

# Perfectionism in Doctors

## Is Being Good Enough

### *-Enough?*

Mike Peters, UK

Andrée Rochfort, Ireland

Frieder Wurst, Austria

## **Physician wellness: a missing quality indicator**

*Jean E Wallace, Jane B Lemaire, William A Ghali*

When physicians are unwell, the performance of health-care systems can be suboptimum.

Physician wellness might not only benefit the individual physician, it could also be vital to the delivery of high-quality health care.

We show that health systems should routinely measure physician wellness, and discuss the challenges associated with implementation.

*Lancet 2009; 374: 1714–21*

ISI **QUOTE  
OF THE WEEK**

*'Policies come and go, but what doesn't come and go is clinical need' – Dr John Pittard on drive to improve practices*

# Fear of inquiry drove GP to 'horrifying' suicide

A feeling that he had not done enough to save a patient's life led a GP to take his own, an inquest has concluded.

Dr Mark Gradwell, a GP in Poynton, Cheshire, committed suicide in May by throwing himself in front of a train.

His GP, Dr Sylvia Glass, told the inquest last week Dr Gradwell had taken a complaint about his care of an elderly patient as a 'personal attack'.

Even though he had been cleared after an investigation by Eastern Cheshire PCT, he did not believe he had been fully vindicated and the thought of his family being dragged through a public inquiry was making him unwell.

In a written statement, Dr Glass said Dr Gradwell diagnosed himself with 'full blown

clinical depression' for which she prescribed anti-depressants.

The deputy coroner for Cheshire, Dr Janet Napier, recorded a verdict that Dr Gradwell took his own life while the balance of his mind was disturbed and gave his cause of death as multiple injuries.

She said: 'In his own mind he hadn't lived up to his very high standards he set for himself and wouldn't listen to anyone saying what he did was the right thing.'

'It is absolutely horrifying that this can happen to someone who has given their all so conscientiously for years and years.'

A suicide note addressed to his family hidden under plant pots in the greenhouse at their home lay undiscovered until a



**Dr Mark Gradwell: tragic suicide**

week after his death.

Dr Gradwell's wife, Kathryn, a nurse, told the inquest her husband had 'written that he had failed in his duty to his patient and therefore he had

failed us and didn't want to put us through an inquiry.'

Mrs Gradwell said her husband had been working 12-hour days, because of absences at the practice.

During that period he saw an elderly patient and arranged for her to be admitted into a nursing home, instead of hospital, as he couldn't find anything 'acutely wrong' with her.

'He visited the lady a few days later and sent her to hospital where she got better initially but died a few weeks later,' Mrs Gradwell said. 'He felt he hadn't done the best he could.'

She added: 'In the few weeks before he died he talked it through with a colleague, and me, and was feeling better.'

'We were making plans for the future.'

# Perfectionism-aetiology

- Childhood beliefs: not valued or loved enough by parents
- Only by being the “perfect” doctor can we overcome fears and feelings of impotence and self doubt which may overwhelm us
- Feelings of guilt-that we are personally responsible for everything that happens to patient

# Perfectionism-aetiology

- Our own anxieties and fears about death-need to triumph over the patients' illness for our own sake
- "Helping profession syndrome" (Malin) 'compulsively gives to others what he would like to have for himself, which ... leads to a severe deficit in the emotional balance of payments'

# Stresses of doctoring

Inherent double bind 1

*To be a good doctor one needs to be able to relate to patients (capable of empathy and humanity)*

Yet;

*To survive emotionally one needs to be detached from their pain and suffering*

# Stresses of doctoring

Double bind 2

*Higher levels of self criticism associated with high rates of depression*

Yet;

*Need doctors to be obsessional / self critical to avoid errors and omissions and mishaps*

# What is perfectionism?

- **Normal perfectionists**

- set high standards for themselves but drop their standards if the situation requires it

- **Neurotic perfectionists**

- never feel that they have done their job well enough. They are very intolerant of mistakes and extremely self-critical, setting themselves up for failure

Sounds familiar?!



# Neurotic perfectionism-maladaptive

- Depression
- Alcoholism and substance abuse
- Coronary Heart Disease
- Obsessive-compulsive disorder (OCD)
- Suicide
- Anorexia nervosa



