

Doctor, heal thyself: Addressing the shorter life expectancy of doctors in India

As we celebrate the birth and death anniversary of late Dr. B. C. Roy as Doctors' Day on July 1, 2019, it is the right time for all doctors/healthcare professionals to take a look at their own health and wellness and ensure to heal the healer. To be a medical professional is a great privilege that is looked upon with respect and interlaced with humility, as doctors have been bestowed the noble responsibility of looking after patients. From medical college to residency and from trainees to medical specialists/super-specialists, doctors have had a certain job security and most of them eventually earn decently well. Yet, the life expectancy of doctors is 59 years as compared to 67.9 years of an average person in India.^[1]

Doctors are expected to live longer as they know more about how to stay fit and healthy and address the medical conditions

ahead of time. Despite this, the possibility of heart diseases and cancer among doctors is swiftly rising. Also, the emerging trend of doctors committing suicide—which was hitherto uncommon—is a matter of grave concern. This shocking revelation made by the Indian Medical Association (IMA) demands that this matter is studied thoroughly and that core causes are identified to know what has pushed down the life expectancy of doctors by more than 10 years. The 10-year-long study conducted by the Indian Medical Association for Kerala interviewed 10,000 doctors. During the study, 282 doctors died, 87% of them were male physicians and 13% females. When the reason for death was investigated, 27% had died due to heart diseases, 25% due to cancer, 2% by infection, and 1% by committing suicide. The respondents mentioned stress as the major contributor of early deaths, followed by lack of periodic health checkups.^[2]

Ophthalmology is relatively less stressful medical branch compared to other branches of medicine. Nevertheless, medical profession, by all means, is a stressful profession. No matter how much extensive training you have had in the medical

college or during your training, you have to remain prepared for a sudden escalation in the responsibility and taking critical decisions in a matter of seconds. Dealing with situations where human lives (or human eyes) are at stake involves persistent work pressure and stress which affects the mental health of the doctors. This stress elevates the possibility of doctors suffering various health problems.

Doctors have the highest rate of suicide among all the professions as revealed by study of Schernhammer and Colditz.^[3] Authored by Andrew and reported by Medscape, it is stated that the exact number of doctors committing suicide is not known, but it is estimated to be 400 physicians per year in the United States of America.^[4] Medical profession leads the list of occupations with the highest risk of suicide rate, and is most common among anesthetists.^[4] The reason pointed out in the same report is the greater knowledge of doctors pertinent to effective and lethal suicidal means. Unfortunately, there is a substantial gap in accurate tracking and documenting of the data that would showcase the reasons behind the issue of suicide among doctors. Ophthalmologists are generally considered happy (second to dermatologists) in the medical profession. Nevertheless, suicide among ophthalmologists is not uncommon and we have all heard of such cases among our ophthalmic colleagues.

By the virtue of their job description, doctors are at an enhanced risk of enduring mental health challenges. If we analyze the reasons behind doctors dying because of suicide, it is evident that there are two root causes: stress and depression. These two are interlinked and one leads to the other. Doctors in developing countries are reported to have high grades of anxiety and depression.^[5] Dave, Parikh, Vankar, and Valipay conducted research on the prevalence of depression and stress among resident doctors and found that 27.7% respondents had depression, 36.6% suffered from anxiety and 24.2% had stress.^[6] Depressive mood and thoughts are found to have a strong correlation with suicidal thoughts. Takeuchi and Nakao's study reports over 30% prevalence rate of suicidal ideation and its relationship with symptoms of depression.^[7] In addition to long working hours and stress related to patient care, doctors have personal problems too, just like everyone else. Doctors face divorce, custody battles, infidelity, disabled children, and deaths in families. Doctors or residents work for about 60-70 hours per week—and sometimes more—and this means that they often have no (or very less) time to deal with their personal problems. Ignoring doctors suicides will only lead to more such losses as suicide is preventable, and healers, after all, too need healing. While suicide is a matter of concern, the much more common reason behind early deaths is physicians developing health conditions like cardiac problems and cancer. There are multiple causes identified that promote these conditions and result in shorter life expectancy of doctors.

