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Ethics 102 – Part 1

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The Ethics of the Doctor/Patient Connection
Getting it Right!

PART I - THE DOCTOR

CARING FOR OURSELVES

“A survey of 2,000 U.S. physicians released in September found that roughly half believed they had met criteria for a mental health disorder in the past but had not sought treatment. The listed a number of reasons they had shunned care, including worries that they’d be stigmatized and an inability to find the time.”

“Why doctors are leery about seeking mental health care for themselves”;
The Washington Post; Nathaniel P. Morris; January 7, 2017

One of the secrets to a successful AND ethical practice is to take good care of ourselves.

The focus of this course is on US as doctors!! We will take the time to investigate how we can be the most successful, healthy, happy and ethical we can be. The first and most important step in getting the ethics of the doctor/patient connection right is to make sure that we are doing everything possible to take excellent care of ourselves. We are, in essence, healing machines!! If we are in tip top shape physically, mentally and emotionally AND know ourselves and are aware of our needs, then and only
then can we be there fully for those who come to us. Let’s read what one M.D. discovered about her practice and her life and how she took care of herself almost too late...

A Doctor’s personal story:

“Ten years ago, I was an emergency medicine resident and wanted to die. When my depression hit bottom and I became a serious risk to myself and my patients, my chief resident asked me to take a stress leave.”  (note: this is unusual – if one practices alone, then few might be aware of how serious our situation is and even fewer feel comfortable speaking to us about it.)

“On impulse I went on a solo tropical vacation and one night at the resort, as I watched an exuberant group of salsa dancers burning up the stage, my eyes filled with tears. I suddenly remembered that when I was a little girl, I practiced incessantly in the basement to my ABBA records, preparing myself for the moment that I would live my dream and finally become a “Solid Gold Dancer.” That night, in that darkened tropical theater, I knew how I would save my life.”

“I went home, resigned from my residency, got my license to practice as a GP, and signed up for my first salsa dance class. I never imagined that I’d end up with my own flamenco dance company in Mexico, commuting back and forth across the continent every couple of weeks in order to both dance and continue practicing medicine (as I did for the last four years), or that I would write a book...” by Susan Biali, physician and author of Live a Life You Love: 7 Steps to a Healthier, Happier, More Passionate You.

• This doctor did not see depression coming on until it was almost too late. This is not unusual – we tend to minimize anything negative when it comes to us.
• What we can learn from this individual’s story is that when practicing has become joyless or even worse if a provider feels trapped, depressed, burned out or maybe they even want to die, then this becomes a problem for all of us.
• This personal story is not something out of the ordinary.
• Providers today are under more stress financially and in many other ways than ever before.

“People who are struggling to cope with workplace stress may place themselves at high risk of burnout. Burnout can leave people feeling exhausted, empty, and unable to cope with the demands of life. Burnout may be accompanied by a variety of mental and physical health symptoms as well. If left unaddressed, burnout may make it difficult for an individual to function well in their daily life.”

“How To Tell You Have Reached the Point of Burnout”; Elizabeth Scott, MS; Updated August 27, 2019; Medically reviewed by Steven Gans, MD; verywellmind website
Professional education regarding caring for ourselves is lacking

- Our professional education generally does not involve looking at ourselves critically, nor does it guide us in the ways we need to look out for ourselves as we are caring for people.
- In a recent study (1), psychiatrists noted that four percent of entering medical residents were diagnosed with depression, a rate comparable to the public. That percentage ballooned to 25 percent after a single year.
- Burnout is especially tough for physicians because many fall into what Peter Moskowitz, MD, director of the Center for Professional and Personal Renewal in Palo Alto, Calif., and a physician career counselor, calls 'the John Wayne School of Medicine.'
- Because we are trained to solve problems ourselves, we unconsciously believe it's a sign of weakness to ask for help."
- Depression among doctors, especially women, is very high. The suicide rate is highest among women practitioners.

DISCUSSION: Our formal education is seriously lacking in guiding us in the ways we need to care for ourselves. What can we do to help ourselves and one another, to be able to practice in ways that enrich our lives as well as to help others for the long haul? Keep in mind, the stress of being a healthcare provider is greater than that of an employee. An employee can usually blame someone at work for a multitude of things AND they can always quit. Keep reading and you will learn there is much we can do to help ourselves!

This seminar will focus on ways to ensure that we stay healthy physically, mentally and emotionally for the entire length of our practice career. We will also learn to understand our role as providers better and to prevent the kind of burn out Dr. Biali and many others have experienced. We will also be able to increase the joy factor in practice as well, all of which is necessary since we have such a tremendous responsibility when we care for people.

