



Voices of Medicine



By Del Meyer, MD

Why we attract foreign-trained MDs; handling physician stress; and becoming a patient.

American Medicine's Attraction

Dr. Lytton W. Smith, editor for the Orange County Medical Association, wrote on "The Freedom of International Medical Graduates" in the July, 2007, issue of *Southern California Physician*.

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The current debate on immigration reform has given me a chance to reflect on international medical graduates (IMGs). America's allure of prosperity and political and economic freedom has led many physicians trained overseas to the United States, including me, a Canadian.

After we arrived, the openness of American society allowed us to assume new roles, including as top leaders in organized medicine. This month, Satinder Swaroop, MD, becomes president of the Orange County Medical Association. Originally from India, Dr. Swaroop is the third IMG in the past seven OCMA presidents.

Many IMGs assimilate into various forms of medical practice, and when established, they long to participate in determining the direction of the profession. We remember our background and culture, but have adjusted our perspectives to acquire acceptance and support from our fellow physicians.

Daily, we use the confidence that inspired us to leave our "native land" - a phrase I borrow from the song "O'Canada" - to help advance healthcare in America.

The root of American freedom is the Declaration of Independence, a document I recently reread. It is a true masterpiece expressing the aspirations of a group of determined men to free themselves of a distant tyrannical force. Yet to assure the rights of individuals, American people created a complex system of laws.

In medicine, we also have a variety of pronouncements that we label principles, ethics or guidelines. These lack the enforcement component that laws have, but they give the practice of medicine some structure.

In addition, hospitals have bylaws, which are enforced by physicians elected to uphold the rules for governing themselves within their institutions. IMGs collaborate with U.S.-educated colleagues in developing these bylaws.

On behalf of IMGs this July - the month America celebrates its independence - I thank the physicians raised and trained in America for their acceptance and support. Their willingness to allow us to participate in the difficult debate about the future of this great

profession confirms the strength of the American dream.

Lead on Dr. Swaroop.

Dr. Smith's article can be found at www.socalphys.com/article/articles/494/1/

Physician Stress

Dr. Stephen Jackson writes on "Physicians, Heal Thine Selves: Wellness Becomes a National Agenda," in the Summer 2008 CSA Bulletin, of the California Society of Anesthesiologists)

...Consider that our own lives can be characterized as a chain of reactions or responses to a continuum of destabilizing demands. These stresses can originate extrinsically from our family, friends, colleagues, patients, work and other environments; or intrinsically from self-derived pressures that we consciously or unconsciously place on ourselves. A situation becomes stressful when we feel unable to cope with demands to which we feel compelled to respond.

Stresses emerging from the demands of our professional practices, if not dissipated by effective coping strategies, or counterbalanced by equanimity derived from how we live and manage our personal lives, have the propensity to make us more vulnerable to maladaptive behaviors, including, in the extreme, emotional disequilibria, burnout, chemical dependence, and even suicide. Historically, CSA and ASA have focused on drug and alcohol abuse and their more morbid sequelae. Although affecting only a small number of our colleagues, there certainly is justification for attention to these afflicted individuals, a significant proportion of whom are less than a decade out of medical school. Indeed, it has been estimated that our specialty loses over 3,500 life years from the combined mortality attributable to drug abuse and suicide! From a manpower perspective, this represents a huge loss of practice years for our specialty, but from a purely human point of view, this is a tragedy of staggering proportions, eroding the very minds and hearts of family and friends...

How do the ASA and CSA hope to accomplish their goals of achieving a satisfactory level of wellness for all of its members? A leading approach will be to develop a broad-based educational network to promote wellness and health enhancement (the basic elements of the Wellness Initiative)...

Read the entire article on the CSA website, www.csahq.org/pdf/bulletin/ednotes_57_3.pdf

Impatient Patients

Dr. Allan Bernstein reviews the book, *When Doctors Become Patients*, by Dr. Robert Klitzman (344 pages, Oxford University Press, \$35) in the Summer 2008 issue of *Sonoma Medicine*.

Do doctors make the worst patients? In his book, *When Doctors Become Patients*, Dr. Robert Klitzman begins by describing the depression he experienced after a traumatic death in his family. He was totally unable to recognize the classic symptoms. After all, he was a psychiatrist; he couldn't have a mental illness.

Klitzman goes on to interview, in depth, 70 physicians and medical students who had illnesses that ranged from HIV/AIDS and metastatic cancer to myocardial infarctions, chronic infections, leukemias and lymphomas. His subjects describe the transition from their vision of themselves as God-like beings to the uncomfortable and often degrading experiences they endured in hospitals and emergency rooms, even in their own institutions.

Two categories of illness appear early on: "medical student's disease" and "post-residency disease." The former is a syndrome of trainees, who fear they have the symptoms of the conditions they are studying. The latter is a denial of illness, no matter how glaring the

signs and symptoms. Post-resident physicians seem to practice selective denial in regard to their own health. Their workaholic personalities and sense of invulnerability often preclude objective assessments of their own health. Magical thinking is rampant: "If I don't have a biopsy, I don't have cancer."

After Klitzman's subjects acknowledged their illness, a common dilemma was whether to continue being the doctor, in control at all times, or to become a patient and cede that control. Many of the subjects ordered their own tests and imaging studies and prescribed their own medications. Others elected to let their physician run the show.

For those who ceded control, certain topics were difficult to discuss with their physicians. The subjects could admit to poor eating habits, failure to exercise appropriately and inconsistent medication compliance - but depression, substance abuse and unsafe sex seemed off limits. Many subjects would prescribe their own antidepressants and fill them at pharmacies where they were unknown. They would not submit these bills to their medical insurance for fear of others finding out. They knew that confidentiality, even in this age of HIPAA, is rarely observed. After all, if you're in the hospital, your chart is at the nurses' station, and your colleagues are making rounds and writing notes at the same site...

To read the entire book review, go to www.scma.org/magazine/scp/sm08/bernstein.html

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