According to Indian Medical Association's research, deskbound job and inactive lifestyle, lack of exercise, stress and obesity are primary instigators of heart diseases in the medical fraternity. Although the risk of heart diseases increases with age, doctors avoid having a regular medical checkup and tend to rely on self-diagnosis and treatment.^[8] This often results in severe outcomes in the form of sudden heart attacks that can cause loss of life even in young age group.

Many doctors are uncomfortable getting treatment from fellow physicians. This practice is especially prevalent in the

regime of mental health. Categorized as "VIP syndrome", doctors are held back from the required treatment due to their concerns about confidentiality and reservations pertinent to therapy or treatment effectiveness.^[9] Lehman studied physician depression and stress and claimed that if only doctors receive immediate treatment and confidential hospitalization, the death ratio can be decreased substantially.^[10] In addition to cardiac diseases, cancer is an important cause of premature death of doctors because of the fact that are more exposed to the environmental factors that promote the risk of cancer in individuals.^[11] Working in a setting with exposure to diverse carcinogens (ionizing radiations) can fuel the possible occurrence of thyroid and ovary cancers.^[12] Another problem more relevant for ophthalmologists is the work-related musculo-skeletal disorders (WMD) caused by spending long hours using the operating microscope or slit lamp. While this may not directly contribute to early death, it does cause health concerns like strain, backache, neck pain, carpal-tunnel syndrome, etc. and compromises the quality of life. A small ergonomic modifications, prophylactic neck and back exercises and timely professional consultation may help alleviate symptoms and maintain better work efficiency.^[13]

How to Reverse the Trend of Short Life Span of Doctors in India?

Based on these findings, the need for taking care of doctors is obvious. It has become imperative that doctors should not only work better on healing themselves, but that the environment they work in should also be facilitated to promote better health and wellbeing. To improve the life expectancy of doctors, there are two aspects that need analysis. Firstly, the work atmosphere and conditions require improvement to optimize work-life balance. Secondly, doctors need to address their individual lifestyle and adopt work-life balance. When talking about the work atmosphere, the first rule to follow is to never ignore doctor's misery and work-related problems. A doctor's complaints must be addressed immediately. Prolonged misery and work-related problems only results in increased stress and depression, which ultimately causes either health problems or suicide incidents. Secondly, the too much patients load and other work-related burden on the doctors must be alleviated as doctors are expected to cater to long queues of patients and make critical calls under substantial pressure. Working with private and public healthcare service providers, doctors have to keep up with the consistent pressure of building patient-base, providing quality care to everyone, being almost infallible, compromise their work ethics and live with a lack of work-life balance. This all contributes to occupational stress and decreases the life span of doctors.

Every effort should be made to promote healthy work-life balance, especially for residents-in-training and women doctors/medical professionals. The important issues need to be addressed and nobility of the profession must be restored where health care is not merely a commercial commodity and doctors aren't money-making machines. Their compassion and empathy need to be preserved and their grievances taken into consideration. Physicians' overlooking their health is the other primary reason behind premature death. Having greater knowledge and a better understanding of mental and physical health issues, doctors must not undermine their own wellbeing for the sake of their profession or other things. They will do

no good to their patients if they aren't taking adequate care of their own self first. This is why the phrase *heal thyself* is used for doctors frequently.

Doctors must keep up with a healthy lifestyle with sound sleep, regular exercises, yoga and physical activity to avoid conditions like obesity, smoking which lead to heart diseases and other medical issues. Getting regular medical checkups and timely treatments are necessary. Secondly, avoiding treatment for mental health issues only worsens the problem. It is important that legislative measures are taken to improve the conduct of mental health interventions to make doctors and other people more secure and confident in approaching help. Looking after one's self is a duty every doctor owes to himself/herself. For a doctor who endures the responsibility of caring for other people, it is necessary to heal himself or herself before being able to do it for others. The practice of helping others requires great strength, knowledge, and experience. But the wisdom lies in implementing the knowledge and experience to your own self, too.