To develop and maintain the most successful AND ethical practice let’s look at………………

- **Five essential steps every practitioner needs to take to prepare for a long and successful ethical career, to fight burnout and to enjoy practice and life…..

1. **Revisit your initial motivation for becoming a practitioner:**

   Was it:

   To help people?
To make money?

To have a secure career?

To be a doctor?

To help make the world better?

Something you just fell into?

Because perhaps others in your family were or are in the same or a similar profession?

- What WAS your motivation? Once you remember it, you can then remember and remind yourself of your reasons for practicing each day as you care for patients. It will also determine the particular ethical challenges you may face. We must be realistic and honest with ourselves here, because whatever the motivation was, it may not be enough to keep us fulfilled every single day of practice, let alone for a long career.

- For example, if it was money, then it would be important to search for other aspects of practice besides money that can bring us joy, since most of us probably realize that a goal of only money can be empty and we do not make money for every little thing we do. Also, if money is the main goal of practice, then we are more likely to be tempted to do things that are not ethical if we are not making enough of it. Whatever the motivation for practice, we may need to find new or additional reasons/motivations as we go forward in practice.

What if the following happens to you one day in your office? How would this impact your day or your care of this patient? How about the rest of your patients that day, week, or month?

**EXAMPLE A**: A patient comes in, as usual, only when he is hurting. He now has new insurance that creates a great deal more paperwork and much less reimbursement. You tell him about the extra paperwork and that if he would submit the insurance himself, then there will be no need for the extra paperwork on your end. You ask him to please submit the insurance himself and he refuses. Basically the message is “I really only care about me and what’s good for me.” Yet of course you are supposed to take good care of him.

Or this…
EXAMPLE B: You have a patient who you treated for an auto accident. You took extremely good care of her. You showed interest in her health, her life, etc. You were kind and caring. She has been discharged and she comes in complaining that your bill is too high. The message is really “I want you to cut your bill because I want some of your money.” She is focused on getting what she wants and in the process actually insulting you by letting you know you are not worth what you have charged.

DISCUSSION: Whatever you identified as your goals and motivation for being a practitioner, you can be seriously tested by occurrences such as those above, which are very likely to happen. This is because people don’t know and actually may not care what your motivation was. In fact, they may see you very differently than you see yourself. This is how people who come to you can wear you down if you are not aware of how your initial motivation for becoming a practitioner needs to be examined regularly. This can then negatively impact you for at least that whole day if not longer. If you are not practicing with awareness, this is precisely what can lead to burnout and the potential to do things that are not ethical.

Our motivation for Becoming a Healthcare Provider

We can care for ourselves better and therefore practice in a more ethical manner once we enhance the initial motivation for becoming a provider. Let’s look at some different motivations and how we can bring awareness to them and then build upon them……

If your motivation was:

- To have a secure career – This is a practical motivation to become a healthcare provider, and it may be lacking in enough joy to keep you going when times get difficult. Perhaps you might make it your goal to add more of a personal element to your work day by making an effort to get to know a bit more about your patients, knowing their names, being watchful for the appreciation coming to you from patients for the care you give them. Don’t miss the looks of appreciation, the referrals from people who appreciate you, the signs that you are being trusted, etc. This can definitely enhance your career choice.
- To be a doctor – This is a fine motivation, but it could be quite limiting in terms of a long career, because there is the potential for too much ego involvement. A remedy, if you find yourself in this situation, is to focus on the patients more (part II of this course will be ideal) and to also increase the personal element as in those seeking a secure career. If you find yourself needing to wear a white jacket/coat, perhaps make a change in your dress style so that you potentially break down the barrier between you and your patient and open the way for a more human to human exchange. Give it a try.
- To help make the world better – This is a very good motivation, but as good as it is, there are some major drawbacks for those who resonate with this one. On a day-to-day basis you may not see enough evidence that you are changing the world! So, create
smaller goals for daily rewards – perhaps having the patience to spend a bit of extra time with an elderly individual, or including people in a particular vision you have for making the world better – recycling, volunteering, etc. Then as people become involved with your vision, it may help to keep you motivated in your practice on a daily basis. Also, don’t forget about gaining an understanding for those who come to you.

- You just fell into it – This is not unusual. Many of us follow our families or friends and hopefully do so because we have a love of the profession we are entering into. You definitely need to open your eyes to the responsibility that you have in caring for people and the joys that are possible once we understand those who come to us. Adding new goals would be valuable.

