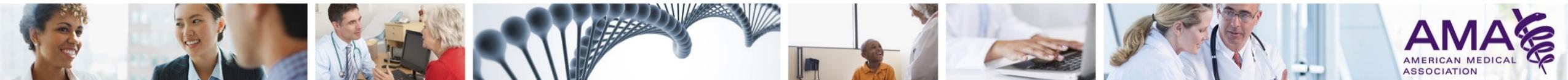


The Aging Physician: Possibilities and Perils



Facilitator:
Nancy W. Dickey, MD

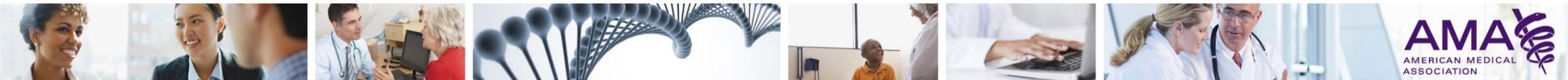
Former President,
American Medical Association



Speaker:

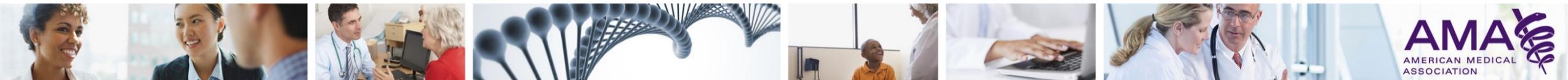
Glen O. Gabbard, MD

Clinical Professor of Psychiatry Baylor College of Medicine



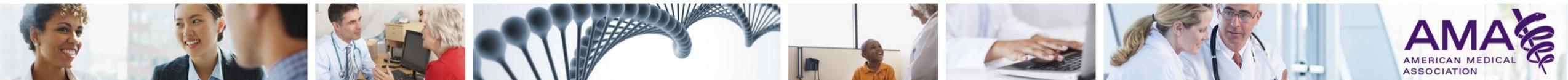
Speakers' Disclosure

The content of this activity does not relate to any product of a commercial interest as defined by the ACCME; therefore, there are no relevant financial relationships to disclose at this time.



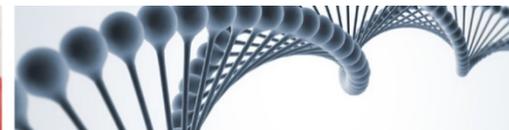
Objectives

1. Identify the common psychological characteristics of physicians.
2. Describe the challenges that aging and retirement present to physicians.
3. Propose strategies to deal with the balancing of work and leisure time as one enters retirement age.

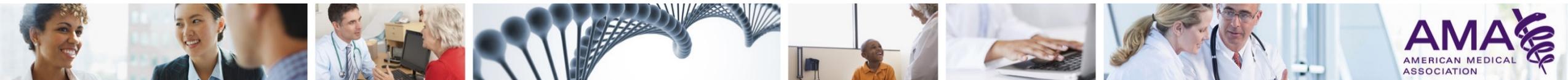


Medicine as Identity

- For most of us the practice of medicine is more a calling than a job.
- Being a physician is often at the core of who we are.
- Retiring or slowing down may be equated with losing one's sense of purpose or even one's sense of self.

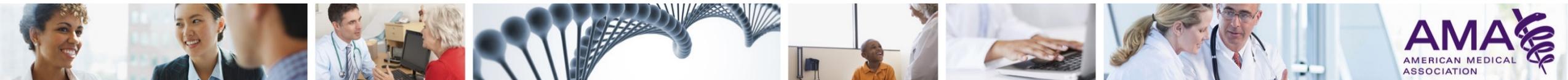


“Don’t ever give up your license”



A Paradox

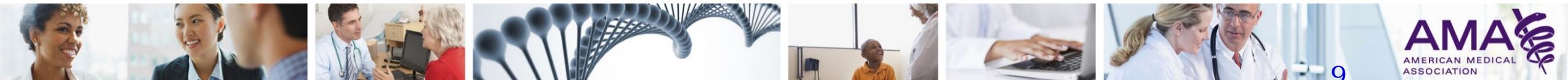
- It is the profound gratifications that medicine offers that make aging a challenge.
- The psychological characteristics that make for a good physician also make it hard to stop working.
- We have a need to be needed.



