Canada responds: an explosion in doctors' health awareness, promotion and intervention

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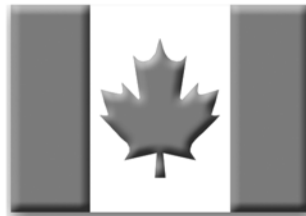
Prevention and intervention programs are up and running, but the work is far from over

The sudden acute respiratory syndrome (SARS) epidemic in Canada exposed the vulnerabilities of our public health system, and demonstrated the strength of its caregivers. In addition to the devastating effects of this illness on patients and their families, SARS also highlighted the importance of professional health. The impact of SARS on healthcare professionals was high, with key factors for doctors including the potential risk of death, placing one's family at risk of infection, and being treated differently by others because one worked in a hospital setting.[1]

Before SARS, there had been increasing recognition and awareness of the health and wellness needs of Canada's doctors and medical students. In 1997, the Canadian Federation of Medical Students (CFMS) produced a position paper on the health and well-being of medical students,[2] and others quickly followed.[3] Our healthcare system continues to struggle with constraints on financial and human resources in the face of ever-increasing need and expenditure. Indeed, as funders and providers struggle to manage, doctors are reporting rates of advanced burnout approaching 50%.[4] This struggle has been acknowledged at some of the highest political levels, including the head of the recent Commission on the Future of Health Care in Canada, former Premier Roy Romanow, who, in an address to the General Council of the Canadian Medical Association in August 2003, stated, "If we don't look after the health care of our providers, they can't look after the health care of [us]."



Overall scope of doctors' health initiatives

Physician health is being tackled nationally, provincially and municipally. At a national level, the Canadian Physician Health Network (CHPN) was founded in 2001 and represents a working alliance of the Canadian Medical Association (CMA), provincial physician health programs, the Canadian Association of Interns and Residents (CAIR), the CFMS, and academic faculty wellness programs. Its purpose is to develop and strengthen a network of informed individuals involved with doctors' health, and facilitate ongoing evolution and improvement of physician health initiatives.

In 2003, the Canadian Medical Association launched the CMA Centre for Physician Health and Wellbeing to be an information resource for physicians, medical students and their families, to help them maintain health and prevent illness, and to provide national leadership and advocacy. In 2003, the Centre also announced $C100 000 for research into doctors' health.

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These collective national efforts are proving to be powerful and critical components of an overall strategy to help the culture of Canadian medicine evolve.

Each Province and Territory has access to a Physician Health Program (PHP), each of which has its own unique attributes and format. The largest PHP is based in Ontario, and is one of many services offered to members of the Ontario Medical Association. Since the program began in 1995, over 1100 doctors have used it. Like many physician health programs in Canada, the Ontario program reports that service needs have moved from a primary focus on substance use and substance-use disorders to include services for broader mental health problems.

Canada's Atlantic provinces (Newfoundland and Labrador, Prince Edward Island, Nova Scotia, and New Brunswick) are home to a small number of doctors spread over a large and diverse geographic area. While each province's medical association operates a form of doctors' health program, the region has elected to investigate the possibility of evolving a unique regional program to maximise limited resources, and provide services appropriate to local practice styles and sensitive to local culture.

Finally, there has been innovative growth in doctors' health at the grass roots, municipal level. Canada's cities have partnered with doctor organisations to enhance recruitment and retention by acknowledging and recognising the value doctors have in their communities.

In Ottawa, Physician Appreciation Day has been celebrated since 2002. This effort was designed to encourage the community's citizens and institutions to recognise and acknowledge the various roles physicians play, from healers and advocates to parents and partners. Ottawa is also home to many national doctor organisations, many of which use the day to recognise the efforts of their physician-employees. Ottawa's hospitals host events for their physicians, and the University of Ottawa has an event for its medical faculty members. Many Ontario communities are developing their own versions of this event. The impact of such initiatives on physician health is unknown, and warrants evaluation.

In addition, in May 2004 the Ottawa Academy of Medicine launched a unique "Code 99" program to develop a network of physicians who are comfortable caring for their colleagues, and to help physicians and medical students find a family physician or specialist.[5] This program is already proving to be a well used resource.

