FOREWORD: The Board advocates for licensee wellness at every opportunity. Prevention, treatment, and rehabilitation efforts have led to improvements in the Health Professionals' Services Program (HPSP) and the inception of the initiative described below. Dr. Girard has helped the initiative blossom and probed every opportunity and potential resource. The Board is deeply committed to the wellness program but will rely on its partner organizations to establish the program in order to ensure complete confidentiality. Our deepest appreciation goes to those organizations and to Dr. Girard for his unrelenting dedication.

The Oregon Physicians' Initiative:

The Coalition for Professional Enhancement

By Donald Girard, MD, Board Vice Chair

Health care professionals are exposed to and endure some of the most difficult themes life has to offer. That is part of the sacred covenant of medicine. Indeed, physicians share an intimate connection with their patients that is unmatched by any other cohort of professionals in any domain. Those relationships are usually wonderful and add immeasurably to physicians' life experiences. However, they can be difficult, emotionally disruptive, and occasionally destructive. These too are the responsibility of the physician to work through, put into perspective and live with. So what in our formal education affords us the skills to deal with the wonderful and the tragic life events? What in our culture affords us the guidance in navigating these themes?

The long held tradition of the physicians' creed is that we do not need help, that we march forward, unaffected by personal failures or professional setbacks. And we are to devote fully to our patients and their needs. The Physician's Oath spells out our responsibilities very clearly: patients first and always first.

However, physicians are human. We should have the support of colleagues and other professionals to help attenuate both celebrations and defeats. We need mentors and more experienced individuals to help guide us through the emotional highs and lows. Just as others, peer support, reflection, and counsel help us moderate and learn from these experiences and prepare us for the next set, the next time. There is no formal part of any medical school or graduate medical education or continuing medical education curriculum that prepares us for these critical events. And this void in our training is apparent as we observe the impact on physicians in the course of their professional lives. This training void takes us down.

THE CULTURE: William Osler, MD, the first Chair of Medicine at Johns Hopkins Hospital and perhaps the most highly reputed physician in the dawn of the twentieth century, in his famous *Aequanimitas*, exhorted the men of medicine to give up their personal lives, to follow the path of caring for the sick. Eugene Stead, Jr., MD, the famous Chair of Medicine at Duke University, apologized to his all male interns that they were on call but every other night and thus would miss half the patients. Michael Debakey, MD, the Chair of Surgery at Baylor College of Medicine in Houston, and the most highly recognized pioneer of cardiothoracic surgery in the world, structured the surgical ICU rotation for his residents so they would spend all days, nights, and weekends of the three months in the windowless basement of Methodist Hospital in Houston, save for two hours on Sunday noon, when they could visit family in the hospital lobby. Even today, residents are bound to spend 80 hours per week during training, a commitment often scoffed at by the old and established physician. It is often said that the young doctor has not learned enough to enter the

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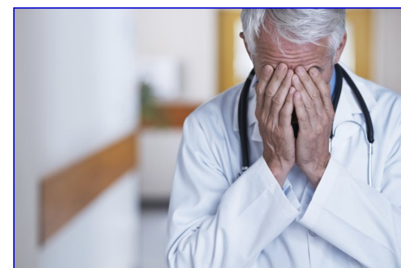
real world of practice, nor is trained to work hard enough to meet peer expectations.

Currently, about 950,000 physicians, allopathic and osteopathic, are practicing in the U.S. The average age at graduation from medical school is 27-29 years. Approximately half are men and half women. The average debt burden per graduate from medical school alone today is roughly $225,000. The average career length is 29 years. The distribution of physicians is increasingly specialty medicine. Forty years ago, the majority of physicians remained generalists and today less than 20% are generalists. In contrast to 40 years ago, more than half of physicians work for large business networks, have little or no oversight authority, and are purely resources for "patient care output." All employed doctors are required to meet productivity standards for reimbursement. In the early 1970s, the majority of physicians were represented by medical societies, local, regional and national. Through them physicians negotiated with payers, established their codes of ethics, and developed networks where doctors worked together to care for patients. Beginning in the early 1980s the "world of Wall Street" began to realize the capital value of medicine and since that time the profession has become increasingly industrialized. It is now huge business, with buying and selling large healthcare institutions occurring continually to the highest set of bidders, without physicians or other health care professionals in any sense involved in their own destiny.