Background

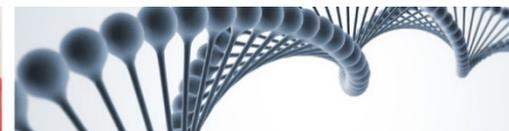
Colorado Workshops in the 1980's

- The role of compulsiveness in the normal physician – *JAMA*, 1985
- The psychology of postponement in the medical marriage – *JAMA*, 1989
- Medical marriages – 1988
(with Roy Menninger)



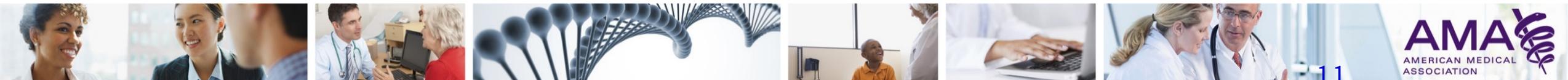
Evaluation & Treatment of Professionals

- 1990 – Founded Professionals In Crisis Unit at the Menninger Clinic
- 1985-2001– Began outpatient evaluations of impaired professionals sent by licensing boards, hospital risk management committees, ethics committees, and churches.

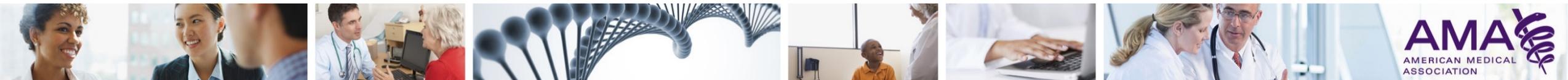


Evaluation and Treatment of Professionals (cont.)

- 2001-2011 – Director, Baylor Psychiatry Clinic-outpatient evaluations
- 2011-Present – The Gabbard Center: three-day multi-disciplinary assessments of physicians
- The Physician as Patient (2008) (with Michael Myers)

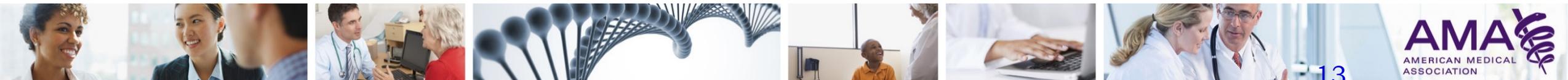


PERILS



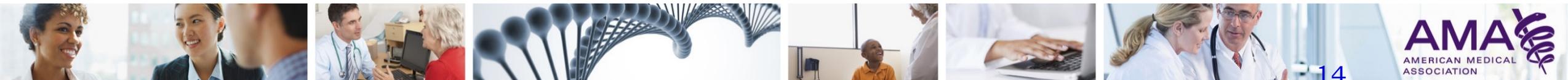
Compulsiveness and Perfectionism

- “The most important quality of a physician is compulsiveness.”
- A psychological vulnerability of physicians and other high-achieving professionals.
- Society’s meat is the physician’s poison.



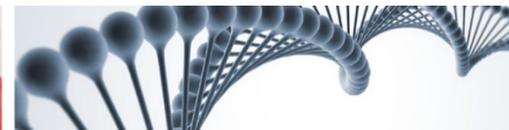
Compulsive Traits

Excessive devotion to work and productivity to the exclusion of leisure activities and friendships.



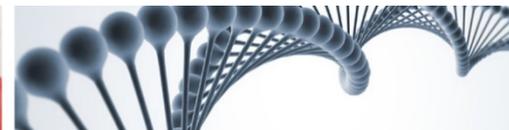
Compulsive Traits (cont.)

Reluctant to delegate tasks
or to
work with others unless they submit
exactly
to his or her way of doing things.