Role of Medical Societies

The various medical societies do a lot of work to disseminate medical knowledge and expertise with the latest advances among doctors. It would also be very helpful if these societies could also take an initiative to promote good health and healthy lifestyle.

For example, at the recently concluded Annual Meeting of All India Ophthalmological Society (AIOS) at Indore, stalls were put up with the support of Industry and the Society for conducting various eye check-ups and health check-ups (blood sugar and screening for diabetic retinopathy). Peer pressure can be a great motivator at any age and if the Societies take up activities to promote healthy lifestyle among doctors, it would make a great change.

To conclude, all stakeholders need to realize the deleterious effects of the work and lifestyle related stress among doctors to promote the well-being of the entire medical profession.

Suresh K Pandey, Vidushi Sharma

SuVi Eye Institute and Lasik Laser Center, Kota, Rajasthan, India

Correspondence to: Dr. Suresh K Pandey,
SuVi Eye Institute and Lasik Laser Center, Kota - 324 005,
Rajasthan, India.

E-mail: suresh.pandey@gmail.com

References

1. Kazi P. Doctors take care of patients but not themselves? The study shows doctors have a shorter lifespan than others [Internet]. International Business Times, India Edition 2019 [Last cited on 2019 Mar 27]. Available from: <https://www.ibtimes.co.in/doctors-take-care-patients-not-themselves-study-shows-doctors-have-shorter-lifespan-others-750101>.

2. News C, News K. Kerala doctors die earlier than the general public: Study-Times of India [Internet]. The Times of India 2019 [Last cited on 2019 Mar 27]. Available from: <https://timesofindia.indiatimes.com/city/kochi/docs-die-early-than-gen-public-study/articleshow/61716443.cms>.
3. Schernhammer ES, Colditz GA. Suicide rates among physicians: A quantitative and gender assessment (meta-analysis). Year Book Psychiatry Appl Ment Health 2006;1:155-6.
4. Physician suicide: Overview, depression in physicians, problems with treating physician depression [Internet]. Emedicine. medscape.com 2019 [Last cited on 2019 Mar 27]. Available from: <https://emedicine.medscape.com/article/806779-overview>.
5. Atif K, Khan HU, Ullah MZ, Shah FS, Latif A. Prevalence of anxiety and depression among doctors; the unscreened and undiagnosed clientele in Lahore, Pakistan. Pak J Med Sci 2016;32:294-8.
6. Dave S, Parikh M, Vankar G, Valipay SK. Depression, anxiety, and stress among resident doctors of a teaching hospital. Indian J Social Psychiatry 2018;34:163-71.
7. Takeuchi T, Nakao M. The relationship between suicidal ideation and symptoms of depression in Japanese workers: A cross-sectional study. BMJ Open 2013;3:e003643.
8. Montgomery AJ, Bradley C, Rochfort A, Panagopoulou E. A review of self-medication in physicians and medical students. Occup Med 2011;4:61:490-7.
9. Andrew LB, Brenner BE. Physician suicide. Medscape Drugs Dis 2015;17.
10. Lehmann C. Aggressive intervention urged for depression in physicians. Psychiatric News November 17, 2000.
11. Parsa N. Environmental factors inducing human cancers. Iran J Public Health 2012;41:1-9.
12. Blair A, Marrett L, Freeman LB. Occupational cancer in developed countries. In Environmental Health 2011;10(Suppl 1):S9.
13. Honavar SG. Head up, heels down, posture perfect: Ergonomics for an ophthalmologist. Indian J Ophthalmol 2017;65:647-50

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:	Website:
	www.ijo.in
	DOI: 10.4103/ijo.IJO_656_19

Cite this article as: Pandey SK, Sharma V. Doctor, heal thyself. Addressing the shorter life expectancy of doctors in India. Indian J Ophthalmol 2019;67:1248-50.

© 2019 Indian Journal of Ophthalmology | Published by Wolters Kluwer - Medknow