



PHYSICIAN HEALTH

See also [Background to CMA Policy on Physician Health](#)

RATIONALE

The term *physician health* encompasses the prevention and treatment of acute or chronic issues of individual physicians, as well as the optimization of interconnected physical, mental and social factors to support health and wellness.¹ Attributable to a range of personal, occupational and system-level factors, physicians and learners alike are increasingly voicing distress and calling for resources and support.

As a central issue for Canadian physicians, and a growing concern within the medical profession, physician ill-health is being increasingly understood as a set of risk-management practices,² including the use of strategies rooted in organizational psychology and occupational medicine, as well as intensified oversight by professional bodies, and the integration of maintaining personal health as a core medical competency.³

Physician health, is important to the long-term sustainability of the physician workforce and health systems.⁴ As a quality indicator⁵⁻⁶ addressing the complex array of related issues is a shared responsibility of individual physicians and the systems in which they work.^{2,4,5} This involves efforts from individuals as well as system-level influencers, such as stakeholder groups from areas including academic medicine, medical education, practice environments, accrediting and regulatory bodies, provincial and territorial medical associations, regional and local health authorities, national medical associations and their affiliates, governments and other decision-making bodies.

Meaningful, system-wide change can only occur via deliberate and concerted efforts on a national scale⁵ to address personal, workplace, and cultural barriers and normalize the promotion of opportunities and conditions for optimizing health and wellness. Although considerable progress has been made, it is necessary to continue working towards a more coordinated and sustained system of health promotion, illness prevention and tertiary care to build on these successes.⁴⁻⁵

This policy aims to provide broad, aspirational recommendations to help guide stakeholders at all levels of the health system to promote a healthy, vibrant, and engaged profession — including a healthy practice and training culture, and work environment.

RECOMMENDATIONS

Individual level

The CMA recommends that physicians and learners:

- demonstrate a commitment to physician health and well-being as part of their responsibilities under the CanMEDS Professional Role, including: Exhibiting self-awareness and managing influences on personal well-being (e.g., self-regulation and assessment, mindfulness, resilience); managing personal and professional demands for a sustainable practice throughout the career life cycle; and promoting a professional culture that recognizes, supports, and responds effectively to colleagues in need;³
- actively engage in fostering supportive work and training environments;
- assume responsibility for individual actions and behaviours that may contribute to negative culture and stigma;⁵
- foster relationships with family and friends, as well as interests outside of medicine, and ensure sufficient rest (including time-off); and
- have a family physician and visit him or her regularly for comprehensive and objective care.

System level

The CMA recommends that:

- national-level advocacy be undertaken to address issues related to physician and learner health;
- efforts to address physician health incorporate individually targeted initiatives and optimize learning and practice environments, including cultivating a healthy culture,⁶⁻⁷ and that stakeholders collaborate (including input from physicians and learners) to develop and promote initiatives that strengthen physician health at both the individual and system levels;
- health systems adopt an understanding of their obligation to the health of physicians that is similar to the obligation of other Canadian employers to their workers (e.g., psychological safety, work hours, employee resources, standards and expectations);
- policies aiming to cultivate a healthy culture be modelled, and behaviours not conducive to supporting and enabling a healthy culture dealt with in an effective manner;
- physician and health system leaders acknowledge and demonstrate that physician health is a priority, and continually assess whether actions and policies align with desired values and culture;⁴
- physician and health system leaders be better equipped to identify and address behaviours that are symptomatic of distress (e.g., psychological) and receive more comprehensive training to address with colleagues, including within teams;
- mechanisms and opportunities for physicians and learners to access existing services and programs (e.g., provincial, institutional) are maximized, and that these resources are regularly promoted and barriers to access addressed in a timely manner;^{5,8}
- standards, processes and strategies be developed to address occupational barriers to positive health⁸ (at a minimum, these should address the meaningful integration of occupational and personal life, provision of resources to enhance self-care skills,⁴ and prioritization of opportunities for adequate rest, exercise, healthy diet and leisure;⁸
- wellness (including enhancement of meaning, enjoyment and engagement) be promoted, instead of an exclusive focus on reduction of harm;⁵

- physicians and learners be encouraged to have a family physician, and that barriers to access such care be identified and addressed;
- physicians, particularly those providing primary care to other physicians, have access to training in treating physician colleagues;
- physicians and learners be given reasonable access to confidential assistance in dealing with personal and professional difficulties, provided in a climate free of stigmatization;
- programs and services be accessible to physicians and learners at every stage of their diagnosis and treatment, and that seeking treatment should not feel punitive or result in punitive consequences;
- physicians and learners have supportive learning and work environments free of discrimination, and for processes which provide reasonable accommodations to physicians and learners with existing disabilities, while allowing for safe patient care, to be bolstered; and
- practices which enable safe and effective patient care, and support workflow and efficient capture of information (e.g., electronic medical records), do not create excessive work and time burdens on physicians.