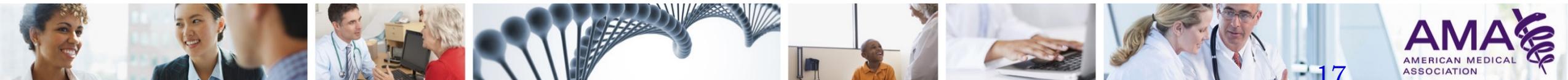
Compulsive Traits (cont.)

- Rigidity and stubbornness
- Perfectionism that interferes with task completion



Compulsive Traits (cont.)

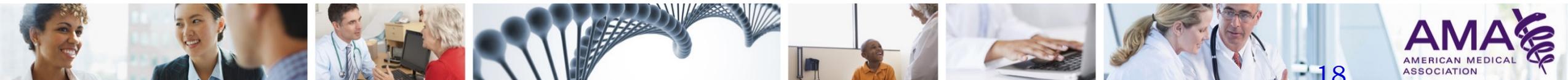
Over conscientiousness, scrupulousness, and inflexibility about matters of morality, ethics, or values (not accounted for by cultural or religious identification).



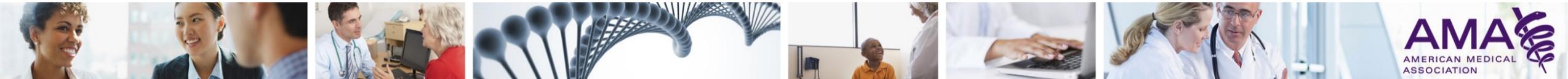
Triad Of Compulsiveness

- Doubt
- Guilt feelings
- Exaggerated sense of responsibility

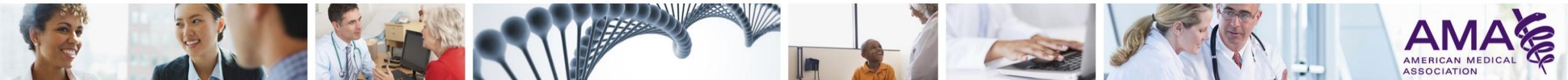
(Gabbard GO: The role of compulsiveness in the normal physician, JAMA 254: 2926-2929, 1985)



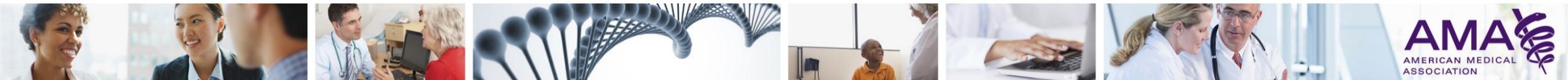
DOUBT



Guilt Feelings

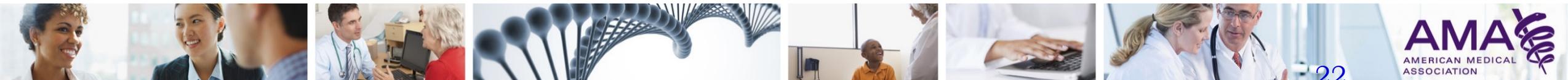


An Exaggerated Sense of Responsibility



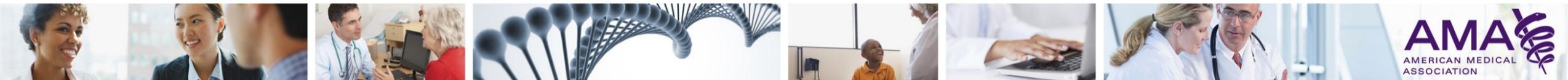
Origins of Compulsiveness & Perfectionism

- Workaholic tendencies reflect the belief that only through heroic efforts to achieve extraordinary heights in one's chosen profession can love and approval be obtained.
- Childhood conviction that one did not try hard enough leads to an adult feeling that one is chronically “not doing enough.”

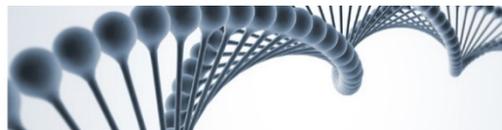


Affect Phobia

- Any type of affect state risks driving people away, “losing control,” and humiliating oneself.
- Pride is taken in “self-control” and always keeping emotions in check.

