians. Fostering a supportive and accepting culture is critical to successful early referral and intervention.
5. Physicians at risk for abuse of alcohol or drugs should have access to appropriate confidential medical treatment and comprehensive professional support. NMAs should promote programs that help physicians re-enter medical practice with appropriate ongoing supervision at the completion of their treatment programs. More research should be conducted to determine best practices in preventing substance abuse among physicians and physicians in postgraduate education.
6. Physicians have the right to working conditions that help limit the risk of burnout and empower them to care for their personal health by balancing their professional medical commitments and their private lives and responsibilities. Optimal working conditions include a safe and reasonable maximum number of consecutive and total working hours, adequate rest between shifts and appropriate number of non-working days. Relevant organizations should constructively address professional autonomy and work-life balance problems and involve physicians in making decisions about their work lives. Working conditions must not put the safety of patients or physicians at risk, and ultimately physicians should be engaged in establishing optimal workplace conditions.
7. Workplaces should promote conditions conducive to healthy lifestyles, including access to healthy food choices, exercise, nutrition counselling and support for smoking cessation.
8. Physicians, physicians in postgraduate education and medical students have the

right to work in a harassment and violence-free workplace. This includes freedom from verbal, sexual and physical abuse.

9. Physicians, physicians in postgraduate education and medical students have the right to a collaborative safe workplace. Workplaces should promote interdisciplinary teamwork, and communication between physicians and all other professionals in the workplace should be offered in a spirit of cooperation and respect. Education on communications skills, self-awareness and team-work should be considered.
10. Medical staff should undergo training in recognizing, handling and communicating with potentially violent persons. Health care facilities should safeguard against violence including routine violence risk audits, especially in mental health treatment facilities and emergency departments. Staff members who are victims of violence or who report violence should be supported by management and offered medical, psychological and legal counselling.
11. Medical schools and teaching hospitals should develop and maintain confidential services for physicians in postgraduate education and medical students and to raise awareness of and access to such programs. Workplaces should consider offering medical consultations to physicians in postgraduate education in order to identify any health issues at the outset of medical education.
12. Workplace support for all physicians should be easily accessible and confidential. Physicians evaluating and treating their medical colleagues should not be required to report any aspects of their physician-patients' care in any manner not required for their non-physician patients.

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