



The Company We Keep

EDITOR'S MESSAGE



By Ed Rudin, MD

Everyone ultimately fails at cheating basic economics.

PHYSICIANS OFTEN BEMOAN their stressful times. This issue of Sierra Sacramento Valley Medicine discusses what life will be like if the expected system of medical practice prevails. (Please see "Your Practice - 2005"). Another feature looks at whether fewer practicing doctors should reduce or increase physician stress. (Please see "Doctor Shortage? Fine!" and "Doctor Shortage! UhOh!").

Last year, Dr. John Loofbourow broke new ground when he wrote that physicians now have more in common with union-supporting, Demo-crat-voting workers than with Republican, anti-union employers.

More recently, the Sacramento Bee reported on a survey by the International Labor Organization of the United Nations (ILO). It ostensibly talked about workers, and unwittingly talked about us.

The study of workers in five countries found that "levels of anxiety, burnout and depression are spiraling out of control." Despair is a growing problem at work, affecting one in 10 workers; depression is second only to heart disease as the illness most disabling for workers.

In the UK, three of 10 employees experience mental health problems and one in 20 is fighting major depression. Self reported anxiety and depression ranges from 15-30 percent of the working population.

In the USA, one in 10 workers suffers from clinical depression and some 40 percent of workers complain that their job is very or extremely stressful.

More than half the Finnish workforce has symptoms related to stress, with 7 percent "severely burned out" and suicide rates high.

In Germany, 7 percent of workers opt for early retirement claiming stress and depression. Poland's workforce is "increasingly prone to anxiety as joblessness soars in the wake of communism's collapse."

The ILO blames:

- Downsizing, mergers, layoffs, short-term contracts and higher productivity demands.
- New organizational structures and processes with unrealistic deadlines, poor management and inadequate child-care arrangements.
- People finding it hard to adapt to new technology and to keep up with constantly

changing working practices.

Seem familiar?

The problem is costing employers billions of dollars in sick leave and lost working time - increasing the pressures on the other workers, lowering productivity, reducing profits, increasing rates of turnover and costs of recruiting and training replacement staff.

Studies have consistently shown that 10 percent of the total population suffers from diagnosable mental or emotional disorder. The ILO report is about stress-induced disorders of employed people, a considerably smaller, and presumably more fit, population.

If physicians are among the bowed working, we can expect that we and our employers, our managers and our patients, will pay heavily unless we can: (1) Facilitate adaptation to new technologies. (2) Work with management to develop new work and management practices and set realistic deadlines. (3) Work with management and patients on downsizing, layoffs, mergers, short-term contracts and higher productivity demands.

The essence of reducing work-related stress in health care is to give physicians and others the authority that matches their responsibilities. Those who provide health care must have the authority to render it effectively, efficiently and ethically. Those who manage health care must have the authority to ensure efficiency and economic viability. People who receive care must have the authority to choose their physician and to do what is necessary to prevent illness and injury, to maintain their health, and to accept their agreed-upon financial obligations.

It is no secret that people who need medical care are under stress. Part of that stress is obtaining trustworthy and timely care. The University of California estimates that system-wide 25 percent of its students who leave school do so for medical reasons. A significant portion has little or no insurance. UC typically loses 9 percent of its incoming 20,500 freshmen during each of the first two undergraduate years.

UC's answer is to require all students, beginning next fall, to have health insurance. They will offer students packages costing \$400 to \$500 for year-round coverage. This will not replace campus student health services, which have been significantly scaled back over the past 20 years. Meanwhile, the student population is increasingly diverse and includes more international students, first generation immigrants, single parents, ethnic minorities, and "physically challenged" and older students with special needs.

A climate of mutually respectful negotiation, as the ILO report suggests, will not guarantee a stress-free environment for physicians, but it is essential to managing stress constructively.

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