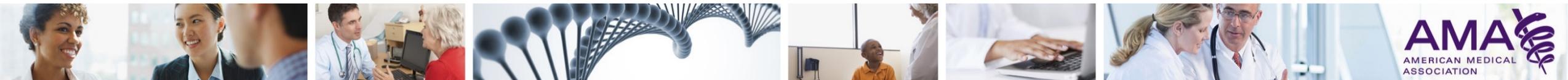


“I think she knew my feelings.”



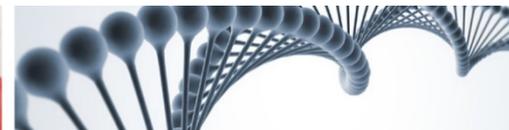
Perfectionism

- Despite cultural sanctions, perfectionism is not adaptive.
- Perfectionism is a vulnerability factor for depression, burnout, suicide, and anxiety.
- The desire to excel must be differentiated from the desire to be perfect.

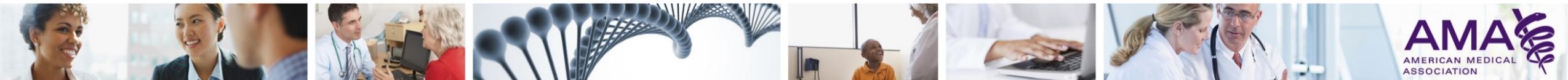




Dr. Jonathan Drummond-Webb, renowned pediatric heart surgeon, commits suicide at the age of 45.

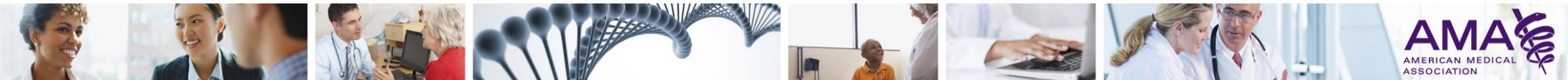


Dr. Jonathan Bates, Chief Executive Officer of Arkansas Children’s Hospital, said Drummond-Webb worked tirelessly to save his patients: “Some would say they saved 98 out of 100.” He looked at it and said, “I lost 2 out of 100.”



**“The perfect is the enemy
of the good.”**

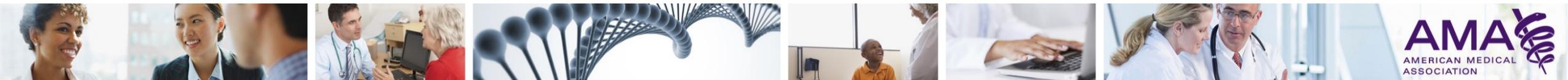
- *Voltaire*



Perfectionism (cont.)

- Believing that others will value you only if you are perfect is associated with both depression and suicide.
- It contains an element of pressure associated with a sense of helplessness and hopelessness.
- “The better I do, the better I’m expected to do.”

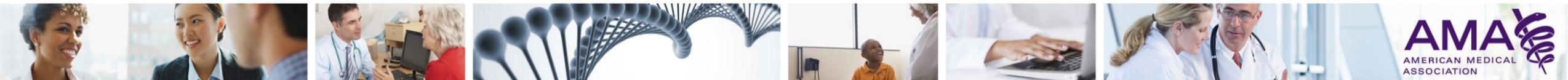
- *Flett & Hewitt, 2002*



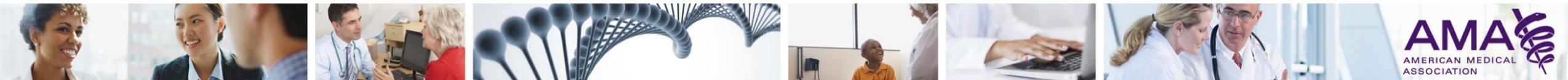
Perfectionism (cont.)