- To help people – Perhaps someone helped you with a health problem and that act of kindness has propelled you to want to do the same for others. But in the long run, this still may not be enough on a daily basis to keep you going. What if on a certain day you haven’t helped anyone? Or what happens when your motivation to help is not recognized and people just see you as a “rich doctor?” What about if there are times when you can't help or people don’t want your help? This motivation needs to be enhanced as well by taking very good care of yourself and understanding those who come to you.

DISCUSSION: Once we have looked at our motivation for becoming a healthcare provider and seen the realities of any deficiencies, we need to consider the ethical consequences of having only a singular motivation. We will need to expand upon the initial motivation to further enhance it. We then will need to reevaluate our goals on a regular basis – maybe even more often if we find ourselves getting out of balance.

2. Take excellent care of yourself

First, take stock of your own self-care program. While some think physicians religiously practice good exercise, nutrition and sleep habits, the vast majority don't. Taking care of yourself includes having fun. When you're under stress, it is more important than ever to stay connected to your family, hobbies and interests. If you get out of balance, this is when serious problems can occur.

- DIET - Diet includes the food we eat, what kind and how much, what we drink and how much and when. Our diet must be ideal for our body type and our lifestyle. If we are not eating properly, then we will not be in the best possible shape for the work we do. At this point we all know what we should and should not be eating. It’s a matter of doing it!

- THINKING - If we are naturally positive people, then that is great. If we are not, then we must learn ways of thinking positively. This will enhance our practice tremendously.

- EXERCISE - How much, what kind and how often we exercise are factors critical to keeping our bodies functioning optimally.

- DAILY PREPARATION - How we prepare ourselves for the day is important! We can’t just walk into the office and start working. Even if we only stop for a moment and breathe
consciously and remember why we are there and what our goals are for the day, we and our patients will be much better off and we will have the ability to be more ethical than we would otherwise.

- **WHO WE SPEND TIME WITH** - If we spend time with people who have a healthy lifestyle and who are positive, then our chances of also being so are much better.

- **REST** - Get proper rest – we are healing machines. We need to be awake and alert in order to recognize when things arise that can lead us into non-ethical territories.

- **FUN** - Making time for relaxation and fun that renews us is so important. All work, as we know, can only lead to trouble. Please schedule the time to relax and even take vacations.

- **OUR OWN HEALTHCARE** - Have your own primary physician and follow up on recommended testing and treatment.

- **ADDICTIONS** - Watch addictions – especially alcohol and drugs, food, sex, work, etc. Managing addictions is essential for a long, healthy and ethical career.

**DISCUSSION: Whether or not we take good care of ourselves can impact any and all ethical behavior.**

**3. Take a personal snapshot of yourself right now**

In light of the first two steps from above, to prepare for a long career, take a hard look at you and your practice and see where you need to make essential changes.

- Perhaps you need to change your hours, your patient load or the number of committees you're on.
- Perhaps you just need to make the environment more pleasing.
- Perhaps you need to say 'no' and learn that other people may be better at some things, or have more time for them than you do.
- More and more physicians are also drawing the line on contracts that are unprofitable or otherwise onerous. Physicians are now able to say, 'I want a smaller practice that really works,' OR I want this type of practice, or these kinds of patients, or less paperwork or hire the appropriate people to do whatever is necessary to keep your practice, patients and you working well.
- Set boundaries to your professional life, making sure there is more to your life than healthcare. Being a physician should be what you do, not who you are.
- When you are under stress, it is time to also take a good look at yourself. What are your professional values and passions?
- What are your best skills and what do you hate doing?
- Burnout, stress and dissatisfaction largely arise from a mismatch between a physician's skills, values and interests on the one hand, and workplace expectations on the other.
Assignment: Look carefully at yourself right now and any changes you may need to make regarding caring for yourself.

You may want to get some assistance from your team…………..

4. Make sure you have a support system

Creating and then staying in touch with a team on a regular basis is essential. Don’t have one?? All providers would be wise to have a support team in place, because…

- Things happen over a long career that can derail us – divorce, loss of loved ones, financial issues, health issues, etc.
- We may not see ourselves as well as others and they can give us helpful feedback about ourselves, our practice, staff, etc.
- Our practice is our teacher – the very things we need to know about and learn could very possibly come up in our practice and we may need someone else’s eyes and ears to see/hear what’s going on. This is an important way of staying on track ethically.

