

How healthy are physicians?

The good news:

- physicians live longer and generally have healthier habits than other people (*Am J Prev Med* 2000; 19:155-9)
- physicians smoke much less (*Arch Intern Med* 1988;158:342-8) and are no more prone to drug or alcohol problems than lawyers or pharmacists (Brewster JM, *Drug use among Canadian professionals*. Ottawa: Health and Welfare Canada, 1994).

The bad news:

- physicians have a higher rate of suicide than the general population (*Am J Psychiatry* 1999;156:1887-94)
 - 58% report their personal or family life has suffered because they chose medicine as a profession (Physician Resource Questionnaire, CMA, 2001)
 - 46% find medical practice very or extremely stressful (Ontario Medical Association survey, 2001)
 - almost half of Alberta physicians are in advanced stages of burnout ([Alberta Physician Stress and Burnout Research Study](#), B. Boudreau, R. Goodfellow, R. Wedel, and Alberta Medical Association, 2002)
 - 50% report their workload increased over the previous year, and 64% said it is heavier than they would like (Physician Resource Questionnaires, CMA, 1998-2002)
 - studies indicate that the availability of drugs makes the possibility of impairment an important issue
- Obviously, doctors are grappling with stressors beyond the norm.

Stressors unique to medicine

Physicians are vulnerable to the full range of health problems that affect others, but they also face unique issues. In a nutshell, the very traits that make good physicians make bad patients. ([CMA Guide to Physician health and well-being](#) 2003, pp 7-8). These traits include perfectionism and excessive devotion to work and productivity, which are compounded by the reality of medical practice: witnessing trauma and human suffering, sleep deprivation, excessive work, patient demands and expectations, the need to solve complex problems, potential litigation, and sometimes job dissatisfaction. In training, doctors learn self-denial to go without sleep, meals, recreation and time with family and friends. Once in practice, many continue to deny their personal needs. And capping it all is the stigma and fear attached to seeking help.

The result being a physician can be harmful to your health and that can have a negative effect on your patient.

Some stressors

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- [Unrealistic expectations](#)
- [Unhealthy workplaces](#)
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Stigma

Many physicians don't seek help with problems of occupational disillusionment, stress and mental disorders because of the stigma and possible negative effects on their career. While there is little systematic research to substantiate this, one serious consequence of having received counselling or a psychiatric consultation is subsequent difficulty in obtaining disability insurance coverage (*Can Psychiatric Assoc Bull* 2001). The CMA advocates for nondiscriminatory health and disability insurance. In addition, it states that support and assistance in dealing with professional and personal problems must be confidential, and delivered in a climate free of stigmatization and the threat of negative consequences. (See CMA Policy [Physician health and well-being](#).)

"Stigma reinforces denial of symptoms and delays help-seeking, it drives self-medicating and noncompliance with treatment, it augments suffering and exclusion and it kills by self-neglect and suicide", says Vancouver psychiatrist Michael Myers, a specialist in physician health.

Section 43 of the [CMA Code of Ethics](#) advises physicians to "Seek help from colleagues and appropriately qualified professionals for personal problems that adversely affect your service to patients, society or the profession." Contact your [provincial or territorial physician health program](#) for more information.

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Unrealistic expectations

Doctors set the bar high, expecting to do it all, and patients want it all. Many patients are highly informed, or misinformed; therefore, effective patient communication and motivation involves shared, realistic goal-setting and, for many physicians, a move to a different sort of collaborative practice. Adjusting to this new model of practice can be stressful.

Contact your [provincial or territorial physician health program](#) for more information.

Contact the [Canadian Medical Protective Association](#).

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Unhealthy workplaces

Too-heavy workloads coupled with too little job control, or too much effort coupled with too little reward, may result in illness and injury ([CMA Guide to Physician health and well-being](#), 2003, p. 21). Health professionals are the least likely of all workers to describe their work environment as healthy. It's no surprise then that their job satisfaction is also below the national average. A Canadian Policy Research Networks discussion paper finds that this negative work experience undermines the provision of patient care ([Creating high-quality health care workplaces](#). Canadian Policy Research Network, Ottawa, 2002).