- Perfectionistic people rarely seem satisfied with any of their achievements.
- They are driven more by a wish to gain relief from a tormenting conscience than by a genuine wish for pleasure.
- They are haunted by an imaginary audience.

(Gabbard 2014)



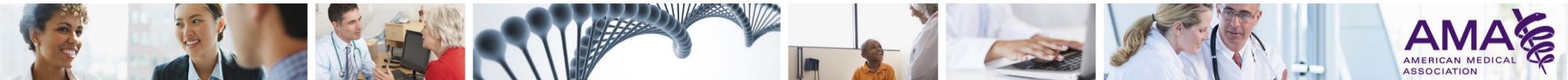
“What will people think?”



Perfectionism (cont.)

- Workaholic tendencies are related to an unconscious conviction that love and approval can be obtained only through heroic efforts to achieve extraordinary heights in their chosen profession.

(Gabbard 2014)

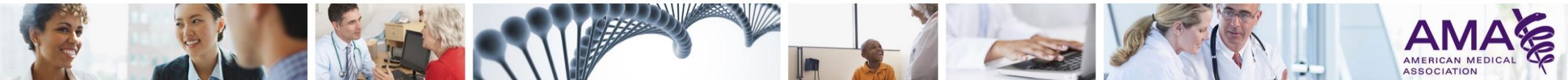


IMPACT ON FAMILY AND LOVED ONES

Psychology of Postponement

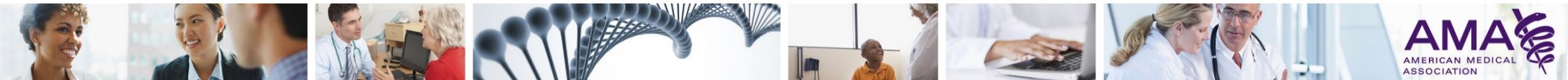
- A major means of coping— things will get better in the future.
- This expectation leads to cynicism and disillusionment in both the physician/researcher and in significant others and family members.

Gabbard G & Menninger R: The psychology of postponement in the medical marriage. *JAMA* 261:2378–2381, 1989

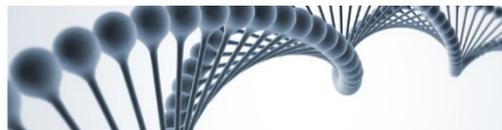


Psychology of Postponement

- Anxiety about the future and meeting deadlines interferes with the enjoyment of one's life.
- Appreciating the “lived moment” is a challenge.
- Afraid of intimacy—work provides structured relationships with physician in charge.
- Females MD's are as prone to this thinking as male MD's.

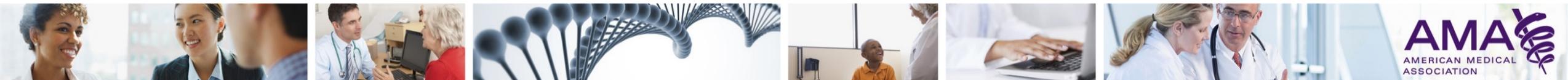


“When I look in her eyes, it’s like she’s not really there.”

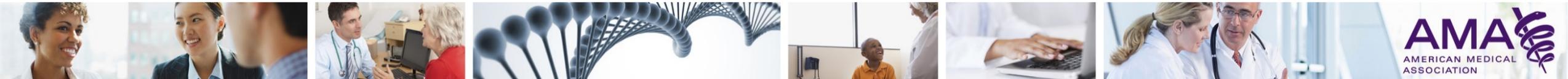


Consequences

- Burnout, Depression - “It’s a job.”
- “Joyless Striving”
- Few vacations unless tied to CME
- Estrangement from partner or spouse
- No hobbies or interests outside of medicine.
- Dread of retirement-fear of becoming irrelevant; “I don’t know what else I’d do.”



