The Mental Health of Doctors
—Reverence for persons living with illness—

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The Physician as a “Person Living with Illness”

Physicians are generally regarded as persons who treat the diseases of patients. However, a frequently forgotten fact is that they are also persons who can suffer from diseases and disability themselves.

In daily medical training and clinical practice, physicians are accustomed to looking at diseases objectively and considering patients as the objects of their practice. For physicians, diseases are something belonging to patients, while they themselves are supposed to observe and treat diseases from the outside.

Confronted with a disease or disability, physicians suddenly become aware of and are shocked by the obvious fact that they also can be ill. The experiences as a physician help little, as they are limited to the diseases of other people. Being a specialist in diseases, the physician does not know how to respond to his or her own disease. At this moment, the disease is transformed from something passing by to something that he or she must bear.

Physicians can suffer from various mental and psychological problems in the current clinical setting. In particular, the burden imposed on physicians has been increased by the recent rapid advancement of medical technology, sophistication and diversification of medical care, and the use of information technology in clinical practice.

The number of physicians in Japan has exceeded 200 per 100,000 population. Although the total number is approaching a satisfactory level, the disparity between urban and rural areas is still serious, and there is an extreme shortage of physicians in some departments, such as pediatrics and obstetrics-gynecology. The concentration of the workload of particular physicians is a factor causing the emerging problem of death and suicide associated with overwork. While the recent criticism concerning physicians and medical practice is generally reasonable and requires an earnest response, little has been discussed from the perspective of the increasing workload of physicians within the current situation of medical care and the limitation of medical resources in Japan. The current circumstances in Japan demand the self-sacrificing efforts of individual physicians and medical institutions because of the lack of a systematic response to the changes in social structure.

Mental Care for Physicians

So, how should physicians cope with this situation?

The mental health of physicians may be protected by creating outpatient clinics or counseling/treating institutions specializing in...
the care of physicians, where psychiatric care would be given respecting the fact that the patients are physicians. Physicians tend to be more hesitant about visiting a psychiatric department than other people because of the concern about their social reputation and because of the deplorable fact that some physicians have a hidden prejudice against mental disorders. The creation of mental clinics for physicians is desirable in this respect. Physicians with mental disorders want to be treated as physicians rather than mentally disabled persons. An effective solution would be a care system operated by the universities to provide counseling and other care to graduates as a part of the continued lifelong education of physicians.

The introduction of a research-oriented perspective in daily clinical practice would also be effective in maintaining the good mental health of physicians. Although physicians tend to acquire particular “chronic” attitude in their long careers as clinicians, enthusiasm in their profession should be maintained through the pursuit of favorite study themes disregarding the acquisition of degrees or the career promotion. Researches not only provide the concrete goals in life, but also serve as a means for a temporary retreat from the repetition of clinical work. In particular, establishing one’s own pace and style in research activities and having a world to immerse oneself in without worrying about evaluation from other people may contribute to the mental stability of physicians.

When a Physician Has Fallen Ill

In any case, physicians may fall ill for various reasons. Being ill, however, may have positive aspects for physicians. Particularly in the case of mental illness, it may be a warning against maintaining the same way of life as before. Illness can be a cue to reconsidering one’s way of life.

Being ill also allows the physician to gain first-hand understanding of how illness is perceived by patients, and this improves his or her comprehension of the feelings of patients and their families. Even if a physician, surviving a competitive society, tended to look at things from a winner’s standpoint and lacked sympathy for those who are socially weak, for the physician, being in the position of needing support from others may be an opportunity to acquire a tolerant, non-competitive sense of value.

Furthermore, the realization that physicians themselves can be ill attenuates the hierarchy between the physician and the patient, and an alliance may develop between them who have endured the same sufferings and overcome the same difficulties. In such a moment, the physician realizes that the patient is not simply a person with a disease or disability, but a person who strives to lead a better life, enduring the distress imposed by the disease. This realization may lead to “the reverence for persons living with illness”.

With increasing attention directed to mental care, the importance of the mental health of physicians will be recognized more and more seriously. This is an issue involving problems affecting the quality of medical services and the occurrence of medical accidents. The solution to this issue should be pursued not only by the efforts of individual physicians but also through a systematic approach including improvement of public awareness. To this end, we first need a study of the mental health of physicians and the education of “physicianology”.

References