Unfortunately physicians often don't strive to improve the work environment because they view themselves as nontraditional employees. They may be paid differently or have affiliations with several institutions and usually don't think of themselves as being part of an organization - even if they are working there 60 hours a week.

See [Healthy workplace strategies](#) or contact your [provincial or territorial physician health program](#).

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Potential liability

A call from the College of Physicians and Surgeons of Canada will strike fear into any doctor's heart: Did I make an error? Am I being sued?

However, officials from colleges in Alberta, Nova Scotia and Ontario say it's not always that dire. As many as 80% of complaints result from poor communication; 42% of complaints can usually be resolved with a telephone call. Physicians also have the expert resources of the [Canadian Medical Protection Association](#) at their disposal. ([CMA Guide to Physician health and well-being](#), 2003, p. 25).

If you are involved in litigation, the Physicians' Guide to the Internet, [Managing Stress](#) offers some suggestions for coping.

Contact your [provincial or territorial physician health program](#) for more information.

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On-call responsibilities

Shift work and being on call are associated with increased illness (*Scand J Work Environ Health* 1984;10:409-14). A CMA survey found that 76% of doctors do on-call work (CMA Physician Resource Questionnaire, 2000); 36% say

their total monthly on-call hours were stressful or highly stressful (1999 PRQ); and 29% said their on-call responsibilities are too onerous (2001 PRQ).

Contact your [provincial or territorial physician health program](#) for more information.

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Training

Training in medical schools encourages competition, individualism and delayed self-gratification, the very traits that discourage physician self care and care of colleagues. Often, this is combined with mounting debt, chronic sleep deprivation, hierarchical power structures and dependence upon mentors, which mean residents have minimal control over their lives. Alarming, but perhaps not surprisingly, the rates of depression reported among residents are higher than those of physicians or the general public (*Dis Nerv Syst* 1975;36:26-9).

For more information see [Medical students](#) and [Residents and interns](#)

Groups at risk

In addition to the stresses of medicine previously identified, many physicians face additional challenges. Some of these groups of physicians are identified here.

- [Medical students](#)
- [Residents and interns](#)
- [Women in medicine](#)
- [Rural physicians](#)
- [Minority group physicians](#)
- [Physicians with disabilities](#)
- [Physicians' families](#)

Medical students

In addition to common stressors, such as financial worries, strained relationships and social pressures, medical students also endure the strain of long and intensive study and training that leaves little time for rest and personal activities. They have also reported stress arising from competition with peers, intimidation, abuse and harassment. (See CMA policy [Physician health and well-being](#).) In 1994 at the University of Toronto, 70% of medical student reported some form of abuse during medical training (*CMAJ* 1994;150:357-63). The CMA recommends specific health and well-being standards as a condition of institution accreditation.

Individual Canadian universities have a variety of initiatives for educating students about physician health. These range from single events to ongoing courses, such as the 20-hour "well-physician course" at the University of Calgary, Dalhousie University's information discussion on life balance, and the University of Ottawa's 6-hour "stress and the practice of medicine" session. Some medical schools offer support programs to students, such as PASS (Program for Advice and Support of Students) at the University of Toronto. Check with your faculty.

Other resources

- The [Canadian Federation of Medical Students](#)
- The Canadian Medical Association [Med Student Centre](#)
- The American Medical Student's Association's [Medical Student Well-Being](#)

Residents and interns

Why are so many residents unwell? "Long work hours at the hospital coupled with educational commitments after hours result in reduced personal time," writes Dr. Laura Musselman, a general surgery resident. "This may result in

poor self-care, strained relationships, feelings of inadequacy and other sequelae" ([CMA Guide to Physician health and well-being](#) [PDF])

The CMA recommends that specific health and well-being standards be met as a condition of institution accreditation (CMA policy: [Physician health and well-being](#)).

