Association MOTS (Médecin Organisation Travail Santé): Feedback on the follow-up of doctors facing difficulties, medical support and prevention measures

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Being a doctor and staying a person

April, 24&25th 2017 - Paris
Objectives

✓ Assistance for doctors presenting occupational and/or personal dysfunctions specific to medical practice,
✓ To propose appropriate medical support,
✓ Pluri-disciplinarity (medical, social...)

Means

✓ *Occupational physicians*, supervision with a psychiatrist
✓ *Confidential* interviews (63), phone calls (35) and mail exchanges (19)
✓ *65 doctors* during two years (2015-2016)
Private physicians, the “first target” (57%), salaried doctors (23%) and hospital workers (20%).

Women (66%), men

General practitioners (63%), specialists

From 25 to 69 years old,

Junior doctors (6%), retired doctors (3%),
Confidential Follow up

✓ **First Call : a Call for Help :** Isolation and guilt
  • Valide and eliminate an emergency (alcoholism, suicide)
  • Guide MOTS ([www.association-mots.org](http://www.association-mots.org)) : MBI test, surveys

✓ **First interview or phone call : 1 hour**
  • Professional and personal life and health events
  • Occupational dysfunctions
  • Propose appropriate support : « open new horizons »
    medical care, professional project, institutional relations, social ...

✓ **2d or third interview or phone call if necessary**
  • Evolution / health : amelioration or not (hospitalisation)
  • Work organization , social and financial situation
Medical Evolutions and Occupational Risk Factors

Demographic evolution and work intensification: More with less

- Medical penury, especially in rural or mountain areas
- Ageing of doctors, long studies,
- Feminization, especially for 31-40 years old women: overwork and burn out, motherhood and family caring (10/13)
- Part times
- Wear or deception

A Great Time Pressure
Private practice

- Medical penury, rural and urban areas
- Disorganization, lack of supply physicians (holidays, sick or maternity leave, retreat)
- Overwork even with part-time work or 2 part-time (1 or 2 days in nursing home)
- Personal and ethical conflicts with associates, council, institutions,
- Fear of medical error (emergency and end-of-life care)
- Fear of leaving patients (sick leave)
- Legal proceedings
- Lack of prospects for the future, deception
- Financial or social issues (precarious situations).
Salaried and hospital doctors

- Psychological workplace risk: Conflicts (7/15): hierarchical (5/15), colleagues (2), value conflict
- Moral harassment (2),
- Lack of consideration (human and/or financial)
- Overwork by accumulation of functions: Overwork even in part-time, or two part-time
- Understaffing: reorganization, posts restrictions
- Dismissal or resignation (salaried)
- Professional transfer (hospital)
Personal Factors

- Traumatic antecedent: beaten child (2)
- Dictated medical studies (2)
- Familial difficulties: splits, death or serious illness (children (2), brother or sister (2), mother or father, all age...)
- Social and financial difficulties: precarity (3), jobless spouse (7), financial negligence (unpaid taxes (2), ruin (2))
- Social, solidarity or sport commitments, protection or risk factor (sport accident, overwork)
- Artistic commitment: protection
Psychological Factors

- Anxiety, insomnia, depression, somatic problems,
- Personality (obsessive disorder...)
- Burn out, Addiction,
- Denial, deadlock
  - I can’t say NO to my patients, chief, colleagues, family...
  - I can’t go on but I can’t stop, I feel guilty
  - I have no time, no money,
  - It’s not possible

Working to live or living to work?
No or few medical care: no general practitioner,
Short and delayed sick leave or maternity leave, miscarriage or premature delivery (5)
Chronic somatic disease: cancer (3, one death), diabetes mellitus (2), heart disease (2), pulmonary embolism (1), rheumatoid arthritis (2)
Mental illness: depression (18), bipolar disorder (2), suicidal thought (2)...
Addiction (alcohol 2, morphine 1)
Serious traffic or sport accident (2)
Doctors suffer from isolation and guilt.

- Attentiveness,
- Raise awareness,
- Systemic approach,
- Professional reorganization, change of practice,
- Physical and psychical care, general practitioner, healthy way of life,
- Medico-social and medico-legal-administrative orientations to be structured for more efficiency.
Clinical Case

Docteur L, general practitioner man, 43 years old, married, 3 children

Work story:
- 1992-2000: medical studies, one difficult period,
- 2000-2016: alternative private and salaried doctor
- 2015: overwork, exhaustion, anxiety, fear of medical mistakes,
  « I can not say stop or no, I like medicine especially pediatry
  and my job but I would better stop …

1st Appt:
- MBI test: high 3 scores, exhaustion, depersonalization and diminution of personal accomplishment
- Work organisation and relationship patient surveys: problem with end of life and geriatric people
- Health survey: good health except anxiety
- Advice: psychiatric follow up, work reorganisation

2d Appt: 6 months later (twice delayed/patient, summer, no time)
  Worsening situation, insomnny, panic attack, hospitalisation.

3d Appt: phone call: 9 months later
  Stop private activity, salaried doctor, continuous training, feel better
Doctors are subject to strong professional requirements and need to be accompanied.

Overwork and exhaustion result from the degradation of working conditions with major disequilibrium of the balances efforts / rewards (stress), and constraints / resources (burn out).

Future: Primary prevention, health promotion during initial and continuing education, and mobilization of health actors and decision-makers in response to this challenge during the whole professional life:

Keeping physicians in good health to provide good care.

Thank you for your attention