

■ clinical contributions

How Do We Care for Ourselves?

Introduction

A physician in our group died.

That in itself is not surprising; every one of us will. But when a colleague dies, it's a little more personal. Perhaps we see ourselves in that physician; we think about our own mortality. Could we have done something for that person? Can we do something for ourselves?

How Do We Come to Make Choices About Self-care?

Selflessness is a personality trait of most physicians. We have extraordinary demands from our work. The coordination of patient care, the communication between physicians, the number of patients on our panel all speak to how we care, how we have decided to go into a field where caregiving takes precedence over almost anything. Physicians often place the needs of every patient before their own. We give up sleep in residency, give up evenings and nights for our call schedules, give up concentrating on eating lunch, and give up our own nights with our families for administrative meetings. Slowly, the accolades of a dedicated physician at work lure us into giving more time to work. We give up the necessities of sleep, play, and even give up taking care of our own health. In medical school and residency, we were trained to deny our own needs and desires. Another important meeting at night? It will be all right, we tell ourselves. Don't have time for lunch? It will be OK. It happens to many physicians; we give up caring for ourselves in order to serve the group.

Why Are We Often Not Good Caregivers for Ourselves?

More often than not, we are not good caregivers to ourselves. We do not tend to take time off to get a checkup, to do a cholesterol test, to assess our own well-being. We often feel overwhelmed, overworked, even sometimes burned out. We feel guilty about ignoring what the patient demands of us to provide good care and service, but we don't feel much concern about our own health.

Our profession, our physician culture, does not promote self-care. Our medical groups often promote physicians who are obsessive workers to positions of prominence as physician-leaders or administrators. They are respected by top administrators. By promoting the overachievers and compulsive workers, we are, in effect, saying that they are the models of behavior for all physicians. In this day of population management of diabetic, asthmatic, and congestive heart failure patients, are we ignoring a very important patient population—us? Many of us do not promote evidence-based self-care for ourselves. In a time when member access is of great importance, self-care often becomes secondary. Do we have our priorities straight?

What Can We Do to Help Ourselves?

Fellow physicians and health care clinicians, before our medical groups sort this out, take some time to do some self-care by going to see your own doctor. Go through some of the evidence-based exams that we so vehemently insist our patients do. I urge you also to remember your colleagues, who may someday become your patients. Seek them out, ask them to come in, establish that clinician-patient relationship, and care for them. It's all right to add some pages to *your* medical records in the fond memory of that colleague who has just died. ❖

In medical school and residency, we were trained to deny our own needs and desires.

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Edward C Wang, MD, is an Internal Medicine physician at Woodland Hills Kaiser Permanente Medical Center in Southern California. He is the chair of the Southern California Clinician-Patient Communication Committee and is very involved in the wellness of physicians in the region. E-mail: Edward.C.Wang@kp.org.