Guidelines for choosing a team member….

- Make sure that your support team members are aware that even though you are a healthcare provider, and you know a lot, that perhaps when it comes to your own health and to your own ability to see clearly when you may be imbalanced or moving into a dangerous area, that you need help!!.
- You need to ask for honest guidance and let them know that you want their feedback, etc. If this is not made clear to them, it is likely they will not say much to you – after all, you may appear to have it all together and to know everything. They may feel that you would get angry or upset if they approached you with criticism!
- Fill people in on changes in your life, information about you, new information about what you are discovering about yourself. The more detail, the better they will be able to help you.
- Choose those you can be honest with, and those you can meet with on a regular basis.

Our healthcare team

Here are some potential members……..

- A buddy. This is a colleague who practices near us, knows about our practice style/office/types of patients AND about our lives. And we do the same for them. This means being in touch regularly and sharing important information about changes in our lives, such as divorce, the loss of someone close to us, etc.
• Perhaps a life coach when the situation in our lives warrants a serious helper.
• Supervisor - In the mental healthcare field, there is something called *supervision*. This is where during training, students meet with someone who is experienced in their field to discuss any issues, both their own and/or those of their patients or clients. This ensures that there is as little ‘reinventing the wheel’ as possible. We don’t have that in physical healthcare but we need it. We need to create a place to speak, communicate, and express our feelings. A therapist/counselor
• Family members
• Friends
• Other colleagues and/or professionals from other healthcare professions

Assignment: *Who are the potential members of your team??*  Take a few moments to consider the people in your life right now who would be both ideal and willing to be a part of your team. Make a list of those who would be ideal.

5. We Must Understand Stress and Its Impact on Us

“*Indeed, stress symptoms can affect your body, your thoughts and feelings, and your behavior. Being able to recognize common stress symptoms can help you manage them. Stress that's left unchecked can contribute to many health problems, such as high blood pressure, heart disease, obesity and diabetes.*”

“Stress symptoms: Effects on your body and behavior”; Mayo Clinic Staff; April 4, 2019

Originally the term "stress" came from physics: the application of sufficient force to an object to distort it. Hence stress comes from 'outside' the organism, causing your body to respond in either 'fight' (when angry) or 'flight' (fear). Stress is the transaction that takes place between you and your environment. The outside event impinges on your belief system, your brain interprets what's happening, and tells your body how to respond. Adrenalin is pumped into your bloodstream; blood is diverted from various organs to brain and muscles; pupils dilate (making vision more acute); hands and feet perspire; breathing and heart-rate increase, etc. The body is on 'red alert', the alarm response.

The Beginnings of Stress Research

Hans Selye, M.D. defined stress in terms of the response your body makes to any demand on it. He found there were two types of stress:

• Eustress - 'good stress' - associated with feelings of joy, fulfillment, and achievement
• Distress- 'bad stress' which is prolonged or too frequent.
70%-90% of all doctor visits are for stress-related ailments and complaints.

The ‘Stress Addicted’ Individual

- Most of us are not subject to physical danger very often, but whenever we are 'driven' by a very tight program or threatened by a demand or expectation we don't think we can meet, our body reacts in the same way.
- In fact, medical experts are now saying that 'Type A' people in particular may be suffering a kind of 'adrenalin addiction'. Dr. David McClelland, professor of psychology at Harvard, says adrenaline addiction is similar to the state of physiological arousal some people derive from a dependency on alcohol, caffeine and nicotine.
- A recent book *Management and the Brain*, (Soujanen and Bessinger) suggests that some professionals are actually 'hooked' on stress. They get a 'high' out of controlling people and making complex decisions. Dr. Paul Rosch, president of the American Institute of Stress, says the Type A male or female who is 'living in the fast lane... has become addicted to adrenalin and unconsciously seeks ways to get those little surges'. If this is you, beware. Your mental, emotional and physical health could certainly be affected by such behavior. Make sure your team is aware of this.

THE STRESS DIAGRAM

HOW MUCH STRESS CAN YOU OR DO YOU WANT TO HANDLE?

A stress diagram is an interesting, unique and very helpful way of looking at how different aspects of life contribute to an individual’s stress level. For this example, some of the most common stressors of people’s lives are put into the stress diagram. In each case, the amount of space each of the stressors takes up in the box is reflective of the amount of actual stress that person is experiencing.