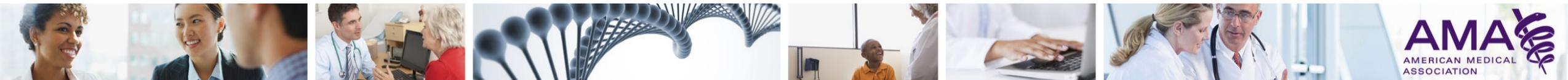
Possibilities



Recent Finding

- A rigorous survey of 7288 US physicians regarding work lives, satisfaction and burnout divided sample into early, mid, and late career groups.
- Late career MD's were the most satisfied and had the lowest rates of distress.

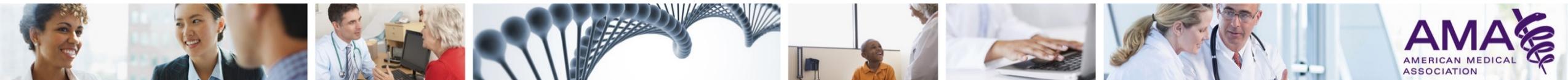
-Dyrbye et al: Mayo Clin Proc 88:1358-1367, 2013



Definition

- What is successful aging?
- No consensus except that longevity is necessary but insufficient.
- Physical functioning is included in nearly all definitions.
- But “successful aging” is more of a psychological construct.

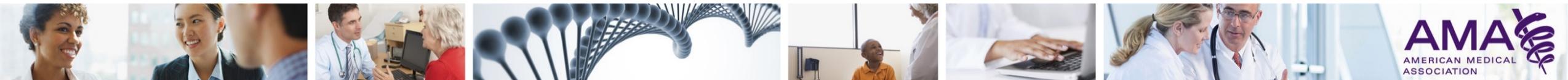
-Depp and Jeste: Am J Geriatr Psych 14:6-20, 2006



Definition (cont.)

- Even though most of us will have some type of chronic illness, cognitive and emotional adaption to illness is part of successful aging.
- Optimism and purpose in life—some linkage between positive outlook and mortality risk.

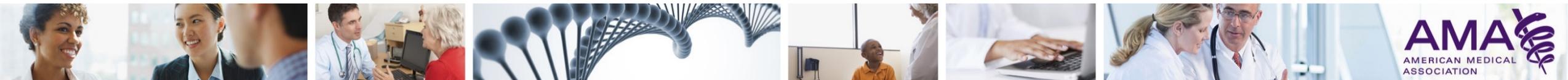
-Depp and Jeste: Am J Geriatr Psych 14:6-20, 2006



Brain and Cognitive Reserve

- Brain reserve refers to the amount of damage to neural tissue that can be withstood while preserving function.
- Cognitive reserve is the brain's ability to adapt to damage, such as recruiting new brain regions to take over.

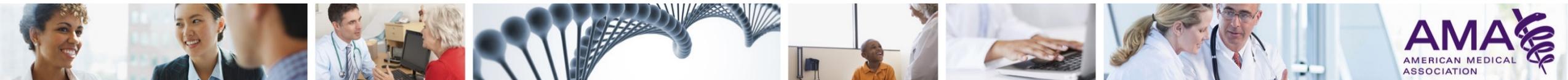
-Depp and Jeste: Am J Geriatr Psych 14:6-20, 2006



Interventions

- Physical activity, caloric restriction, cognitive stimulation, meditation, and social interventions appear to increase cognitive and emotional health in the aging.

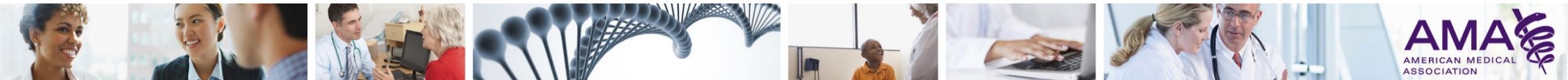
-Depp et al: Annual Rev. Clin. Psychology 6:527-550, 2010



Harvard Study of Adult Development

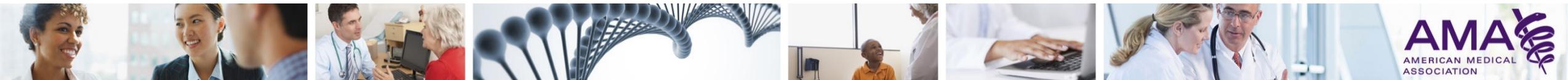
- Involved following 724 men for 60 years, many of whom became physicians
- A key to successful aging was Erikson's notion of generativity: one looks after the next generation

