Health

Avoiding the burnt-out physician

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Not every physician who burns out makes headlines, but each incident is guaranteed to leave a trail of confused, angry, hurt and scared patients. Peter Wolfe, M.D. has seen the headlines. He's heard the stories in the physicians' lounges. He knows some of the doctors. And he takes precautions to make sure he's not one of them.

When the Los Angeles-based physician finished his training in 1984 and became board certified in both internal medicine and infectious disease, he thought he was going into "one of the few specialties where you could fix people."

"You find the bacteria and you pick the right drug," says Wolfe. "It's easy to fall into the trap of trying to save the world. When you realize you can't, it's a tremendous conflict and problem. You also have doctors who have fallen into the trap of substance abuse who have self-destructed that way. The reason for burn-out could be that these doctors would have done this even if they were gardeners, but I can't help but think this forced them to find a different reality."

Thirty-one-year-old James has lost two physicians since he was diagnosed as HIV positive in 1986 and with AIDS in 1992. One went on disability and eventually died from AIDS, another went into substance abuse recovery. "I guess he couldn't cope with losses he saw and sought solace in alcohol and drugs," says James. "It shattered me and took away my fight to want to keep going. If I don't have who I want in my corner, why keep going? I didn't have the will to be there for myself. I've had my share of [medical] problems these last few months after all this happened. Who knows? Maybe it is related to this. You think of your doctor as always being there. It's the same kind of loss as when my dad died."

Michael Bertolucci Ph.D., a clinical psychologist in West Hollywood, California, has helped several patients deal with the issue of losing their physician. "In general, the physician is one of the most important people in the AIDS patient's life, helping him make life and death decisions. You'll see a normal grief pattern from this loss, a lot of anger, depression and sadness. And there's a big difference between the impact of someone who helps his patients make a smooth transfer, preferably to a doctor in the practice and physicians who leave abruptly."

Although Wolfe has seen burn-out happen across the board, to male and female physicians, young

and old, gay and straight, he says it may be especially hard for gay physicians in their 30s and 40s who are taking care of HIV patients. Wolfe falls into that category. His practice is 95 percent HIV related, and when he goes home at night, he hears new stories of friends who are sick or are dying.

“It’s an unspoken and lurking presence that’s unseen, but certainly felt. It’s there. Besides your patients, your whole support group, your whole peer system, is also dying,” says Wolfe.

In some cases, you may be able to see danger signals of physician burn-out, says Wolfe. “You can sense your physician is getting depressed, maybe he’s not touching you as much, his moods are erratic or he’s canceling office hours. Confront him in a nonantagonistic fashion. ’I’ve noticed you’re not listening to my lungs anymore,’ or ’Is there something disturbing you?’ or ’You seem distant.’ The physician may become defensive and angry -- a bad sign -- or he may do a little emotional inventory. If you feel there’s a problem, you must find another physician. It’s hard. A tremendous dependency has developed, but just with the physician, but with the entire office staff.”

Wolfe has refined his goals since medical school. “The only way to keep going is if you think what you’re doing makes a difference. If the way you want to make a difference is to stamp out disease -- forget it. Disease is stronger than doctors. If you want to define success in such a way that it is realistic, define emotional and professional satisfaction with victories other than stamping out disease. Those are the goals that make me able to continue. If I can make someone strong enough to go down to the corner grocery and buy food, I can get satisfaction from that because I know that’s not minor for them.”

Wolfe continues, “I would not keep doing this job if I didn’t ultimately think there was going to be some medical solution to this problem. Like diabetes, I think AIDS will turn into an illness that can be managed. A chronic illness that is still compatible with a more or less normal lifestyle. That’s what I believe. That’s what I have to believe.”

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