EXAMPLE - Dr. A’s STRESS DIAGRAM

Work/Family/Homelife/Exercise/Nutrition/Emotional/financial/Spinal / Health

In this example, the solid outlines of the box stand for the total amount of stress that the above individual can handle/deal with in one day. If the unexpected happens on any given day or daily,
then Dr. A will go over the limit that their body can handle and there will be damage to some part of the body.

**STRESSORS:**

- **Work** – whatever we do on a given day (all the interactions, people, circumstances, problems, etc.)

- **Family/Home Life** – any and all of the challenges we face at home

- **Exercise** – some of us don’t exercise at all, some exercise too little, some do the wrong kinds, some exercise too much. If we do just the right kinds and amount, then this will take up almost no space on our STRESS DIAGRAM.

- **Nutrition** – whether we are eating the kinds and quantities of food and liquids our bodies need will impact how much space this potential stressor will take up in our STRESS DIAGRAM.

- **Emotional Stress** – this is who we are as emotional beings - some of us create more emotional stress than others. Some of us have difficult histories. Some of us can exist or survive by cutting off/denying/not dealing with/not recognizing our emotions. Those around us may feel the impact much more than we do, possibly creating stress for us that may seem to come from out of nowhere! This is like the little old man driving slowly and carefully, while creating havoc behind him.

- **Spinal Stress** – this is when our spine is out of alignment – we may need additional chiropractic care to reduce the impact of spinal stress on our nervous system.

- **Health Issues** – perhaps we have high cholesterol/high blood pressure/ a chronic disease; maybe we are older and cannot handle as much stress as before.

- **Financial Stress** – any and all money issues would be included here.

*Assignment: Create a STRESS DIAGRAM for yourself. Are there other stressors in your life other than the ones listed above? What are they? Add them to your diagram. How much do they contribute to your overall stress level?*

**The Buffer Zone**

- When a healthcare provider cannot handle any more stress on any given day, then there is no buffer zone. It’s all used up.
• Ideally, we should have a buffer zone, so that, as usually happens, when there are unexpected stressors or unexpected situations, then we are ready to deal with them.
• If we go beyond the limits of the stress box, then we are going to damage the body. Usually the part of the body that is weakest will suffer the consequences of extra stress. Below is Dr. A. again, but this time with a Buffer Zone.

EXAMPLE: Dr A’s STRESS DIAGRAM WITH A BUFFER ZONE

Work / Family/Home life/Exercise / Nutrition / Emotional stress/spinal

DISCUSSION: Here there is space available in case, as often happens, the unexpected arrives! In this case, Dr. A has had chiropractic care and her spine is now in good alignment and not creating stress on her nervous system. She has also begun to make positive nutritional changes. Spinal stress and nutrition are actually the easiest areas to improve and thereby decrease one’s level of stress. As a result of doing so, she now has a Buffer Zone!! This is a prime example of taking proper care of oneself. This doctor has a Positive STRESS DIAGRAM!! Dr. A took care of those things she had control over.

Assignment: Looking at it this way, where can you reduce the amount of stress your mind/body must deal with on a daily basis? Please make the corresponding changes to your STRESS DIAGRAM.

The Benefits of a BUFFER ZONE

• We all need a good buffer zone – enough room so that we are not living life right at the edge and then going over the edge on a regular basis, like those who are adrenaline addicted.
• When we do go over what our body can handle often, we are more likely to experience illness, dis-ease, and potentially disease.
• If we are not aware of our stress, then how can we hope to practice with consciousness, patience, compassion and all of the other important skills needed for a successful and long career as a healthcare provider?

Dr. B’S STRESS DIAGRAM – TOO MUCH STRESS!!

Work / Family/Home Life / Exercise / Nutrition / Emotional stress / Spinal stress
Dr. B has a Negative STRESS DIAGRAM. He has an unusually large Work and Family/Home Life stressor component. Dr. B needs to make major changes in his work and family life. He also would be wise to improve nutrition, exercise and include or increase chiropractic and other healthcare aspects so that he can compensate for the Work and Family Life Stressors a bit. This is one important way for us to look at our STRESS DIAGRAMS – to determine where we need to make changes so that we can create a BUFFER ZONE.

Let’s look at Dr. C now. He has health issues that limit the total amount of stress he can handle on any given day. His Stress Diagram is therefore smaller. He must make significant changes to his life by reducing as much stress as possible in all the areas he can.