-Vaillant GE: Aging Well, Little Brown 2002



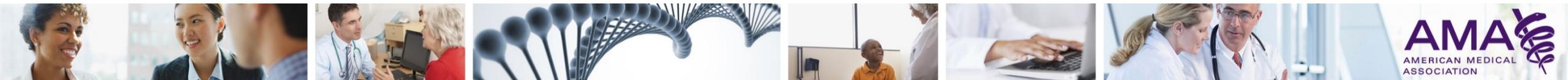
Retirement vs. Work

- Whether you retire or not, make time for living.
- William Saroyan: “In the time of your life, LIVE.”
- Don’t postpone.
- The 60’s and 70’s are time for harvesting-spend money on those things you have postponed.



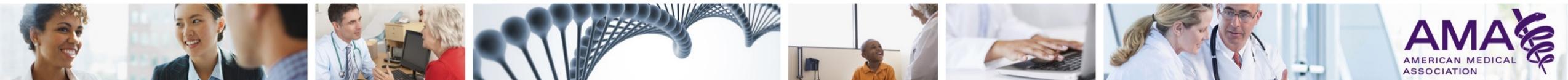
Retirement vs Work (cont.)

- Retirement should not be about leaving something— it should be about going to something.
- Whether you work part-time, not at all, or full-time, have a plan about what gives you joy.
- As Voltaire said in *Candide*, cultivate your garden – your children and your grandchildren are your legacy.



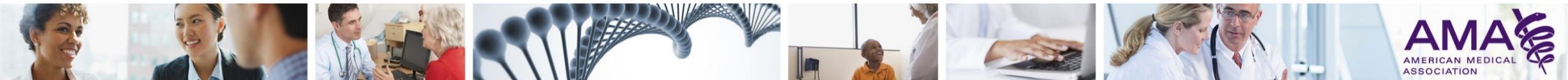
Retirement vs Work (cont.)

- Don't be enslaved to an imaginary audience – do what YOU want to do.
- You have nothing to prove: you have run the race and are no longer in competition.
- Carpe Diem: live in the now.
- If there's someone you've been meaning to contact, do it now!



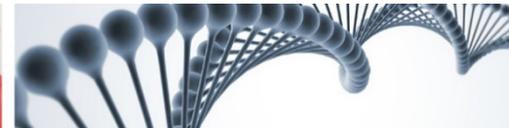
Retirement vs Work (cont.)

- Stay connected to those you love and be picky about how you spend your time.
- Study dogs - they teach you how to live.
- Cultivate new hobbies and interests.
- Educate yourself.



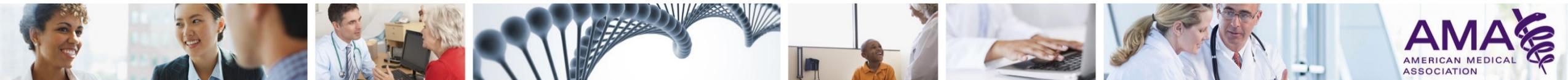
“The fool, with all his other thoughts, has this also: he is always getting ready to live.”

- *Epicurus, 341-270 BC*



Panelists

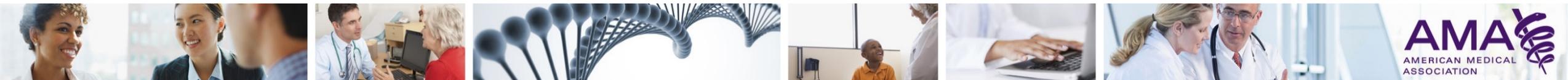
- **Louis J. Kraus, MD**, Chair-Elect, AMA Council on Science and Public Health
- **David J. Welsh, MD**, Vice Chair, AMA Organized Medical Staff Section
- **Lt. Col. (CA) Ronit B. Katz, MD**, Chair, International Medical Graduates Section



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