- Contact the [Canadian Association of Interns and Residents](#)
 - Read and discuss with your colleagues the CAIR position paper on [Resident Well-being](#) (pdf).
 - See Peterkin, AD. *Staying Human during Residency Training* (2nd edition), University of Toronto, 1998.
 - Contact the [Fédération des médecins résidents du Québec](#) (FMRQ)
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Women in medicine

Half of today's medical students and approximately 30% of Canadian physicians are women. In spite of their increasing numbers, the CMA states that women in medicine still report learning, practice and political environments that may be well-meaning but are patriarchal in nature (CMA policy: [Physician health and well-being](#)). Many feel they lack the resources and authority to control their work environment, says Dr. Mamta Gautam, an Ottawa psychiatrist who specializes in physician health (Women in medicine: stresses and solutions. *West J Med* 2001;174:37-41).

They often face additional sources of stress in their efforts to balance family and professional responsibilities. Women physicians are 60% more likely than male colleagues to report burnout (*J Gen Intern Med* 2000;15:372-80). In addition, female physicians may face unwanted attention in the workplace; in one U.S. study, 37% of female doctors report having been sexually harassed in the workplace (*Arch Intern Med* 1998;158:322-58)

For assistance, contact the [Federation of Medical Women of Canada](#).

Contact your [provincial or territorial physician health program](#) for more information

Rural physicians

Canada is a vast country with many under-served rural populations. Although practice in these geographical areas offers many benefits, including a good quality of community life, these physicians face unique stressors such as lack of professional back-up, support and locum tenens relief, inadequate facilities, limited access to specialist services and continuing medical education, and isolation from extended family and friends. (See CMA policy [Physician health and well-being](#).) In 1991, 29% of rural physicians said they were very satisfied with their work, but by 2001, that figure had dropped to 16%.

For assistance, contact the [Society of Rural Physicians](#) or the [Office of Rural Health, Health Canada](#).

Also see the CMA's [Rural health care workforce: national survey results](#) and the CMA policy on [Rural and remote practice issues](#).

Minority group physicians

Physicians who belong to minority groups may face onerous challenges including isolation and discrimination, that require strength and creative solutions.

Sexual orientation

- [Gay and Lesbian Medical Association](#)
- [Association of Gay and Lesbian Psychiatrists](#)
- Burke BP, White JC. The well-being of gay, lesbian, and bisexual physicians. *West J Med* 2001;174:59-62.

Aboriginals

- [Institute for Aboriginal Health](#)
- [Visions](#)

Racial groups

- [Racism in the medical profession: the experience of UK graduates](#) (BMA, June 2003)

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Definitions

"Advertising" and "advertisement" refer to the provision of space to promote products or services in exchange for payment or other consideration. Examples of online advertising include banners, badges, buttons and any other type of promotional consideration, fixed or animated, with or without hyperlinks.

"Advertorials" refers to advertising where the client has sole editorial input.

"Editorial content" means content that is not advertising.

"Professional publications" refers to publications whose primary focus is to provide non-clinical information on professional issues to physicians.

"Scholarly publications" refers to publications that are peer-reviewed, physician-focused and provide primarily scientific and research-based content targeting a physician audience.

"Sponsorship" refers to unrestricted educational grants or other contributions for print and online publications, products and services that assist with the production or promotion of publications, products or services. In return, the support of the sponsor is publicly recognized for a specified period of time.

Core principles

Integrity and credibility

We actively solicit advertising and sponsorships in recognition of the benefits such advertising and sponsorships might bring in the attainment of its purposes and those of the CMA.

The integrity and credibility of the CMA and its members shall be the overriding consideration in all advertising and sponsorship activities. It is in the best interests of the CMA, the MD Group, advertisers and sponsors to ensure that the products remain a trusted, credible source of information for physicians and others.

We recognize that advertising and sponsorship opportunities must be pursued only as they do not impede the following core principles:

- editorial independence
- institutional integrity (e.g. brand reputation)
- consistency with the CMA's mission, vision and values

The advertising and sponsorship guidelines are applied to ensure adherence to these core principles, to determine the eligibility of products and services for advertising and to ensure that any sponsorship relationship is transparent and apparent.