Special target groups

One of the biggest drivers of change in Canadian medical culture has been resident associations. Each province has an organised association, the Provincial Housestaff Organization (PHO), which negotiates salary and working conditions for postgraduate trainees with the provincial teaching hospitals. These discussions have facilitated significant system changes, including improvements in

working conditions, salaries, benefits, educational expectations, leave entitlements (illness, disability, parental, educational, and vacation), and work hours (including on-call demands).

One natural outcome of these changes is a workforce of early-career and mid-career doctors who view their identity and obligations to the profession differently than preceding generations, and strive to balance personal, family, and professional obligations. Indeed, data suggest newer generations of doctors are working fewer hours.[6]

There is also a growing body of data on the impact of work on the health and wellness of trainees. An observational study of 11 paediatric fellows working within Ontario guidelines revealed they worked an average 69 hours a week, and roughly 25.5 hours per shift. Per shift they received an average of 41 pager calls, slept 1.9 hours, and walked 6.3 km. Physical tests showed that 7 developed ketonuria, and 6 developed heart rate abnormalities.[7] These data have led to calls for further investigation into the impact on sleep deprivation and other factors on physician health and patient care.[8] The Canadian Association of Interns and Residents is also leading a national "Happy Doc" study to better understand resident health and well-being.

Student health and wellness has been promoted with great vigour by the Canadian Federation of Medical Students (CEMS). One of their initiatives, at Dalhousie University's faculty of medicine, helped students gain access to a unique peer support program, which sponsors activities focused on the humanism of medicine and themes of personal health and wellness. In addition, CEMS also focuses on the role of partners and family members during an annual "Significant Others" night.[9] Another program, at the University of Ottawa, offers access to a mentorship program, and a student health initiative.

One of the greatest challenges for Canadian medical students is skyrocketing tuition costs and massive student debt. As tuition approaches $C20 000 per year in some provinces, students are increasingly reporting financial distress.[10] The impact of such debt is largely unknown, but it has been linked to the decline in interest in family practice.[11]

Women comprise 59% of medical students in Canada, and 30% of physicians in practice. In spite of many successes, women in Canadian academic medicine struggle to balance work and family responsibilities.[12] In response, Canadian medical schools have been creating increased opportunities for women in leadership; increasing sensitivity to issues such as gender and equity; and looking seriously at the need to provide harassment-free work environments, work flexibility, and daycare. Indeed, there is a growing recognition that these issues increasingly affect both sexes, particularly given the changes in the role of men and male doctors in Canadian society.

University initiatives

The Faculty Wellness Program at the Faculty of Medicine, University of Ottawa, the first program of its type in Canada, was founded to promote the well-being of all members of the faculty.[13] Since its inception in 2000, it has served an average of 150 individuals per year with a broad array of physical and mental health concerns. The program also participates in the development and evaluation of workshops and presentations on physician health, and is increasingly being used to help divisions and departments of the faculty of medicine. Current initiatives include the development of a standard policy on doctors with disruptive behaviour, development of strategies to assess resiliency of applicants to medical school, and promotion of physical fitness.

Other Canadian medical schools are also developing their own programs. The Association of Canadian Medical Colleges has been helping to develop a national network of academic wellness programs since 2002, with a goal of increased collaboration between academic physician health programs and those operated by physician organisations.

Canada has launched an innovative initiative — the Northern Ontario Medical School — to train physicians to work in Canada's rural areas for the long term. While rural training experiences are important, rural doctors are also reporting that other factors, such as recreation, employment opportunities for their partners and educational opportunities for their children, are not as good as they were in the early 1990s.[14] Given the importance of recruitment and retention of doctors in Canada's rural regions, the issue of physician wellness warrants attention.

Conclusion

A revolution in physician health is taking place in Canada. Since early efforts at policy development, the profession has created national networks, centres of excellence, research opportunities, and educational programs. Yet, a recent survey by the Canadian Medical Association showed that up to 46% of Canadian physicians are in an advanced state of burnout and 58% felt their family life suffered because they had chosen medicine as a career.[15] While the nation's physicians have begun to develop prevention and intervention programs, it is clear that the work is not over.

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