

Preface

Altruism and self-governance, in addition to an evolving body of knowledge, are among the most important attributes of a learned profession. In medicine, altruism means placing the patient's interests above the physician's interest. Altruism also implies the responsibility of physicians to teach the learned profession to their students. The original Hippocratic Oath specifically identified this responsibility to pass on knowledge and wisdom. Self-governance has traditionally implied physicians' responsibility to be concerned about their colleagues' functioning and quality of care. For centuries, this responsibility took the form of "professional courtesy" in which physicians cared for colleagues, and often their families, without charging a professional fee. In the last part of the 20th century, this tradition gave way to insurance regulations, which precluded its practice in most situations.

Over the past half century, the commitments of the profession to meet the requirements for self-governance and altruism have eroded. Physicians have been extremely reluctant to respond to or identify dysfunctional colleagues. Physicians often fail to intervene when they sense a colleague may have mental health problems. Although over half of medical trainees experience an episode of depression, and a significant number have suicidal thoughts, the stigma associated with mental illness has posed a substantial barrier to students seeking aid. These concerns often prevent students from seeking counseling in institutional facilities unless truly confidential off-campus opportunities are created for the student to seek help.

This culture of denial of mental and physical symptoms among physicians is strongly internalized by students and subsequently becomes an important part of the behavior pattern of health professionals later in their careers. Long working hours, increased pressure to generate income in medical education, accelerating administrative responsibilities, and the shame/blame conundrum in medical education, have served to increase the stresses on health providers, particularly physicians and nurses.

Certain changes in the health care delivery system and in the health professions are beginning to ameliorate these problems. The substantial increase in the number of women in medicine has diminished the role of "machismo" and the "I-can-take-anything-that-the-system-dishes-out" mentality of male trainees. Limitations on the work schedule for residents, the introduction of patient safety, and quality improvement programs that emphasize the analysis of errors rather than blame/shame

mentality are all steps in the right direction. At the same time the increasing pressures to be financially productive while teaching—or to be funded for research in an increasing competitive environment—have exacerbated stress. And research scientists, who play such an important role in our academic health centers, are particularly stressed by the increased competition for diminishing federal research dollars.

In this context, altruism and self-governance take on new urgency and new meanings. Self-governance should entail increased attention to promoting wellness and self-care among one's colleagues, especially in our academic health centers. In order to be of maximum service to patients and society, altruism requires that physicians and scientists attend to their own well-being. There is no single explanation for either the high rates of burnout, depression, and suicide among health professionals, particularly physicians, or the psychological dilemmas, which are faced by our clinical and research faculties. What is encouraging, however, is the emerging focus on the importance of faculty health, especially mental health, and the need to better understand the factors which contribute to unhealthy situations.

There is no single answer to the challenge of faculty health. Illuminating the issue, validating its importance, and focusing the intellect of thoughtful individuals on solutions to these problems are important steps forward. In this volume a wide variety of experiences is discussed, and a number of theories are advanced with regard to the faculty health conundrum—from prevention and wellness to diagnosis and treatment. Like many issues in health and science, it is critical that specific hypotheses be advanced and careful efforts made to determine their validity through interventions that are as well controlled as possible. As with all elements of human behavior and human need, these are difficult issues to study. But solving these problems requires that we move from theory to well-constructed research and practice.

This volume offers important opportunities to identify the questions and, in many cases, suggest ways that solutions might be tested. It will be important to share the outcomes of interventions and best practices of the health and science professionals as we attempt to improve faculty health. This is a responsibility academic health centers have to their faculty and faculty in the health professions have to themselves and each other. In the 21st-century academic health center, self-governance requires organizational health and commitment to the well-being of faculty. And altruism—serving others and educating new professionals—requires self-care and care for one's peers.

Kenneth Shine
Executive Vice Chancellor for Health Affairs
Interim Chancellor
University of Texas System
Austin, Texas, USA



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