In sum, the physicians of today are in debt, overcommitted and have little authority in their professional lives. We are made to believe that we are healers with no need for personal healing. Instead, we should follow the path of our mentors where medicine is the only marriage in life.

THE PROBLEM: Impairment is the final step of a continuum, the presence of which adversely affects the physician's abilities to carry out the sacred duties of medicine. While many think of impairment as the domain of addiction to drugs, alcohol or other substances, impairment actually comes in many forms and is just as capable in any form of obstructing the physician's work and resulting in patient harm. A disorganized practice, cognitive dysfunction, mental health disorders, falling behind in knowledge or skills, not maintaining professional boundaries, poor interpersonal skills, social isolation, and myriad personal issues, including spousal discord, financial concerns, malpractice threats, family illness and dysfunction are all examples of themes that impair us but are rarely given the attention that comes with the addiction illnesses. Unaddressed, these are often more subtle but just as devastating. But if the sacred covenant among physicians is to first do no harm and ultimately protect those for whom we have care responsibilities, impairment must be prevented, or at the very least identified and treated at its earliest appearance.



Suicide is the most visibly tragic failure among physicians. More than twice as many physicians, men and women, commit suicide than age- and demographically-matched peer groups. But suicide is only a small part of the tragedies that physicians encounter during their lifetimes. As noted, there are myriad problems in the course of their complex lives which are not addressed in timely manner or at all, which impair their professional roles and which lead to spiraling events that often end careers, families, friends,

self-esteem and early death.

Unhappily, there is no single source for these spiraling tragedies, although they often follow a certain order. Often simple, unresolved challenges gain strength and momentum, when unattended, they lead to the precipitous slide that often has no turning back.

Physicians enter a career that is a calling; one where there is little role for failure. We are programmed to be there for others and put off immediate or even remote personal rewards and needs. That includes the receipt of timely health care and counseling and the myriad learning opportunities that life offers when one asks. Doctors have fewer personal physicians and see fewer health and mental health professionals, instead often opting to treat themselves (badly).

The Solution: Complex problems can often be solved by simple solutions if they are understood. The central challenging issues for physicians are twofold. First, physicians are products of endless support from others and now are expected to be endless support to others. Second, the culture into which they are expected to assimilate discounts – in fact rejects – the role of peer or professional help in addressing life's challenges. Now is the time for a culture change to reinvigorate a plagued and unhappy profession. Now is the time to establish the balanced work-life that is critical for personal wellness in today's complex world.

Let us not forget our promise in the Physician's Oath to treat our colleagues as our sisters and brothers. So who better to facilitate the transition than a group of our peers? By establishing a community of resources that are easily accessible, non-judgmental, and freely used by physicians, we can address the spectrum of issues ranging from personal to professional.

Oregon has the reputation for wellness innovation. The roots of the state's involvement with physician health goes back more than 30 years when a flurry of suicides among Oregon physicians became the nidus for the formal establishment of a medical association and later a state program. The Health Professionals Program (HPP), established in the late 1980s to intervene on the behalf of physicians with substance abuse disorders, became a notable success. During its tenure, more than 78% of those who entered returned to full-time successful practice after five years. In addition, many of those who succeeded in the program became mentors for those just entering, and the program maintained the confidentiality of the practitioner to a great degree.

In the later part of the first decade of 2000, legislation reassigned participants in the HPP to the Health Professionals' Services Program (HPSP), which exists to this time. The current program is committed to mirroring the success of the earlier program. Random urine monitoring is the centerpiece of the program. Treatment is available as an adjunct to the program. During the 2013 legislative session, changes were made to the law to allow for treatment arms as well as monitoring. That is good news.

Through organizational partnerships, a Coalition has formed among the Oregon Medical Association, the Oregon Medical Board, the Oregon Psychiatry Association, the Medical Society of Metropolitan Portland, the Lane County Medical Society, and the Oregon Health &

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Science University Resident and Faculty Wellness Program. This Coalition has met several times to share experiences in program development. Principles that Coalition members agree are essential to the ultimate success of a program include:

1. Common protocols for entry, evaluation and treatment;
2. Standard qualifications for health care professionals who provide the treatment;
3. Financial support that is provided by umbrella groups rather than the individual health care professional;
4. Supportive peer professionals to provide counseling;
5. Increasingly sophisticated resources for the evaluation of physicians to help with better understanding of challenges and recommendations for their remediation;
6. Ability to address any variety of issues, including personal (relationships, marital discord, children, finances, etc.), professional (organization, charting, malpractice, interpersonal skills, disruptive behavior, etc.), substance abuse, and mental health; and
7. Core tenets: confidentiality and professionalism in all relationships.