Editorial independence

Editorial decisions are not influenced by advertising or sponsorship, and are made without consideration of the advertising or sponsorship scheduled to appear. Sponsors and advertisers will not determine specific editorial content or in any way influence editorial decision-making nor will they have the opportunity to review any material prior to publication. Advertisements and sponsorships will not be sold on condition that specific editorial content will be subsequently produced. Further, advertisements and sponsorships will not be accepted where the fact of the advertisement or sponsorship would raise a reasonable inference of influence on editorial content or decision-making, or of the CMA or the MD Group's endorsement of the sponsor or its products or services.

In those cases where the CMA or the MD Group endorses a particular product or service as a preferred supplier, such endorsement will be made transparent.

Although readers, sponsors and advertisers may be provided with general information about the editorial content of an upcoming publication (e.g., theme issues, clinical practice guidelines, continuing series, supplements, conference proceedings), specific details about the content are confidential until publication.

Administrative procedures

Administrative procedures are in place to ensure adherence to the core principles. For example, content developers and editorial staff are separate and distinct from staff who deal with advertisers. No person will be asked to perform duties that compromise editorial independence.

Comments and complaints

Individuals may register comments or complaints about advertising or sponsorships through a variety of mechanisms. Every effort is made to provide contact information for registering a complaint. Where that is not possible, individuals may contact the Member Centre at 888-855-2555.

Changes to the guidelines

The guidelines will be reviewed regularly. However, we reserve the right to make changes at any time. Such changes will be in accordance with the principles outlined in the **Guidelines for CMA's Activities and Relationships with Other Parties**. The revised document will be posted on cma.ca.

Disclaimer

The appearance of advertising or sponsorship in accordance with these policies is neither a guarantee nor an endorsement of claims made for a product or service, nor an endorsement of a manufacturer, distributor or promoter of a product or service.

Neither the CMA nor its subsidiary companies shall be liable for any damages, claims, liabilities, costs or obligations arising from the use or misuse of the advertising material or sponsorship information that appear, whether such obligations arise in contract, negligence, equity or statute law. No guarantee or warranty is made as to the quality, accuracy, completeness, timeliness, appropriateness or suitability of the advertising material or sponsorship information provided. No advertising material

is intended to substitute for the advice of a physician, and readers are advised always to consult their doctor for specific information on personal health matters.

Advertising

Eligibility

- Advertisements must comply with the core principles. Advertising space will not be sold on condition that specific editorial content will be subsequently produced.
 - Advertisements for products, services and public service messages that compete with those offered by the CMA or subsidiaries, including financial services, are not eligible. Exceptions may be made; any such decisions will be determined in accordance with the stated review process.
 - Advertisements of tobacco products, alcoholic beverages, weapons, gambling or pornography, or of products that violate CMA policy, are not eligible.
 - Advertising must be factually accurate, must not be misleading and must be in good taste.
 - Advertising must adhere to human rights legislation and not discriminate on any prohibited grounds.
 - A distinction is maintained between advertising and editorial content. All advertising, including advertorials, must be clearly identifiable as advertising and must not be confused with editorial content in format or appearance; it may not be associated with CMA logos, trademarks or other markings.
 - The fact that an advertisement has appeared in a publication, product or service shall not be referred to in collateral advertising.
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Review process