**Dr. C’s STRESS DIAGRAM WITH a SMALLER CAPACITY FOR STRESS**

| Work | /Family/Home life | Exercise/Nutrition/Emotional stress | Spinal stress |

Doctor C can’t handle as much stress as Doctor A or B. His health issues take up some of the room that extra stress from work, family or financial issues may have occupied. This doctor must take exceptionally good care of himself, since going over the limits of the ‘box’ so to speak, will cause further health problems. Dr. C must take a very good look at all areas of life and make changes ASAP or suffer dire consequences.

**DISCUSSION:** Do you see that having a buffer is a very sane way to live, because so many unexpected things come up daily? Do you have a buffer?? And do you now see the value of implementing a way of reducing stress wherever and whenever possible? And that doesn’t mean handing it over to others!

**SYMPTOMS OF STRESS**

Your body is designed to give warning signals of stress overload (when you have too many stressors taking you over the limit.) These include but are not limited to:

- insomnia or disturbed sleep
- digestive problems
- headaches
- low energy
- chronic tiredness
- psychosomatic illnesses
- muscle tension
- teeth grinding
- high blood pressure, etc.

If we haven’t heeded the warning signs, we may reach the ultimate stress level….
• **BURNOUT**

**What is burnout?**

Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed and unable to meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role in the first place.

Burnout reduces your productivity and saps your energy, leaving you feeling increasingly helpless, hopeless, cynical, and resentful. Eventually, you may feel like you have nothing more to give.

- Burnout is when we have reached the extreme limit of stress. It is emotional exhaustion or 'compassion fatigue'. The most conscientious people-helper are most vulnerable!
- NOTE: This means providers of healthcare!!
- Clearly there’s room for improvement in all of our lives.
- And that’s becoming evident with these distressing numbers:

  Surgeons surveyed by the American College of Surgeons in 2008 found that only 36% felt their work schedule left enough time for personal and family life, and only 51% would recommend their children pursue a similar career. It’s long been known that while physicians have about the same rate of depression as the rest of the population (affecting roughly 14% of male doctors, and 20% of female doctors), physicians are more likely to commit suicide.(3)

- Burnout affects more than half of doctors, according to researchers at the University of Rochester-School of Medicine.
- Beyond mere job dissatisfaction, doctors who are emotionally exhausted can lose focus.
- While burnout can happen in any profession, the performance of stressed-out doctors can hurt someone else: patients!
- Studies show burned-out doctors exhibit less empathy.
- Burnout erodes the doctor-patient relationship.
- Physician burnout can lead to medical mistakes.
- A Mayo Clinic study released recently found that burnout in surgeons is correlated to a higher rate of major medical errors.
- This increase in burnout corroborated recent finding in the *Journal of the American Medical Association* (JAMA) of a similar effect among internal medicine doctors.
NOTE: The biggest problem with burn out is among those who practice in small towns and have a solo practice.

Burnout symptoms may include:

- demoralization (belief you are no longer effective)
- depersonalization (treating yourself and others in an impersonal way)
- detachment (withdrawing from responsibilities)
- distancing (avoidance of social and interpersonal contacts)
- defeatism (a feeling of being 'beaten')

The following are signs of burnout:

- Decreased energy - 'keeping up the speed' becomes increasingly difficult
- Feeling of failure in vocation
- Reduced sense of reward in return for pouring so much of self into the job or project
- A sense of helplessness and inability to see a way out of problems
- Cynicism and negativism about self, others, work and the world generally

Personality and attitude may increase the propensity for burnout – these are the characteristics of providers who are more likely to suffer the effects of burnout….

- The pressure to succeed
- An authoritarian personality, which may come across as insensitivity
- An overly sensitive person who can feel the pain of others and is vulnerable to criticism
- Inner-directed rage
- Under assertiveness
- Feeling victimized
- Living inauthentically (having facades/masks for various occasions and people)
- Inflexibility
- Perfectionist
- Over-conscientious
- Identified with our profession
- Type A Personality

Assignment: Do you exhibit any of these characteristics?? Do you know of any colleague who does? Please get help or offer help to those who do.

Most of us have days when we feel bored, overloaded, or unappreciated; when the dozen balls we keep in the air aren’t noticed, let alone rewarded; when dragging ourselves out of bed
requires the determination of Hercules. If you feel like this most of the time, however, you may be flirting with burnout.

**The difference between stress and burnout**

Burnout may be the result of unrelenting stress, but it isn’t the same as too much stress. Stress, by and large, involves *too much*: too many pressures that demand too much of you physically and psychologically. Stressed people can still imagine, though, that if they can just get everything under control, they’ll feel better.