Oregon has the exceptional ability to gather myriad experienced and thoughtful peers, consultants, advanced degrees in social work, psychology, counseling, mental health, addiction medicine, psychiatry, and education and retraining to provide the professional resources necessary. The Coalition will create a network using the individual members' established resources and strengths, building upon the successes of the individual organizations to create a unified program.

ENVISIONING THE ULTIMATE PROGRAM: Entry to the program is confidential but carries no stigma because the services offered are vast and entry is open to all, both those needing help and those wanting to serve. The individual physician bears no costs; those are underwritten by the partner organizations and the health care systems in which the physicians work. These health care

The Physician's Oath (Declaration of Geneva)

I solemnly pledge to consecrate my life to the service of humanity;

I will give to my teachers the respect and gratitude that is their due;

I will practise my profession with conscience and dignity;

The health of my patient will be my first consideration;

I will respect the secrets that are confided in me, even after the patient has died;

I will maintain by all the means in my power, the honour and the noble traditions of the medical profession;

My colleagues will be my sisters and brothers;

I will not permit considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I will maintain the utmost respect for human life;

I will not use my medical knowledge to violate human rights and civil liberties, even under threat;

I make these promises solemnly, freely and upon my honour.

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systems provide critical support and understand that healthy healthcare providers are key to best practices and outcomes.

The Oregon Coalition leaders believe that physicians have long been denied the access to and learning from the vast curricula of opportunities available to the general population that affords improved coping skills and resilience and markedly diminishes the risks of burnout, career loss, and most tragically suicide. The long standing belief that physicians are a singular professional group who can "march through" the personal tragedies of their own and their patients is just not reality. We need at least the same if not more help, advice, and resilience training in dealing with the inordinate stresses of the profession than perhaps any other group. To leave these treatable concerns unaddressed and untreated is not acceptable to our health care professionals or the patients they serve. ✚

Licensee health and wellness is a critical component in achieving the Oregon Medical Board's mission of protecting patients while promoting access to quality care.

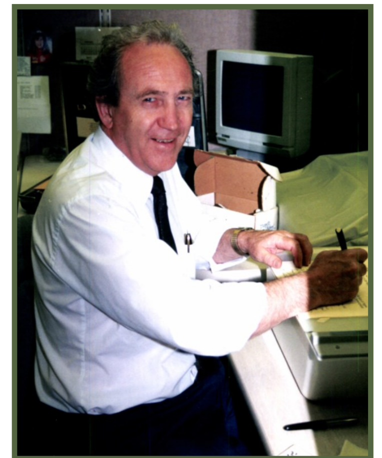
The Oregon Medical Board's website has a Topics of Interest page with information on wellness programs and other resources.

Visit **www.oregon.gov/OMB** and click on '*Wellness*' under the Topics of Interest heading.

Father Palladino, Priest and Calligrapher, Remembered

Pause for a moment today and look at your license certificate hanging on the wall. Is it written in hand calligraphy? In the 1980s and 1990s they all were, and Father Robert Palladino was the man behind the script. Fr. Palladino was the Board's calligrapher before the Board moved to electronically printed licenses. His death on February 26, 2016, provides an opportunity to reflect on his fascinating life as well as this era in the Board's history.

Fr. Palladino joined the Trappist Order of the Roman Catholic Church shortly after graduating from high school in 1950 and was ordained as a Catholic priest soon after. He left the priesthood in 1968, was married, and had a son. For the next 15 years, he taught calligraphy at Reed College in Portland, with one of his students being future Apple Computers co-founder Steve Jobs. After the passing of his wife, he provided his calligraphy talents to the OMB. He was later reinstated into the priesthood, becoming Oregon's first formerly married Catholic priest. He served parishes in Welches and Estacada.



Fr. Palladino led a remarkable life and leaves a legacy of beautiful work. His calligraphed Hippocratic Oath hangs in the Board's library and remains a focal point of the Board's meetings. The difficult decision to cease calligraphy on licenses was made in order to issue licenses quicker and more efficiently. If you have one of these licenses in your office, we hope you'll cherish this piece of Board history. ✚