1. All new advertisements will be reviewed prior to publication or electronic posting.
2. We reserve the right of final approval and the right to refuse any advertisement. Staff from the business, ethics, legal and advocacy and public affairs departments may be consulted to discuss and resolve particular issues and exceptions that might arise under these guidelines, in particular the core principles of editorial independence, institutional integrity and consistency with CMA's mission, vision and values. The CMA legal team will co-ordinate periodic reviews of these guidelines to ensure currency. Ultimate decision-making authority rests with CMA's Vice-President, Professional Services and Leadership and the president of the MD Group.
3. All advertising should meet the appropriate standards for advertising of that product or service under all applicable Canadian laws. For example:
 - i. All prescription drug advertising directed at health professionals must be reviewed by the Pharmaceutical Advertising Advisory Board (PAAB). The board maintains a Code of Advertising Acceptance, and clears advertising prior to publication to ensure claims meet Code standards. **Proof of review is required.** For more information visit www.paab.ca.
 - ii. Advertising for food and beverages, non-prescription drugs and natural health products must comply with all applicable legislation and guidelines, including the Food and Drugs Act and Regulations, the Natural Health Products Regulations and the Consumer Advertising Guidelines for Marketed Health Products for Nonprescription Drugs including Natural Health Products. Advertising may be pre-cleared for compliance by Advertising Standards Canada (ASC). For more information visit www.adstandards.ca.
 - iii. Advertising for apparatus, instruments and devices or any part, component or accessory, intended for preventive, diagnostic or therapeutic purposes must comply with the provisions of the Medical Devices Regulations, under the Food and Drugs Act. This includes contraceptive devices but does not include drugs. Proof of the legal right to advertise these products in Canada may be required.
4. All advertising must be in compliance with the World Health Organization's International Code of Marketing of Breast-milk Substitutes (for more information visit www.who.int/en). The code covers breast-milk substitutes and any products represented as partial or total substitutes, as well as related paraphernalia such as feeding bottles. The code prohibits advertising or promotion of these products in any material directed toward the general public, and requires that information provided by manufacturers and distributors to health professionals be restricted to scientific and factual matters.

Placement (general)

- Placement of advertising will be governed by the core principles.
- Placement of editorial content adjacent to advertising on the same products or topics is avoided whenever possible in scholarly publications. When a scholarly publication uses designated pages for repeat features (e.g. the lead editorial or to highlight articles of interest in the journal) any placement of an advertisement adjacent to related editorial content should be seen as coincidental. Exceptions may be necessary when a publication dedicates significant editorial space to a particular theme or clinical issue but such exceptions will not impede the core principles.
- Advertisements for products and services are eligible to be placed adjacent to editorial content on the same topic in consumer and professional publications, provided there is no reasonable inference of a commercial connection or relationship between the product or service being advertised, the manufacturer of the products or services and the editorial content of the CMA or the MD Group's endorsement of the advertiser or its products or services.
- Articles in scholarly publications should not be broken by full-page advertisements (whether one or more pages). Fractional advertisements (2/3 page or smaller) are limited to one per editorial page.
- Prescription drug advertising is limited to areas of cma.ca that are restricted to physicians.
- Advertisements and promotional icons from third parties may not appear in designated areas of cma.ca, such as the home page. See Placement of advertising (cma.ca).

Placement of advertising (cma.ca)

Designated areas of cma.ca in which advertisements and promotional icons from third parties may not appear include, but may not be limited to:

- home page
- pages within the CMA Infobase section that contain clinical practice guideline content
- About us
- policy/advocacy
- Media Centre

Exceptions may be made; any such decisions will be determined in accordance with the stated review process.

Linking from an advertisement

- Users must have the option to click or not click on an advertisement. The advertisement must not obscure the screen page such that the user has to click on the advertisement to proceed further.
- Links to advertisements may only be embedded in the text of editorial content where it is apparent that the link is to an advertisement.
- Users must not be sent to any other website unless they choose to do so by clicking on an advertisement link. The destination page will appear in a new window or tab.
- If an advertisement is to link to a page off the website, the page will be reviewed prior to acceptance of the advertising. The advertiser may not change the linked page during the term of the contract without prior review and approval.
- Any website to which an advertisement is linked must comply with the laws and regulations of Canada.
- We reserve the right to not link, or to remove links to other websites.
- We do not assume any responsibility for material on the linked site.
- CMA trademarks (e.g., CMAJ.ca, *CMAJ*, CMA, cma.ca) may not appear on any other websites or linked pages without prior written approval.