Burnout, on the other hand, is about *not enough*. Being burned out means feeling empty, devoid of motivation, and beyond caring. People experiencing burnout often don’t see any hope of positive change in their situations. If excessive stress is like drowning in responsibilities, burnout is like being all dried up. One other difference between stress and burnout: While you’re usually aware of being under a lot of stress, you don’t always notice burnout when it happens. Taking on too many responsibilities without enough help from others is a fast path to burnout.

**BURNOUT PREVENTION AND CURE**

- All that we have considered in the first part of this course will assist us in preventing burnout if (and that’s a big if), we implement this advice into life in our practice.

- Nobody has all the answers, however, it is important for all of us who care for people to understand ourselves, take excellent care of ourselves, gather a team to support us, and make adjustments in our practice as life's ups and downs affect us.

*Assignment:* As you read the above section on burnout, did you find yourself aware of ways in which you may be heading towards burnout? Are you willing to take the steps you need to take to stop yourself?

- **FIDUCIARY RELATIONSHIP/ DUTY/RESPONSIBILITY**

**WHY TAKE SUCH GOOD CARE OF OURSELVES??**

The reason that the first section of this course focused a great deal of time on the importance of taking good care of ourselves, is because we have an awesome ethical responsibility when caring for people.
A fiduciary duty is the responsibility to act in someone else’s benefit while subordinating one’s personal interests to those of the other person.

Black’s Law Dictionary

So, to beat the dead horse, docs have an increasing, visible, ethical and practical obligation to have some fiduciary responsibility for patients. They expect us to. And to do that, we should have some formal preparation on how to run our business and organizational affairs, we have to improve our system of communication and, of course, we have to do the best we can to keep up with the kaleidoscopic scientific landscape.

Dr. Jeff Brown blogs at Take As Needed

Relationships which routinely involve a fiduciary duty include:

- Trustee/beneficiary
- Conservators and legal guardians / wards
- Agents, brokers and factors / principals:
  - Buyer agent (real estate broker) / buyer client
  - Confidential advisor including financial adviser and investment advisor / advisee or client
- Lawyer/client
- Executors and administrators / legatees and heirs
- Corporate partners, joint adventurers, directors and officers / company and stockholders:
  - Board of directors / company
- Partner/partner
- Stockbroker/ Retirement plan administrators (including 401(k) plans) / retirees and workers
- Promoters / stock subscribers
- Liquidator/company:
- Mutual savings banks and investment corporations / their depositors and investors
- Receivers, trustees in bankruptcy and assignees in insolvency / creditors
- Governments / indigenous peoples
- Doctor/ patient
  - Guardian/ward:
  - Teacher/student
  - Priest / parishioner

DISCUSSION: A principle difference between working in an occupation and practicing a profession is the fiduciary responsibility that comes with a profession.
**FIDUCIARY DUTY - ITS IMPLICATIONS AND COMPLICATIONS**

**Health Care Error Reporting.** To disclose or not to disclose that is the question. Health care professionals struggle continuously with the dilemma of whether or not to admit potentially harmful mistakes to unsuspecting patients.

**Arguments for disclosure:**

- Many consumer advocates, attorneys, and other experts contend that the public disclosure of medical mistakes is in the best interest of the health care system and the public and that it does not compromise the fiduciary duties to patients or organizations.
- Those taking this position argue that public disclosure of medical mistakes helps hold health care systems accountable for their actions and omissions.
- Public disclosure enables patients to be more active participants in their health care and encourages organizations to practice more safely.
- Theoretically, public disclosure should be the goal of all parties in health care. This position can be analyzed with respect to risk management, confidentiality, and organizational learning.
- Risk management. Research indicates that while 98% of patients want to know about all medical mistakes involving them, they were less likely to consider legal action if the mistakes were disclosed.
- Furthermore, if litigation is pursued, punitive damages are often reduced or rejected when professionals or organizations have made disclosure to patients or their families.
- When mistakes are discovered by other means, organizations and practitioners are subject to direct liability and punitive damages.
- Thus, admitting errors openly can benefit organizations as well as patients.