Physician organizations, professional associations and health authorities

The CMA recommends that:

- all physicians and learners have access to a robust and effective provincial physician health program (PHP), and for long-term, sustained efforts to be made to maintain and enhance physician health, including a commitment to resourcing PHPs⁵ via the provision of stable funding through provincial and territorial medical associations, or the negotiation of such funding from provincial governments;
- training programs, hospitals, and other workplaces ensure appropriate programs, services, and policies are developed, in-place, and enforced for physicians and learners to get help to manage health and behavioural issues, support the need for treatment, and facilitate return to work or training while protecting individual confidentiality, privacy, as well helping the institution manage risk;
- the range of continuing medical education offerings aimed at personal health be expanded (content should develop individual skills and extend to training for leaders and administrators that targets improved training and practice environments and culture);
- continuing education credits for physicians' efforts to enhance their personal wellness or that of colleagues be established and promoted, free of conditions requiring links to patient care;
- emerging champions from learner and early-career segments be identified and supported; and
- the unique health and wellness challenges faced by physicians and learners in rural, remote, or otherwise under-serviced regions (including the Canadian territories) be recognized, and for access to services and other resources to be enhanced.

Medical schools, residency training programs, and accreditation bodies

The CMA calls for:

- accreditation standards for health and wellness programs and initiatives for medical faculties and training programs, and health authorities to be raised, reviewed in an ongoing manner and that standards and competencies be enforced;
- action to bring meaningful change to the 'hidden curriculum' by aligning formal and 'hidden' curriculums that promote and reinforce positive conduct, and for accreditation bodies to consider this in their review and enforcement of standards for training programs; and
- formal health and wellness curricula to be integrated and prioritized at the undergraduate and postgraduate levels, including but not limited to training around how to recognize and respond to distress or illness in oneself and colleagues, as well as self-management strategies (e.g., resilience and mindfulness).

Medical regulatory authorities

The CMA calls for medical regulatory authorities to:

- work with provincial and territorial medical associations, PHPs, governments and other key stakeholders to; (a) create a regulatory environment that protects the public (their explicit duty) while limiting barriers for physicians seeking diagnosis and treatment,⁵ and (b) promote resources for early self-identification of potential health issues; and
- while maintaining their duty to protect the public, review their approach to mental health challenges to ensure that focus is placed on the existence of impairment (illness interferes with ability to engage safely in professional activities,⁹ and not the mere presence of a diagnostic label or act of seeking of care⁵ (in order to ensure that physicians and learners who are appropriately caring for their health not be impacted in their ability to work).

Governments

The CMA calls for:

- governments to acknowledge the adverse impact their policies and processes can have on the health of physicians, and to adopt and enforce health and wellness standards through a lens of occupational health for physicians that are similar to those afforded to other Canadian workers;
- governments to work with employers and key stakeholders to create more effective systems that provide better practice and training conditions;⁵ and
- enhanced support for provincial PHPs, institutions (e.g., medical schools, training programs), and other providers of physician health services.⁵

Researchers

The CMA recommends that:

- national and regional data for major health and wellness indicators be assessed at regular intervals to establish and compare norms and to better target and assess initiatives;
- a national research strategy be developed through collaboration among relevant stakeholders to identify priorities, coordinate efforts, and promote innovation (consider the specific recommendations from a 2016 research summit to improve wellness and reduce burnout,¹⁰

including: Estimating economic impacts; using common metrics; developing a comprehensive framework for interventions with individual and organizational components; and sharing the best available evidence); and

- further research in a range of areas including, but not limited to: efficacy of programs, strategies, and systems for promoting and managing health and wellness; examination of the factors exerting the greatest influence on physician health; and system-level interventions.⁵

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See also [Background to CMA Policy on Physician Health](#)

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