Sponsorship of print and online publications, products and services

Eligibility

- Sponsorships must comply with the core principles.
 - Sponsorships are available to organizations or companies at a corporate level and for specific products or services, provided there is no reasonable inference of a commercial connection or relationship between the sponsor or the products and services and the content.
 - Single (or exclusive) sponsorships will be accepted at the corporate level. Scholarly publications will only accept sponsorships in the form of unrestricted educational grants. Single sponsorships for specific products and services are permissible in non-scholarly publications only. Exceptions may be made; any such decisions will be determined in accordance with the stated review process.
 - Preferred suppliers may be single sponsors of features that are closely related to products or services they manufacture or promote. However, the relationship between the CMA or the MD Group and the sponsor will be transparent to the reader, and in accepting such sponsorship we will at all times be guided by the core principles of editorial independence, institutional integrity and consistency with CMA's mission, vision and values.
 - A regular feature page or section may qualify for long-term sponsorship by a single sponsor provided the specific content of the feature is variable and confidential, and that editorial independence is maintained.
 - Banner advertising from other advertisers may appear in the template of pages or sections that have been sponsored.
 - Sponsorships from organizations whose products or services compete with those offered by the CMA or CMA subsidiaries, including financial services, are not eligible. Exceptions may be made; any such decisions will be determined in accordance with the stated review process.
 - Sponsorships from organizations that manufacture or promote products or services such as tobacco products, alcoholic beverages, weapons, gambling or pornography, or other products that violate CMA policy, are not eligible.
 - Sponsorships are not eligible in designated areas of cma.ca, such as the home page.
 - We reserve the right of final approval of all sponsorship and the right to refuse or terminate any sponsorship.
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Acknowledgment

- We determine the final wording and placement of sponsor acknowledgments.
- Sponsorship of specific content (e.g., series, supplements, special features or electronic tables of contents) will be acknowledged as an unrestricted educational grant.

Sample wording:

"This table of contents/this series/etc. is supported by an unrestricted educational grant from [Organization X] " or "Produced by CMA through an unrestricted educational grant from [Company Y]."

- Acknowledgment of sponsorship may make reference to products or services.

Sample wording:

"Produced through an unrestricted educational grant from [Organization X], makers of [Product Y]."

- The acknowledgment of sponsorship may be accompanied by a corporate logo that is linked to advertisements for products or services of the sponsor (pdf pages only), provided the sponsor's logo is not more prominent than the size of the CMA logo. We will determine the prominence of logos.
 - Sponsors may refer to the fact of sponsorship but no characterization of the sponsorship relationship shall be taken or used as evidence of CMA's or the MD Group's endorsement of the sponsor or of any of the sponsor's products or services. We will work with the sponsor to develop appropriate wording.
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Linking from a sponsor's acknowledgment

- Sponsorship may include a link to the sponsor's corporate website or to the sponsor's product or service.
- Users must not be sent to any website other than the originating website unless they choose to do so by clicking on a sponsorship link. The destination page will appear in a new window that will be smaller than the originating background page.
- If a sponsorship acknowledgment is to link to a page off the originating website, we will review the page prior to posting the acknowledgment. The sponsor may not change the linked page without prior review and approval.
- Any website to which an acknowledgment is linked must comply with the laws and regulations of Canada.
- We reserve the right to not link, or to remove links to other websites.

- The CMA (including MD Group) does not assume any responsibility for material on a linked site.
 - CMA trademarks (e.g. eCMAJ, *CMAJ*, CMA, cma.ca and Santé Inc.) may not appear on any other websites, including the sponsoring organization's website or promotional material without prior written approval.
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Polywrap

Polywrap and consumer magazine inserts will be approved at the discretion of the publisher, cognizant of the CMA Code of Ethics and other CMA policies such as the Guidelines for CMA's Activities and Relations with Other Parties. Inserts supporting pharmaceuticals must be approved by the PAAB. The specifications for polywrap inserts are available on request. Because there are limitations on the number of items that can be sent in a polywrap, in scholarly publications priority is given to educational material from the CMA and societies that sponsor journals published by the CMA and the MD Group.

1 When CMA is the publisher of a journal as agent or service provider, advertising and sponsorship guidelines for the publication are consistent