**Arguments against Disclosure:**

- A health care staff has the responsibility of protecting the organization from harmful situations.
• If public disclosure of medical mistakes places the organization at risk for financial and legal consequences but does not ensure patient safety, the staff has compromised both without good cause.
• By admitting mistakes, defense attorneys are hindered in their efforts to defend or settle patient lawsuits. When medical mistakes are made, patients and/or their families can become highly emotional and often wish to punish the perceived responsible parties.
• If organizations or practitioners admit, through disclosure of risk management documents, that they are guilty, the costs to the organization and/or the medical professional can be astronomical.
• Disclosure of these documents takes away the ability of the defendant's attorney to properly defend the client. In other words, the defendant becomes a witness for the plaintiff. This would not serve organizations well. Further, it fails to meet an ethical duty to patients, because there is nothing inherent in the practice that guarantees improved patient safety.

DISCUSSION: In checking with attorneys at NCMIC, a chiropractic malpractice insurer, the very same arguments were confirmed as listed above. The fiduciary duty is a complex one. Always check with your malpractice insurer.

Further Fiduciary Complications:

Continuity of Care

• Do the physician's duties to the patient end when the patient is switched from one health plan to another?
• How diligently should the physician try to maintain the physician-patient relationship with patients who are involuntarily removed from their plan?
• What should physicians as a group do to advocate for greater stability, longer continuity of care, and better coordination of care?
• How essential are continuity of care and coordination of care to the ethical principle of beneficence?

Informed Consent

Traditionally, the right to informed consent has included the right of patients to be told…

- the nature of the illness
- the prognosis
- the benefits of various treatment options
- risks
- side effects of tests
- treatments
- alternative treatments
- non treatment options
DISCUSSION:

- Does the patient's right to informed consent entail an obligation on the part of the physician to disclose all legitimate treatments, regardless of whether they are covered by the plan?

- If the physician believes the healthcare plan does not serve the patient's needs, should the physician convey this concern to the patient?

- If the plan contains financial disincentives to treat and other conflicts of interest that might adversely affect the quality of the patient's care, does the patient's right to informed consent imply a duty of the physician to convey such information?

- The requirements of informed consent are not met by having the patient sign a paper authorizing a test or treatment. Informed consent refers to the educational and decision-making process that precedes the signing of the document. The signed document is merely a way of recording that the conversation occurred and that the decision was voluntary. Thus, any policy forbidding physicians to talk with patients about alternative treatments violates the patient's right to informed consent.

- Healthcare should not be reduced to a business transaction governed by the market principles of supply and demand, and caveat emptor: let the buyer beware. Free market models work best when producers and consumers have equal knowledge. Physicians are professionals who are sought out for their knowledge.

- Information should be given not simply to protect the patient but to empower him or her to make the best use of the available options. More controversial is the question of how much to tell patients. At a minimum, physicians and managed care companies have a duty to assure that patients have been given a general understanding of how the system of incentives and disincentives works.

- It is the physician's duty to protect this right. Patients who make decisions without adequate information are giving mere consent.

FIDUCIARY RESPONSIBILITIES IN MANAGED CARE SETTINGS

- Everyone needs to examine the role of continuity of care in this system.
- The role of coordination of care in this system.
- Collegiality among the network of physicians, nurses, and staff involved in the care of the patient is vital.
- The appeals process needs to be made public.
- To what extent should patients as consumers of medical services be responsible for gathering and interpreting medical and financial information themselves?
- The incentive to over treat needs to be looked at.
- We need to inform patients about conflicts of interest and financial incentives to over treat.
Can it be cost-effective without sacrificing fiduciary responsibilities, informed consent, and continuity of care?

RECOMMENDATIONS

We’ve covered a lot of territory in this course that is dedicated to US, the practitioner. We discussed how we can make sure we are in the best possible shape for a long and successful career. We have also looked at the awesome responsibilities that we have, which is why we must take such good care of ourselves. Here are a few guidelines to follow in implementing all the suggestions ….

1. DO YOUR BEST

2. Manage yourself and your own professional affairs as wisely as possible…

   - Keep costs down
   - Keep cash flow up
   - Make sure your practice is well managed
   - Practice as effectively and efficiently as you can while caring as much as possible for your patients.
   - Take excellent care of yourself.

3. CREATE THE KIND OF PRACTICE THAT WORKS FOR YOU

Google has created a happy company with a double bottom line – an organization that measures success by both its fiscal results and its positive impact on humanity. There is a great article in Newsweek, April 12, 2010 about how they accomplished this goal.

*You are in charge. YOU can create an ethical practice that can make you and those who come to you happy and well and bring you success for the entire length of your practice. You now have tools to assist you in this goal.*

REFERENCES

1. Predictors of depression; AMEDNEWS.COM; April 29, 2010; Christine S Moyer
2. WebMD; 2014; “The effects of stress on your body”.