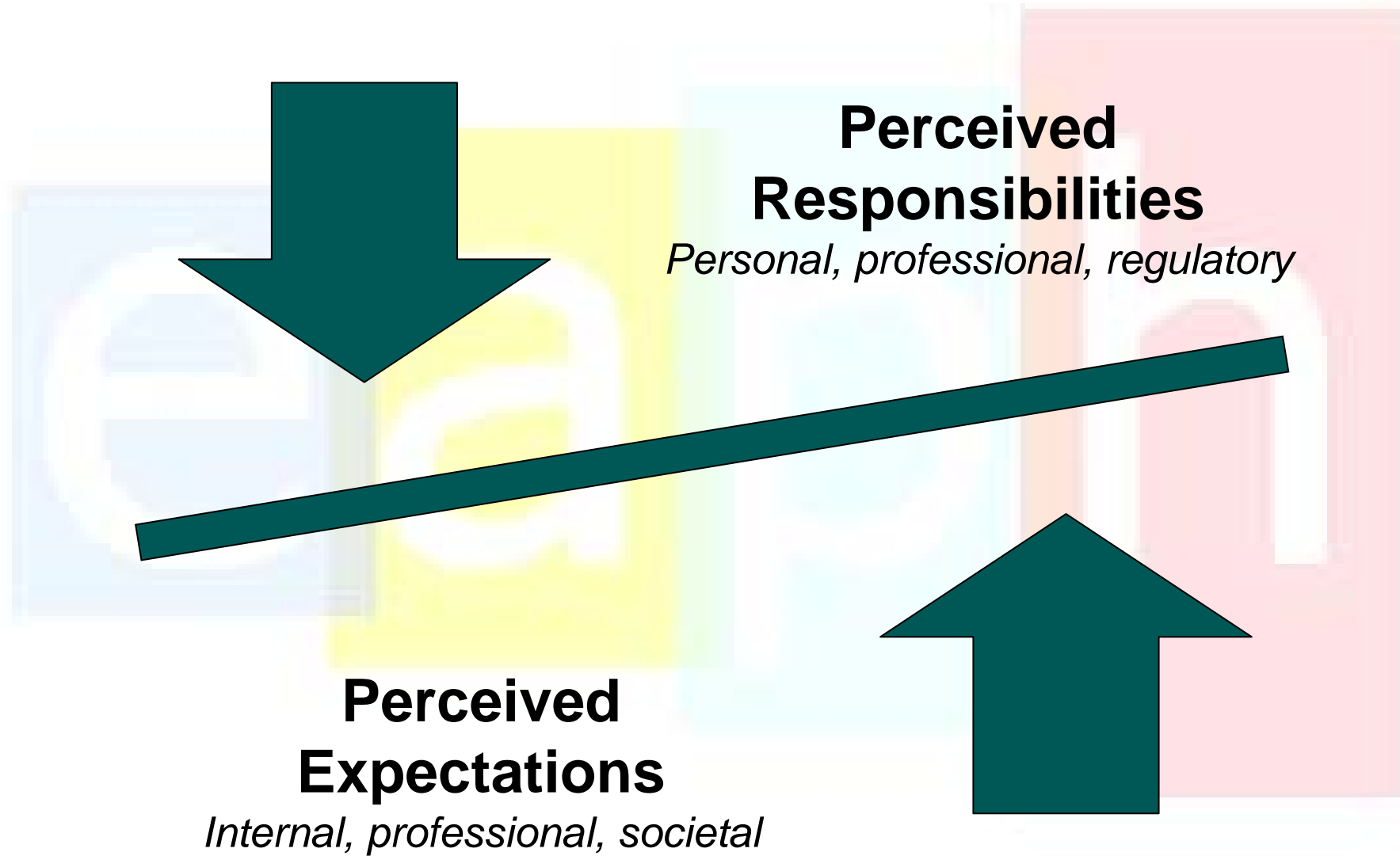
# Good enough?

- Good enough is not mediocrity
- It is a way to drive ongoing improvement and achieve excellence by progressively meeting, challenging, and raising our standards as opposed to driving toward an illusion of perfection
- Being an excellent doctor should not compromise a good enough personal life

# Who does it affect?

- Some specialties have to live with “imperfection” more than others- e.g. GPs see undifferentiated problems and manage multiple morbidity
- Doctors have to live with calculated risk and uncertainty
- Doctors have to accept responsibility but not ALL responsibility for EVERYTHING

# Getting the Balance



# Fear of Failure

- Professionalisation gives us a sense of individual responsibility to deliver perfect care that withstands the scrutiny of peers
- This responsibility must be maintained over the entire course of a career without fatigue, frustration, anger, illness, error or failure
- Perfectionism may be driven by a Fear of Failure to fulfil this responsibility

# Blurred Boundaries

- **Professional failings** (incorrect diagnosis) can be interpreted by a doctor as a personal failing, though many are systems failures according to incident reviews
- **Personal failings** (sickness, debt, error, marital breakdown, addiction, family conflict) can be seen as reflecting some professional failing

# Image V Persona

- Pressure to *display* Personal + Professional competence is very strong in doctors
- “People – Pleaser” characteristics are endemic in medicine
- Image and reputation is central to self esteem
- Therefore, help is not sought for difficulties or is sought late

# Vulnerability

- Personal – Professional vulnerability is concealed and denied
- Impact of a negative event can be catastrophic, for example:
  - When an incident occurs which challenges the doctors quest for continuous perfectionism it can be the straw that breaks the camels back
  - When a comment is made by anyone that might threaten the doctors image of perfectionism it is repelled



# Missed opportunities.....

- Displaying Perfectionism may inhibit offers of help or queries of concern from others
- Colleagues pick up on issues late
- Families / friends reluctant to intervene
- Consider how we might avoid these 'Missed opportunities.....'

# Small Group Tasks

1. Can you identify perfectionist traits in yourselves, both in the workplace and in your personal life?
2. Do you think perfectionism is a positive or negative trait? Consider both doctor and patient perspectives
3. What would it feel like if you could escape from your perfectionist feelings and drive?