Doctors facing exhaustion or psychosocial difficulties: study of 120 doctors accompanied by a dedicated French network with a global health approach

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Being a doctor and staying a person

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This study is a systemic and retrospective analysis of situations under the care of one physician from the Association MOTS whose functioning remains on medical confidentiality and a code of ethics.

Aim: in France, is this useful and which lessons and perspectives can we draw from the first feedback regarding this model of intervention?
Association MOTS (24h/24 – 7j/7) : its specificity

- A process of humanistic support and of confraternity (fits in the principle of confraternel assistance)
- A comprehensive, reflexive and systemic approach that integrates the individual, the professional and the caregiver
- Skills in the field of occupational health
- The ‘Médecin-MOTS' does a clinical supervision with the psychiatrist of our structure (possibility to make 7/7)
Méthodology

» Retrospective and quantitative descriptive study:
  > 120 doctors
  > Between January 2012 and March 2016

» Systemic and reflexive approach
Gender:

> 58 ♂ vs 62 ♀
> Average age = 51 y/o (n=116)

♂ 53,9 (moy.) ; médian 57 ans
♀ 48,2 (moy.) ; médian 47 ans

> Stat. Dispersion of ages ++ in female: 25 to 69 y/o vs 36 à 67 y/o in male doctors.
Statistical Results

» 52% GP
» Répartition by specialties (except GP) :

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Characteristics and duration of support

**Telephone consultation +++**

- Average Number of calls by doctor = 3.5
- For 4 doctors:
  - > 15 phone consultations

**Consultations in face to face : 17%**

- Various places:
  - At the calling physician's workplace ++
  - MOTS doctor's cabinet
  - At the calling physician’s home
  - others

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Terms and duration of support

» First consultation always based on call

» often 1H-1H30

» Active and empathetic listening++

» unique : 10%

» Initiated by a third party: 8%

» No contact possible (after 1st call MOTS) : 2,5%
Situation of physicians at the time of the 1st call to MOTS:

- en activité
- en arrêt maladie
- en invalidité
- hospitalisation en cours
- retraité
- sans activité ou entre 2 remplacements
**Context**

» Burnout / Sd AD : 52%
» Conflicts : 20%  > abuse / complaints : 12,5%
» Financial difficulties : 20%
» Suicidal thoughts / History of suicide attempt : 11%
  > 2 emergency +++ with 1 enforced hosp.
» Addictions : 7%
» Prévention (primary / secondary) : 2 cases
» Professional retraining wish : 23% !!
Context:

» Sense of impasse / loss of bearings / loss of self-esteem
» Complex and multifactorial problems : 50%
» Anti-anxiety and anti-depresseur automedication spontaneously reported : 15% (more ??)
» Research help and support from a colleague
Focus burnout :

» Professional over-investment and non-recognition (patients, public authorities,..)
» auto-requirement of infallibility, hyper availability
» Difficult to say “no”, set limits
» Feeling of no flexibility
» paradoxical injunctions or conflicts in values
» Loyalty conflicts / feelings of inadequacy, guilt, anxiety, irritability and fatigue
» Professional group exercice not necessarily protective ...
Medical care and miscellaneous orientations:

Fig. 5 - Types d'orientations préconisées

6% hospitalisation
Discussion and Conclusion:

» This structure of help and support for doctors meets a demand regarding liberal and salaried doctors and goes beyond calling doctors alone.

» Seasonality in the first calls (spring and autumn) = periods sending brochures in march-april

» The calling doctors are in a situation of "doctor-patient" supported by a "third party-doctor".
Discussion et Conclusion:

» In France, this is a new and specific role: a doctor accompanying the other doctors in a personal project of psychosocial health. He practices a new discipline which is carried out within a multidisciplinary network specialized in occupational health.

» This new discipline could be named for example “médecin-ressource.”
And primary prevention?...

» Learn in the University that any physician is fallible and learn from our mistakes as learn to ask for help
» teach about the liberal exercise, balance private life / career
» Parrainage?
» Balint Groups
» Promotion of the overall health of caregivers
» Implementation of epidemiological tools on physician health
To stay "caregivers", doctors have an individual and collective right to take care of them. This is a societal duty, and it is also a public health issue.
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